



**AGENDA AND REPORTS**  
**JANUARY 21, 2026**  
**1:30 PM**

**ZOOM**

Join Zoom Meeting  
<https://permainc.zoom.us/j/96928961531>

Meeting ID: 969 2896 1531

---

One tap mobile  
+13052241968,,96928961531# US  
+13092053325,,96928961531# US

## STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

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

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

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**AGENDA MEETING: JANUARY 21, 2026**  
**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  
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 - West Long Branch Township

**APPROVAL OF MINUTES: October 15, 2025, Open**

*Appendix I*

**CORRESPONDENCE - Department of Banking and Insurance (DOBI) -**

*Questionnaire and Response .....Appendix II*

**ADJOURN SINE DIE MEETING**

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF ALL 2026 FUND COMMISSIONERS**

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

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

**NOMINATING COMMITTEE 2026 EXECUTIVE COMMITTEE RECOMMENDATION**

Thomas Nolan	Borough of Brielle	Chair
Brian Brach	Manasquan RRSA	Secretary
Brian Dempsey	Spring Lake Borough	Executive Committee
James Gant	Red Bank	Executive Committee
Jason Gonter	West Long Branch Twp	Executive Committee
Donna Phelps	Oceanport Borough	Executive Committee
John Barrett	Lakewood	Executive Committee
Peter Canal	Bayshore Regional Sewerage Authority	Executive Committee Alternate
OPEN		Executive Committee Alternate
OPEN		Executive Committee Alternate
OPEN		Executive Committee Alternate

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

**ROLL CALL OF 2026 EXECUTIVE COMMITTEE**

**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

Monthly Report.....Page 4

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

Monthly Report.....Page 15

**TREASURER - (Matt Palmer)**

November 2025, December 2025, and January 2026 Voucher List.....Page 18

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

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

Monthly Report

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

Monthly Report.....Page 27

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

Monthly Report.....Page 31

**PRESCRIPTION ADMINISTRATOR - (Express Scripts)**

Monthly Report .....Page 33

**DENTAL ADMINISTRATOR - (Delta Dental)**

No report

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

Resolution 1-26: Awarding Professional Fees & Contracts .....Page 38

Resolution 2-26: Designation of Process of Service.....Page 41

Resolution 3-26: Designation of Secretary as Custodian of Records .....Page 42

Resolution 4-26: Designation of Official Newspaper.....Page 43

Resolution 5-26: Designation of Regular Meeting Times and Place .....Page 44

Resolution 6-26: Designation of Bank Depositories & CMP .....Page 45

Resolution 7-26: Designation of Authorized Signatories .....Page 50

Resolution 8-26: Approval of Risk Management Plan .....Page 51

Resolution 9-26: Appointment of MRHIF Fund Commissioners.....Page 63

Resolution 10-26: Broker Contract Approval.....Page 64

Resolution 11-26: Authorizing Treasurer to Process Contracted

Payments and Expenses .....Page 66  
Resolution 12-26: Adopting 2025 Wellness Grant Programs .....Page 67  
Resolution 13-26: Offer of Membership .....Page 68  
Resolution 14-26: Approval of the November 2025, December 2025  
and January 2026 Bills Lists .....Page 69

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT - *Motion to Open*  
*Motion to Close***

**MEETING ADJOURNED**

**Central Jersey Health Insurance Fund**  
Executive Director's Report  
January 21, 2026

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Report** – as of October 31, 2025 (page 9)

**2026 REORGANIZATION**

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

**Resolution 1-26** awards the 2026 contracts, all of which are consistent with the approved Requests for Proposals (RFPs) and the budget adopted last year. This resolution will be advertised in accordance with Public Contract Law.

**Resolution 2-26** designates PERMA as the agent for the Fund to process of service.

**Resolution 3-26** designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handles all OPRA requests on behalf of the Secretary.

**Resolution 4-26** designates the Asbury Park Press as the Official Fund Newspaper. As of March 1, 2026, all advertisements and legal notices will be available online at [www.cjhif.com](http://www.cjhif.com) and the Secretary of State's public notice webpage.

**Resolution 5-26** sets meeting dates and times which will be posted on each entity's public bulletin board. Also includes instructions on how to access the virtual link as well as a physical location if the decision is made to schedule an in-person meeting.

**Resolution 6-26** sets for the Cash Management Plan and designates the bank depositories for 2026. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds administered by PERMA. The list of authorized depositories has been updated.

In addition, revisions have been made to the Cash Management Plan setting a billing policy, inclusive of the interest penalty process and the authorization to allow members to direct debit assessments should they choose. This plan has been reviewed by the Fund Treasurer and the Finance Committee.

**Resolution 7-26** designates authorized signatories for Fund bank accounts.

**Resolution 8-26** is the 2026 Risk Management Plan which outlines the Fund’s stop loss limits, underwriting procedures, claim appeal processes, etc. This plan has been reviewed by the Fund Attorney.

The revisions include clarification for the following sections:

- Methods of assessing contributions to members
- Initial and renewal rating methodologies
- Plan documentation information

The revisions include the following additions:

- Enrollment audits
- Qualifying and clinical plan management
- Out of Network fee schedule

**Resolution 9-26** appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. The 2025 MRHIF representatives were Brian Brach and Brian Valentino.

**Resolution 10-26** adopts the broker fees for each entity. Broker commissions will be paid directly to the firm. Each entity’s rates reflect its arrangement only.

**Resolution 11-26** authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

## 2026 COMMITTEE APPOINTMENTS

Below are the standing Committees that were appointed in 2025 with several openings that need to be filled. If a Commissioner is interested in joining a committee, please reach out to Emily Koval or Chair Nolan.

<u>Finance And Contracts Committee</u>	<u>Nominating Committee</u>	<u>Wellness Committee</u>	<u>Operations and Claims Committee</u>
Tom Nolan	Brian Brach	Jim Gant	Brian Brach
Brian Brach	OPEN	Donna Phelps	Jim Gant
OPEN	OPEN	OPEN	Peter Canal

## 2026 WELLNESS GRANT APPLICATIONS

Applications for a 2026 wellness grant were emailed to the membership last month. The total budget is \$150,000 for all medical members.

We’ve received one response for Wellness grants through the Fund. Bedminster Township has submitted applications for many years. The applications have been reviewed and approved by the Wellness Committee.

1. **Bedminster Township** – Wellness Tournaments with healthy step challenges and prizes to continue healthy habits – request for \$8,500

Resolution 12-26 in consent agenda approves this grant.

The **due date is June 30, 2026**, for all members that are interested applying for a wellness grant. The application has been sent out, if you need an extra copy, please reach out to [HIFwellness@permainc.com](mailto:HIFwellness@permainc.com)

**NEW MEMBERS - EAST WINDSOR TOWNSHIP AND CITY OF LAMBERTVILLE**

East Windsor Township and the City of Lambertville have expressed interest in becoming new members of the CJHIF. Below are the details and effective dates for each entity. The Fund Underwriter and Actuary have reviewed the data and were able to provide competitive assessment quote.

**1. East Windsor Township - March 1, 2026**

<b>New Member Overview</b>	
<b>Fund</b>	Central Jersey Health Insurance Fund
<b>Entity</b>	<b>East Windsor Township</b>
<b>County</b>	Mercer County
<b>Effective Date</b>	3/1/2026-12/31/2026
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Employees</b>	116
<b>Retiree Coverage</b>	Under 65 and Medicare Advantage Retiree Coverage
<b>Current Arrangement</b>	State Health Benefits
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Broker</b>	Brown and Brown
<b>Broker Fee</b>	3.0%
<b>Run Out Claims</b>	State Health Benefits/Horizon
<b>Member approval?</b>	All required resolutions passed
<b>Special Requests</b>	None

**2. City of Lambertville - April 1, 2026**

<b>New Member Overview</b>	
<b>Fund</b>	Central Jersey Health Insurance Fund
<b>Entity</b>	<b>City of Lambertville</b>
<b>County</b>	Hunterdon County
<b>Effective Date</b>	3/1/2026-12/31/2026
<b>Lines of Coverage</b>	Medical and Prescription
<b>Eligible Employees</b>	24
<b>Retiree Coverage</b>	Under 65 and Medicare Advantage Retiree Coverage
<b>Current Arrangement</b>	State Health Benefits
<b>Actuary Certification</b>	Yes: Standard Underwriting Methodolgy
<b>Broker</b>	CBIZ
<b>Broker Fee</b>	3.0%
<b>Run Out Claims</b>	State Health Benefits/Horizon
<b>Member approval?</b>	All required resolutions passed
<b>Special Requests</b>	None

An Indemnity and Trust agreement has been received. The Operations Committee reviewed and is making a recommendation to offer membership. Resolution 13-26 in consent agenda offers the entities membership.

## MUNICIPAL REINSURANCE HEALTH INSURANCE FUND - MEETING REPORT

The MRHIF met on December 10. Commissioner Brach was in attendance. Its major action item was to adopt its 2026 Budget as it was introduced in September.

The Express Scripts contract through the Level Pharmacy Coalition was extended for one final year due to the inability to issue a formal RFP. The Fund expects to begin that process in early spring for 2027.

The Commissioners were also provided an update on the Audit of Express Scripts claims from 2024 which should be starting shortly.

### 2026 BILLING UPDATES

1. **Direct Bills:** In July, WEX implemented changes to its direct bill service platform, and all direct-billed members were notified of these updates. The historical process previously used by WEX to generate files is no longer viable, requiring the development of a custom query. Once renewal information is provided, there is an estimated 20–30 business day processing period before updated coupons can be issued.

Members who are directly billed are encouraged to continue paying their 2025 rates at this time. We will provide a more definitive timeline as additional updates are received from WEX.

2. **Billing Invoices:** A new process has been implemented to send monthly billing invoices. Instead of being sent via email, invoices will now be provided through a secure OneDrive link. You will receive a separate email containing an authentication password to access the file; please note that this message may be directed to your spam or junk folder. Please reach out to your Client Services Team member if you have issues accessing the invoices.

### NEW JERSEY HEALTH INSURANCE FUNDS MARKETING UPDATE

PERMA is pleased to unveil a new and refreshed online branding and marketing landing page for the NJ Health Insurance Funds, where our firm is privileged to serve as the appointed Executive Director. This replaces the Hi Fund website, providing an easy to navigate gateway to your Health Insurance Fund.

This new rebrand reflects PERMA's optimism for the future, showing our commitment to the on-going mission of delivering high value, affordable, and stable health benefit solutions.

### 2026 PERMA MANAGEMENT TEAM UPDATES

As we continue to prepare for the future, the Executive Director's office must continue to adapt and operate and achieve maximum productivity. As of January 1, 2026, Brandon Lodics transitioned into the role overseeing the financial strategy and performance of the Funds while also focusing on new products and services that can be implemented. Jim Rhodes has transitioned into the Executive Director's role, and he will oversee day-to-day management, regulatory, and governance.

We are excited as this update to the Executive Director’s office will allow us to continue to operate at maximum capacity, focusing on financial management and governance while being mindful of the complexities of the business.

## **PERMA, LLC NOTICE AND DISCLOSURE**

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC (“PERMA”), as administrator of the Central Jersey Health Insurance Fund (“the Fund”), and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in Conner Strong & Buckelew Companies, LLC, which is a servicing organization for the Fund.

## **GASB 75 REPORTING**

The Fund is contracted with an actuary to prepare GASB 75 reports for its medical members. If your audit requires a complete report or an update to the previous year’s report, please contact Jordyn Robinson at [jrobinson@permainc.com](mailto:jrobinson@permainc.com). Please note that during peak periods, report turnaround time may be up to six weeks.

## **INDEMNITY AND TRUST (I&T) AGREEMENTS**

PERMA sent Indemnity and Trust Agreements and Resolutions for adoption by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members with renewing agreements that have expired. Please reach out to [hifadmin@permainc.com](mailto:hifadmin@permainc.com) for a blank form to be executed. The list was last updated on January 6, 2026.

<b>Member</b>	<b>I&amp;T End Date</b>
Shrewsbury Township	12/31/2021
Keyport	12/31/2022
Borough of Sayreville	12/31/2023
Spring Lake	12/31/2023
Matawan	12/31/2023
Bedminster Township	12/31/2023
Hamilton Twp	12/31/2024
Aberdeen	12/31/2024
Montgomery Township	12/31/2024
South River	12/31/2024
Harvey Cedars	12/31/2025
Eatontown Sewerage Authority	12/31/2025
Asbury Park City	12/31/2025
Western Monmouth Utilities Authority	12/31/2025

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

		<b>AS OF</b>	<b>November 30, 2025</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>5,740,402</b>	<b>60,883,668</b>	<b>970,527,549</b>	<b>1,031,411,217</b>
2.	<b>CLAIM EXPENSES</b>				
	Paid Claims	5,817,056	60,657,128	801,403,345	862,060,474
	IBNR	44,438	733,185	3,986,278	4,719,464
	Less Specific Excess	(103,358)	(2,196,764)	(21,764,468)	(23,961,232)
	Less Aggregate Excess	-	-	(1,000,000)	(1,000,000)
	<b>TOTAL CLAIMS</b>	<b>5,758,137</b>	<b>59,193,550</b>	<b>782,625,156</b>	<b>841,818,706</b>
3.	<b>EXPENSES</b>				
	MA & HMO Premiums	494,192	5,120,975	32,433,949	37,554,924
	Excess Premiums	212,025	2,334,059	43,433,470	45,767,529
	Administrative	351,080	3,626,945	56,732,554	60,359,499
	<b>TOTAL EXPENSES</b>	<b>1,057,297</b>	<b>11,081,979</b>	<b>132,599,973</b>	<b>143,681,952</b>
4.	<b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b>	<b>(1,075,032)</b>	<b>(9,391,861)</b>	<b>55,302,421</b>	<b>45,910,560</b>
5.	<b>INVESTMENT INCOME</b>	5,321	86,629	4,323,181	4,409,810
6.	<b>DIVIDEND INCOME</b>	0	508,496	8,232,890	8,741,386
7.	<b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>	<b>(1,069,711)</b>	<b>(8,796,736)</b>	<b>67,858,492</b>	<b>59,061,755</b>
8.	<b>DIVIDEND</b>	0	0	61,010,348	61,010,348
9.	<b>Transferred Surplus</b>	0	0		0
<b>STATUTORY SURPLUS (7-8+9)</b>		<b>(1,069,711)</b>	<b>(8,796,736)</b>	<b>6,848,144</b>	<b>(1,948,592)</b>
<b>SURPLUS (DEFICITS) BY FUND YEAR</b>					
<b>Closed</b>	<b>Surplus</b>	89,301	56,938	7,956,498	8,013,436
	<b>Cash</b>	89,341	618,677	7,194,818	7,813,494
<b>2024</b>	<b>Surplus</b>	21,506	(701,229)	(7,051,165)	(7,752,394)
	<b>Cash</b>	84,306	(1,128,160)	(6,589,940)	(7,718,099)
<b>LAKEWOOD</b>	<b>Surplus</b>	234,360	(578,117)	5,942,811	5,364,695
	<b>Cash</b>	4,714,704	(1,505,739)	6,220,443	4,714,704
<b>2025</b>	<b>Surplus</b>	(1,414,879)	(7,574,329)		(7,574,329)
	<b>Cash</b>	(2,071,941)	(4,032,697)		(4,032,697)
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(1,069,711)</b>	<b>(8,796,736)</b>	<b>6,848,144</b>	<b>(1,948,592)</b>
<b>TOTAL CASH</b>		<b>2,816,410</b>	<b>(6,047,919)</b>	<b>6,825,321</b>	<b>777,403</b>
<b>CLAIM ANALYSIS BY FUND YEAR</b>					
<b>TOTAL CLOSED YEAR CLAIMS</b>		<b>(86,926)</b>	<b>454,193</b>	<b>641,597,960</b>	<b>642,052,153</b>
<b>FUND YEAR 2024</b>					
	Paid Claims	(245)	4,744,528	42,206,881	46,951,409
	IBNR	(20,549)	(2,723,418)	2,739,858	16,440
	Less Specific Excess	0	(1,230,010)	(124,196)	(1,354,206)
	Less Aggregate Excess	0	0	0	0
	<b>TOTAL FY 2024 CLAIMS</b>	<b>(20,794)</b>	<b>791,100</b>	<b>44,822,543</b>	<b>45,613,643</b>
<b>LAKEWOOD</b>					
	Paid Claims	1,280,998	16,604,508	0	16,604,508
	IBNR	(6,507)	161,700	99,306,787	99,468,487
	Less Specific Excess	(103,358)	(681,110)	1,246,420	565,310
	Less Aggregate Excess	0	0	(4,348,556)	(4,348,556)
	<b>TOTAL LAKEWOOD CLAIMS</b>	<b>1,171,133</b>	<b>16,085,099</b>	<b>96,204,651</b>	<b>112,289,750</b>
<b>FUND YEAR 2025</b>					
	Paid Claims	4,623,229	38,807,109		38,807,109
	IBNR	71,495	3,294,903		3,294,903
	Less Specific Excess	0	(238,854)		(238,854)
	Less Aggregate Excess	0	0		0
	<b>TOTAL FY 2025 CLAIMS</b>	<b>4,694,724</b>	<b>41,863,158</b>		<b>41,863,158</b>
<b>COMBINED TOTAL CLAIMS</b>		<b>5,758,137</b>	<b>59,193,550</b>	<b>782,625,154</b>	<b>841,818,704</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	2024	FY2025										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	6,825,321	\$ 5,287,641	\$ 4,267,271	\$ 3,834,896	\$ 2,787,804	\$ 2,841,349	\$ 2,732,643	\$ 3,841,114	\$ 4,545,735	\$ 4,711,766	\$ 3,943,116	\$ 777,403
IBNR	3,986,278	\$ 4,463,280	\$ 4,327,691	\$ 4,425,064	\$ 4,453,903	\$ 4,470,541	\$ 4,484,535	\$ 4,627,868	\$ 4,652,584	\$ 4,679,606	\$ 4,675,026	\$ 4,719,464
Assets	11,157,317	\$ 11,048,728	\$ 10,456,404	\$ 9,196,245	\$ 7,930,055	\$ 6,777,059	\$ 6,269,758	\$ 6,019,250	\$ 5,324,446	\$ 4,229,121	\$ 4,208,484	\$ 4,183,588
Liabilities	4,309,178	\$ 4,805,634	\$ 4,671,606	\$ 4,788,851	\$ 4,837,546	\$ 4,873,758	\$ 4,886,560	\$ 5,026,507	\$ 5,022,788	\$ 4,981,351	\$ 5,087,370	\$ 6,132,186
Surplus	6,848,139	\$ 6,243,094	\$ 5,784,798	\$ 4,407,393	\$ 3,092,508	\$ 1,903,300	\$ 1,383,198	\$ 992,743	\$ 301,658	\$ (752,230)	\$ (878,886)	\$ (1,948,597)
Claims Paid -- Month	4,330,758	\$ 4,533,919	\$ 4,935,470	\$ 5,759,490	\$ 5,963,721	\$ 6,515,010	\$ 5,138,154	\$ 5,764,966	\$ 5,400,741	\$ 5,733,932	\$ 5,103,288	\$ 5,818,481
Claims Budget -- Month	3,854,188	\$ 4,414,638	\$ 4,429,449	\$ 4,419,696	\$ 4,418,162	\$ 4,412,075	\$ 4,433,224	\$ 4,641,332	\$ 4,635,183	\$ 4,640,060	\$ 4,607,123	\$ 4,678,800
Claims Paid -- YTD	61,708,671	\$ 4,533,919	\$ 9,469,390	\$ 15,228,880	\$ 21,192,601	\$ 27,707,611	\$ 32,845,765	\$ 38,610,731	\$ 44,011,472	\$ 49,745,404	\$ 54,848,692	\$ 60,667,173
Claims Budget -- YTD	54,171,047	\$ 4,414,638	\$ 8,844,087	\$ 13,263,783	\$ 17,681,945	\$ 22,094,020	\$ 26,527,244	\$ 31,168,576	\$ 35,803,759	\$ 40,443,819	\$ 45,050,942	\$ 49,729,742
<b>RATIOS</b>												
Cash Position to Claims Paid	1.58	1.17	0.86	0.67	0.47	0.44	0.53	0.67	0.84	0.82	0.77	0.13
Claims Paid to Claims Budget -- Month	1.12	1.03	1.11	1.3	1.35	1.48	1.16	1.24	1.17	1.24	1.11	1.24
Claims Paid to Claims Budget -- YTD	1.14	1.03	1.07	1.2	1.2	1.3	1.2	1.24	1.23	1.23	1.22	1.22
Cash Position to IBNR	1.71	1.18	0.99	0.87	0.63	0.64	0.61	0.83	0.98	1.01	0.84	0.16
Assets to Liabilities	2.59	2.30	2.24	1.92	1.64	1.39	1.28	1.20	1.06	0.85	0.83	0.68
Surplus as Months of Claims	1.78	1.41	1.31	1.00	0.7	0.43	0.31	0.21	0.07	-0.16	-0.19	-0.42
IBNR to Claims Budget -- Month	1.03	1.01	0.98	1.00	1.01	1.01	1.01	1.00	1.00	1.01	1.01	1.01

**Central Jersey Health Insurance Fund**

**2025 Budget Report**

AS OF NOVEMBER 30, 2025

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Claims AmeriHealth 12/31 Renew	0	0	20,595			
Medical Claims AmeriHealth 6/30 Renew	329,512	361,920	381,389			
Medical Claims Aetna 12/31 Renewal	25,835,516	28,323,370	25,708,509			
Medical Claims Aetna 6/30 Renewal	432,230	473,200	504,115			
<b>Subtotal Medical Claims</b>	<b>26,597,258</b>	<b>29,158,490</b>	<b>26,614,608</b>	<b>31,781,513</b>	<b>(5,142,684)</b>	<b>-19%</b>
Prescription Claims 12/31 Renewal	8,041,280	8,799,883	7,981,434			
Prescription Claims 6/30 Renewal	162,593	177,882	184,591			
Less Rx Rebates	(2,461,162)	(2,693,330)	(2,449,808)			
<b>Subtotal Prescription Claims</b>	<b>5,742,711</b>	<b>6,284,435</b>	<b>5,716,217</b>	<b>8,629,809</b>	<b>(2,887,098)</b>	<b>-50%</b>
Dental Claims 12/31 Renewal	1,746,900	1,909,423	1,868,108			
Dental Claims 6/30 Renewal	0	0	0			
<b>Subtotal Dental Claims</b>	<b>1,746,900</b>	<b>1,909,423</b>	<b>1,868,108</b>	<b>1,451,836</b>	<b>295,064</b>	<b>17%</b>
Vision Claims	41,571	45,375	37,407	<b>Included in Medical Claims</b>		
<b>Lakewood SIR Claims</b>						
Medical	11,518,032	12,556,191	13,740,924	13,108,694	(1,590,662)	-14%
Prescription	4,083,270	4,451,351	4,623,988	2,976,404	1,106,866	27%
<b>Subtotal Claims</b>	<b>49,729,742</b>	<b>54,405,265</b>	<b>52,601,252</b>	<b>57,948,257</b>	<b>(8,218,515)</b>	<b>-17%</b>
Medicare Advantage / EGWP	4,479,760	4,920,216	4,453,224	<b>5,116,466</b>	<b>23,648</b>	<b>0%</b>
Medicare Advantage - Rx	660,354	721,460	805,219	<b>Included in Medicare Advantage / EGWP</b>		
DMO Premiums	4,476	4,887	3,867	<b>4,510</b>	<b>(34)</b>	<b>-1%</b>
<b>Reinsurance</b>						
Specific	1,009,708	1,106,301	1,023,757			
Lakewood - ICH	1,327,214	1,447,000	1,498,099			
<b>Subtotal Reinsurance</b>	<b>2,336,922</b>	<b>2,553,301</b>	<b>2,521,856</b>	<b>2,334,059</b>	<b>2,862</b>	<b>0%</b>
Loss Fund Contingency	215,253	234,821	132,134	<b>0</b>	<b>215,253</b>	<b>100%</b>
<b>Total Loss Fund</b>	<b>57,426,506</b>	<b>62,839,951</b>	<b>60,517,552</b>	<b>65,403,292</b>	<b>(7,976,786)</b>	<b>-14%</b>
<b>Expenses</b>						
Legal	34,064	37,161	37,161	<b>33,821</b>	<b>243</b>	<b>1%</b>
Treasurer	12,155	13,260	13,260	<b>15,945</b>	<b>(3,790)</b>	<b>-31%</b>
Administrator	473,852	518,434	497,886	<b>472,976</b>	<b>876</b>	<b>0%</b>
Program Manager	1,814,732	1,997,730	1,810,853	<b>1,832,757</b>	<b>(4,000)</b>	<b>0%</b>
Actuary	15,802	17,238	17,238	<b>15,810</b>	<b>(9)</b>	<b>0%</b>
Auditor	19,635	21,420	21,420	<b>19,635</b>	<b>-</b>	<b>0%</b>
TPA - Aetna	809,779	886,066	888,077	<b>816,718</b>	<b>1,386</b>	<b>0%</b>
TPA - AmeriHealth	8,324	9,078	9,504	<b>Included above in TPA - Aetna</b>		
Plan Documents	14,025	15,300	15,300	<b>Included in Program Manager</b>		
Dental TPA	82,099	89,765	88,040	<b>81,885</b>	<b>214</b>	<b>0%</b>
Wellness	137,500	150,000	150,000	<b>153,659</b>	<b>(16,159)</b>	<b>-12%</b>
Affordable Care Act	10,213	11,175	10,674	<b>15,185</b>	<b>(4,972)</b>	<b>-49%</b>
A4 Retiree Surcharge	14,783	16,208	14,354	<b>14,780</b>	<b>3</b>	<b>0%</b>
Claims Audit	36,667	40,000	40,000	<b>0</b>	<b>36,667</b>	<b>100%</b>
Misc/Cont	19,420	21,185	21,185	<b>189,551</b>	<b>(170,131)</b>	<b>-876%</b>
<b>Total Expenses</b>	<b>3,503,049</b>	<b>3,844,019</b>	<b>3,634,951</b>	<b>3,662,722</b>	<b>(159,673)</b>	<b>-5%</b>
<b>Total Budget</b>	<b>60,929,555</b>	<b>66,683,970</b>	<b>64,152,504</b>	<b>69,066,014</b>	<b>(8,136,459)</b>	<b>-13%</b>

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

AS OF NOVEMBER 30, 2025

**BY FUND YEAR**

	CJ HIF 2025	CJ HIF 2024	CJ HIF 2023	CLOSED YEAR	LAKEWOOD	FUND BALANCE
<b>ASSETS</b>						
Cash & Cash Equivalents	(4,032,697)	(7,718,099)	(0)	7,813,494	4,714,704	777,403
Assesments Receivable (Prepaid)	(104,712)	(5,877)	-	326,019	1,416,302	1,631,732
Interest Receivable	-	-	-	-	-	-
Specific Excess Receivable	47,367	30,080	0	-	258,181	335,628
Aggregate Excess Receivable	-	-	-	-	-	-
Dividend Receivable	-	-	-	-	-	-
Prepaid Admin Fees	1,440	-	-	-	-	1,440
Other Assets	1,053,756	(0)	-	-	383,629	1,437,385
<b>Total Assets</b>	<b>(3,034,845)</b>	<b>(7,693,896)</b>	<b>(0)</b>	<b>8,139,513</b>	<b>6,772,816</b>	<b>4,183,588</b>
<b>LIABILITIES</b>						
Accounts Payable	1,079,465	-	-	-	-	1,079,465
IBNR Reserve	3,294,903	16,440	-	-	1,408,121	4,719,464
A4 Retiree Surcharge	7,981	-	-	-	-	7,981
Dividends Payable	-	-	-	-	-	-
Retained Dividends	-	-	-	126,083	-	126,083
Accrued/Other Liabilities	157,135	42,058	-	-	-	199,193
<b>Total Liabilities</b>	<b>4,539,484</b>	<b>58,498</b>	<b>-</b>	<b>126,083</b>	<b>1,408,121</b>	<b>6,132,186</b>
<b>EQUITY</b>						
Surplus / (Deficit)	(7,574,329)	(7,752,394)	(0)	8,013,431	5,364,695	(1,948,597)
<b>Total Equity</b>	<b>(7,574,329)</b>	<b>(7,752,394)</b>	<b>(0)</b>	<b>8,013,431</b>	<b>5,364,695</b>	<b>(1,948,597)</b>
<b>Total Liabilities &amp; Equity</b>	<b>(3,034,845)</b>	<b>(7,693,896)</b>	<b>(0)</b>	<b>8,139,513</b>	<b>6,772,816</b>	<b>4,183,588</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

**CENTRAL JERSEY HEALTH INSURANCE FUND  
REGULATORY  
YEAR: 2026**

**FILING STATUS UPDATES**

<b><u>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 2025
Annual Audit	12/31/2024 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

**CONTRACT COMPLIANCE**

<b>Position</b>	<b>Vendor</b>	<b>Contract</b>	<b>Insurance</b>	<b>Term</b>
Executive Director	PERMA	In Legal Review	Y	1/1/2025 - 12/31/2027
Attorney	Jack Sahradnick	Y	Y	1/1/2025 - 12/31/2027
Treasurer	Matt Palmer	Y	Y	8/1/2025 - 12/31/2026
Auditor	Mercadien P.C.	Y	Y	1/1/2025 - 12/31/2027
Program Manager	Conner Strong	Y	Y	1/1/2025 - 12/31/2027
Actuary	Actuarial Solutions, LLC	Y	Y	1/1/2025 - 12/31/2027
Medical TPA	Aetna		Y	1/1/2026 - 12/31/2026
Medical TPA	AmeriHealth	Y	Y	1/1/2026 - 12/31/2026
QPA	The Canning Group, LLC	In Legal Review	Y	1/1/2026 - 12/31/2026

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**CONTACTS**  
**YEAR: 2026**

**Executive Director Team:** This team handles all the administrative and financial aspects of the Fund such as rates, state regulatory compliance, and Executive Committee and subcommittee meetings.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Executive Director	Jim Rhodes	<a href="mailto:jrhodes@permainc.com">jrhodes@permainc.com</a>	856-552-4920
Associate Executive Director	Emily Koval	<a href="mailto:emilyk@permainc.com">emilyk@permainc.com</a>	201-518-7028
Account Manager	Caitlin Perkins	<a href="mailto:cperkins@permainc.com">cperkins@permainc.com</a>	856-479-2192

**Program Management Team:** This team handles all the benefits aspects of the Fund such as plan design, claim issues, cost containment strategies, and Third-Party communications.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Public Entity & HIF Business Leader	Tammy Brown	<a href="mailto:tbrown@connerstrong.com">tbrown@connerstrong.com</a>	856-552-4694
HIF Business Leader	John Lajewski	<a href="mailto:jlajewski@connerstrong.com">jlajewski@connerstrong.com</a>	856-552-4922
Associate Consultant	Melissa Appleby	<a href="mailto:mappleby@connerstrong.com">mappleby@connerstrong.com</a>	732-736-5268
Senior Business Development Executive	Sean Critchley, Esq.	<a href="mailto:Scritchley@connerstrong.com">Scritchley@connerstrong.com</a>	973-736-6511

**Client Services Team:** This team handles all the enrollment and billing aspects of the Fund such as sending monthly invoices, open enrollment, and adjustments throughout the year.

<b>Role</b>	<b>Name</b>	<b>Email</b>	<b>Phone</b>
Director of Client Services	Crystal Bailey	<a href="mailto:cbailey@connerstrong.com">cbailey@connerstrong.com</a>	856-552-4914
Director of Benefits Operations	Karen Kidd	<a href="mailto:kkidd@connerstrong.com">kkidd@connerstrong.com</a>	856-552-4644
Client Service Specialist	Michele McKeever	<a href="mailto:mmckeever@permainc.com">mmckeever@permainc.com</a>	856-552-2160
Client Service Specialist	Marlene Robinson	<a href="mailto:mrobinson@permainc.com">mrobinson@permainc.com</a>	856-552-4818

**CENTRAL JERSEY REGIONAL HEALTH INSURANCE FUND**  
**Program Manager**

**Agenda**

- Industry Update
- Fund Performance/Observations
- New Fund Member Activity
- Client Services/Eligibility/Enrollment
- Previously Reported Information

**Industry Updates**

- Food and Drug Administration approved the first oral version of Wegovy, Novo Nordisk’s blockbuster GLP-1 weight-loss drug. This marks the first GLP-1 approved for weight loss in pill form. A competing oral GLP-1 from Eli Lilly is expected to receive approval in the coming months

**Fund Performance/Observations**

**Medical - Aetna**

- Effective January 1, 2026, the CJHIF Executive Committee passed a resolution to unilaterally amend the out of network provider reimbursement schedules for all Fund member plans to 150%-provider & 175%-facility of Medicare. This action was taken to address the escalating out of network provider utilization and their disproportionate reimbursement levels. When available, out-of-net network utilization will be monitored and reported to the Executive Committee to assess the efficacy of the change

**Pharmacy - Express Scripts (ESI)**

- Absent plan changes, it is clear the Fund needs to address the rising utilization and associated costs with GLP-1 medications used specifically for weight loss. The following strategies are being evaluated for their efficacy and will be presented formally upon the conclusion of the evaluation
  - Implement tighter, clinically grounded utilization management protocols for GLP-1 medications used specifically for weight loss
  - Plan design options to exclude GLP-1 medications for weight loss on the Fund member level
  - Plan design options for increased member cost share for GLP-1 medications for weight loss on the Fund member level
  - Direct to consumer GLP-1 acquisition channel options

**New Fund Member Activity**

Prospective Employer	Current Carrier	Enrolled Lives	Proposed Effective Date	LOB (line of business)	Status	Fund	Broker/Consultant
Borough of Monmouth Beach	SHBP	21	4/1/2026	Medical/Rx	Pending U/W Review	CJHIF	Danskin Insurance Agency, Inc.
Township of Clinton	SHBP	43	4/1/2026	Medical/Rx	Pending U/W Review	CJHIF	Oxygen
Jamesburg Borough	SHBP	21	4/1/2026	Medical/Rx	Proposal Released	CJHIF	CSB

### Client Services/Eligibility/Enrollment Team

- Please direct all service requests to both Michele McKeever, Marlene Robinson, and Crystal Bailey
- All outstanding service requests will be addressed and resolved by Michele, Marlene, and Crystal
- System training (new and refresher) is provided to all contacts with WEX access every 3rd Wednesday at 10AM. Please contact HIFtraining@permainc.com for additional information or to request an invite
- **2026 WEX Coupon Book Mailing** - As a result of a technical issue related to enhancements to the WEX coupon generation process, we have been advised there will be delays in the distribution of the 2026 coupons. The following steps have been taken to address the coupon delay:
  - Ongoing communications with WEX senior leadership to receive updates on the progress coupon distribution for the 2026 program year
  - Communication to all Fund brokers to advise their respective clients of the expected delays
  - Fund service team prepped to address questions from Fund members
  - Members should continue to pay based on 2025 coupons which will be reconciled once the 2026 coupons are issued
  - Members coverage will not be impacted

### **Carrier Appeals:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
09/29/2025	Medical/Aetna	CJHIF 2025 10 01	DME Supplies	Upheld	10/28/2025
10/30/2025	Medical/Aetna	CJHIF 2025 10 02	Anesthesia	Upheld	11/06/2025
11/04/2025	Medical/Aetna	CJHIF 2025 11 01	Injection	Upheld	11/21/2025
12/11/2025	Medical/Aetna	CJHIF 2025 12 01	Anesthesia	Upheld	01/04/2025
12/17/2025	Medical/Aetna	CJHIF 2025 12 02	Surgery	Upheld	12/30/2025
12/23/2025	Medical/Aetna	CJHIF 2025 12 03	Anesthesia	Upheld	01/06/2025

### **IRO Submissions:**

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
10/28/2025	Medical/Aetna	CJHIF 2025 10 01	DME Supplies	Upheld	10/30/2025
12/30/2025	Medical/Aetna	CJHIF 2025 12 02	Surgery	Upheld	12/31/2025

### **Previously Reported Information**

#### **Express Scripts**

- 2026 National Preferred Formulary (NPF) – Effective 1/1/2026

- NPF Exclusions list- Effective 1/1/2026
- SaveOn List - Effective 1/1/2026

All impacted members were sent communications from ESI letting them know about the upcoming change(s) to their medications. The communications also include preferred alternatives medication(s). We recommend impacted members share communication with their provider to discuss next steps. Those that are unable to take the preferred alternative medication(s) will need an approved PA to continue to take their current medication(s).

#### **No Surprise Billing and Transparency Act**

- Transition to State Arbitration - Effective January 1, 2026:
- As a result of the transition, enrolled members will be receiving new ID cards from Aetna prior to January 1st. subscriber ID numbers and Fund member group numbers will not be changing.

#### **TO ALL FUND COMMISSIONERS**

January 2026

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the **Central New Jersey Health Insurance Fund (“the Fund”)**, and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in PERMA, LLC, which is the Administrator for the Fund.

# CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

**Resolution No.**

**NOVEMBER 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 11/25	493,771.07 <b>493,771.07</b>
FLAGSHIP DENTAL PLANS	PLUMSTED-GRP. 1526 INV 158840	119.39
FLAGSHIP DENTAL PLANS	MONTG. INV 158747 GROUP 1343 11/10/25	301.77 <b>421.16</b>
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 11/25	73,346.70
AETNA LIFE INSURANCE COMPANY	VISION TPA 11/25	211.12
AETNA LIFE INSURANCE COMPANY	AUGUST 2025 NAP CREDIT 11/25	-709.00 <b>72,848.82</b>
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 11/25	1,063.14
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDITS 11/25	-32.50 <b>1,030.64</b>
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA- FOR 10/25 142292-2106742	15.00
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 10/25 143010-217600	138.00 <b>153.00</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/25	7,469.93 <b>7,469.93</b>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 10/25	1,874.04
PERMA RISK MANAGEMENT SERVICES	RETIREE FIRST INV 12012025 11/25	15,636.00
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 11/25	43,724.38 <b>61,234.42</b>
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q4 2025	4,320.00 <b>4,320.00</b>
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 11/25	3,036.00 <b>3,036.00</b>
MATTHEW J PALMER CONSULTING, LLC	TREASURY SERVICE 11/25	1,500.00 <b>1,500.00</b>
TOWNSHIP OF BEDMINSTER	WELLNESS REIMBURSEMENT 2025	7,351.41 <b>7,351.41</b>
HQSI, INC.	CASE 4472462-INV 250815-MRHIF-1 8/15/25	500.00
HQSI, INC.	INV 251031-MRHIF-1 10/30/25	1,800.00 <b>2,300.00</b>

CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSIONS 11/25	79,572.40
CONNER STRONG & BUCKELEW	WASHINGTON TWP IMPLEMENTATION FEE	2,000.00
CONNER STRONG & BUCKELEW	PLAN DOCS 11/25	1,275.00
CONNER STRONG & BUCKELEW	PROGRAM MANAGER 11/25	85,012.16
CONNER STRONG & BUCKELEW	DENTAL COMMISSIONS 11/25	386.61
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 11/25	1,841.94
CONNER STRONG & BUCKELEW	FUND COORDINATOR 11/25	5,716.48
		<b>175,804.59</b>
ACCESS	INV 11802517 DEPT 420 9/30/25	121.34
ACCESS	INV 11850563 DEPT 420 10/31/25	117.73
		<b>239.07</b>
THE CANNING GROUP LLC	QPA SERVICES INV 2025-11 11/25	250.00
		<b>250.00</b>
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - FAMILY 11/25	78,946.00
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - SINGLE 11/25	36,540.72
SYMETRA FINANCIAL	AGGREGATE 11/25	4,065.28
		<b>119,552.00</b>
	<b>Total Payments FY 2025</b>	<b>951,282.11</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>951,282.11</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.**

**DECEMBER 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>
FLAGSHIP DENTAL PLANS	PLUMSTED-GRP. 1526 INV 159155 12/10/25	119.39
FLAGSHIP DENTAL PLANS	MONTG. INV 159075 GROUP 1343 12/10/25	301.77
		<b>421.16</b>
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 12/25	695.13
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDITS 12/25	-21.25
		<b>673.88</b>
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 11/25 143010-2113648	138.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA- FOR 11/25 142292-2115938	15.00
		<b>153.00</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/25	7,880.22
		<b>7,880.22</b>
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 12/25	3,036.00
		<b>3,036.00</b>
SOUTHERN NJ REG. EMPLOYEE BENEFITS	REIMBURSE OSC REVIEW 12/25	1,257.17
		<b>1,257.17</b>
MATTHEW J PALMER CONSULTING, LLC	TREASURY SERVICE 12/25	1,500.00
		<b>1,500.00</b>
ACCESS	INV 11902903 DEPT 420 11/30/25	121.34
		<b>121.34</b>
THE CANNING GROUP LLC	QPA SERVICES INV 2025-12 12/25	250.00
		<b>250.00</b>
SYMETRA FINANCIAL	AGGREGATE 12/25	4,097.04
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - SINGLE 12/25	37,217.40
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - FAMILY 12/25	79,171.56
		<b>120,486.00</b>
AETNA LIFE INSURANCE COMPANY	DECEMBER HOLIDAY CREDIT 12/25	-77,751.79
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/25	77,537.94
AETNA LIFE INSURANCE COMPANY	VISION TPA 12/25	213.85
		<b>0.00</b>
	<b>Total Payments FY 2025</b>	<b>135,778.77</b>
	<b>Total Payments FY 2025</b>	<b>135,778.77</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>135,778.77</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.**

**JANUARY 2026**

**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 12/25	525,211.03
		<b>525,211.03</b>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 11/25	76.42
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 12/25	45,457.56
		<b>45,533.98</b>
CONNER STRONG & BUCKELEW	PLAN DOCS 12/25	1,275.00
CONNER STRONG & BUCKELEW	NEW MEMBER COMMISSIONS 12/25	86,008.06
CONNER STRONG & BUCKELEW	PROGRAM MANAGER 12/25	89,019.72
CONNER STRONG & BUCKELEW	DENTAL COMMISSIONS 12/25	381.56
CONNER STRONG & BUCKELEW	FUND COORDINATOR 12/25	5,651.70
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 12/25	1,936.82
		<b>184,272.86</b>
	<b>Total Payments FY 2025</b>	<b>755,017.87</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>755,017.87</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  
SUPPLEMENTAL BILLS LIST**

**Resolution No.**

**JANUARY 2026**

**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>
AMERIHEALTH ADMINISTRATORS	<b>VOID AND REISSUE</b>	21.25
AMERIHEALTH ADMINISTRATORS	<b>VOID AND REISSUE</b>	-695.13
		<b>-673.88</b>
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDITS 09/25	-21.25
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 09/25	695.13
		<b>673.88</b>
INSPIRA FINANCIAL HEALTH, INC	OCEANPORT HSA 12/25 141010-2121992	141.00
INSPIRA FINANCIAL HEALTH, INC	MRRSA HSA- FOR 12/25 142292-2121106	15.00
		<b>156.00</b>
PERMA RISK MANAGEMENT SERVICES	POSTAGE 12/25	93.76
		<b>93.76</b>
SOUTHERN NJ REG. EMPLOYEE BENEFITS	REIMB OSC REVIEW 01/26	131.51
		<b>131.51</b>
	<b>Total Payments FY 2025</b>	<b>381.27</b>

**FUND YEAR 2026**

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVANTAGE 01/26	586,183.43
		<b>586,183.43</b>
AETNA LIFE INSURANCE COMPANY	VISION TPA 01/26	239.33
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 01/26	72,227.75
		<b>72,467.08</b>
AMERIHEALTH ADMINISTRATORS	WELLNESS CREDITS 01/26	-22.50
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 01/26	669.42
		<b>646.92</b>
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 01/26	7,757.48
		<b>7,757.48</b>
PERMA RISK MANAGEMENT SERVICES	RETIREE FIRST INV 01012026 01/26	15,012.00
PERMA RISK MANAGEMENT SERVICES	ADMIN FEES 01/26	44,783.55
		<b>59,795.55</b>
EAGLE ROCK MANAGEMENT GROUP	FUND COORDINATOR 01/26	5,763.64
EAGLE ROCK MANAGEMENT GROUP	BROKER FEES 01/26	13,238.47
		<b>19,002.11</b>
ACRISURE NJ PARTNERS INS SERVICES, LLC	BROKER FEES 01/26	22,713.48
		<b>22,713.48</b>

ACRISURE NJ PARTNERS INS. SERVICES, LLC	BROKER FEES 01/26	10,438.60 <b>10,438.60</b>
BROWN & BROWN METRO, LLC	BROKER FEES 01/26	14,424.60 <b>14,424.60</b>
HARDENBERGH INSURANCE GROUP, INC	BROKER FEES 01/26	3,710.10 <b>3,710.10</b>
BERRY,SAHRADNIK,KOTZAS& BENSON	ATTORNEY FEES 01/26	3,097.00 <b>3,097.00</b>
MATTHEW J PALMER CONSULTING, LLC	TREASURY SERVICE 01/26	1,750.00 <b>1,750.00</b>
OXYGEN BENEFITS CONSULTING	BROKER FEES 01/26	5,330.52 <b>5,330.52</b>
DANSKIN INSURANCE AGENCY, INC	BROKER FEES 01/26	905.84 <b>905.84</b>
CONNER STRONG & BUCKELEW	PROGRAM MANAGER 01/26	87,426.82
CONNER STRONG & BUCKELEW	PLAN DOCS 01/26	1,275.00
CONNER STRONG & BUCKELEW	BROKER FEES 01/26	5,097.04
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 01/26	1,916.30
		<b>95,715.16</b>
THE CANNING GROUP LLC	QPA SERVICES INV 2026-01 01/26	250.00 <b>250.00</b>
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - SINGLE 01/26	36,766.28
SYMETRA FINANCIAL	AGGREGATE 01/26	4,104.98
SYMETRA FINANCIAL	SPECIFIC REINSURANCE FEE - FAMILY 01/26	79,848.24
		<b>120,719.50</b>
	<b>Total Payments FY 2026</b>	<b>1,024,907.37</b>
	<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,025,288.64</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: 2025</b>										
<b>Month Ending: November</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	1,366,564.41	578,627.92	(307,178.86)	82,628.34	(480,264.47)	8,310.59	126,043.28	2,568,385.14	0.00	3,943,116.35
<b>RECEIPTS</b>										
Assessments	3,142,509.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,142,509.33
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	2,734.09	180.89	1,511.26	25.83	63.02	2.60	39.40	802.91	0.00	5,360.00
Invest Adj	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Invest	2,734.09	180.89	1,511.26	25.83	63.02	2.60	39.40	802.91	0.00	5,360.00
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>3,145,243.42</b>	<b>180.89</b>	<b>1,511.26</b>	<b>25.83</b>	<b>63.02</b>	<b>2.60</b>	<b>39.40</b>	<b>802.91</b>	<b>0.00</b>	<b>3,147,869.33</b>
<b>EXPENSES</b>										
Claims Transfers	3,661,787.12	121,681.58	1,578,832.28	0.00	0.00	0.00	0.00	0.00	0.00	5,362,300.98
Expenses	493,771.07	421.16	0.00	0.00	119,552.00	0.00	0.00	337,537.88	0.00	951,282.11
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>TOTAL</b>	<b>4,155,558.19</b>	<b>122,102.74</b>	<b>1,578,832.28</b>	<b>0.00</b>	<b>119,552.00</b>	<b>0.00</b>	<b>0.00</b>	<b>337,537.88</b>	<b>0.00</b>	<b>6,313,583.09</b>
<b>END BALANCE</b>	<b>356,249.64</b>	<b>456,706.07</b>	<b>(1,884,499.88)</b>	<b>82,654.17</b>	<b>(599,753.45)</b>	<b>8,313.19</b>	<b>126,082.68</b>	<b>2,231,650.17</b>	<b>0.00</b>	<b>777,402.59</b>

**CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES**

**Central Jersey Municipal Employee Benefits Fund**

Month		November							
Current Fund Year		2025							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
		Paid Thru Last Month	Net Paid November	Recoveries November	Paid Thru November	Paid Thru November	To Be Reconciled	Unreconciled Variance From	This Month
2025	Medical	25,528,727.93	3,661,787.12	0.00	29,190,515.05	0.00	29,190,515.05	25,528,727.93	3,661,787.12
	Dental	1,191,625.89	121,681.58	0.00	1,313,307.47	0.00	1,313,307.47	1,191,625.89	121,681.58
	Rx	10,062,787.02	1,246,382.23	0.00	11,309,169.25	0.00	11,309,169.25	10,062,787.02	1,246,382.23
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>36,783,140.84</b>	<b>5,029,850.93</b>	<b>0.00</b>	<b>41,812,991.77</b>	<b>0.00</b>	<b>41,812,991.77</b>	<b>36,783,140.84</b>	<b>5,029,850.93</b>
2024	Medical	4,649,788.21	0.00	0.00	4,649,788.21	0.00	4,649,788.21	4,649,788.21	0.00
	Dental	50,615.73	0.00	0.00	50,615.73	0.00	50,615.73	50,615.73	0.00
	Rx	13,904.30	0.00	0.00	13,904.30	0.00	13,904.30	13,904.30	0.00
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>4,714,308.24</b>	<b>0.00</b>	<b>0.00</b>	<b>4,714,308.24</b>	<b>0.00</b>	<b>4,714,308.24</b>	<b>4,714,308.24</b>	<b>0.00</b>
2023	Medical	513,345.73	0.00	0.00	513,345.73	0.00	513,345.73	513,345.73	0.00
	Dental	(79.00)	0.00	0.00	(79.00)	0.00	(79.00)	(79.00)	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>513,266.73</b>	<b>0.00</b>	<b>0.00</b>	<b>513,266.73</b>	<b>0.00</b>	<b>513,266.73</b>	<b>513,266.73</b>	<b>0.00</b>
2022	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	20,599.48	0.00	0.00	20,599.48	0.00	20,599.48	20,599.48	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>20,599.48</b>	<b>0.00</b>	<b>0.00</b>	<b>20,599.48</b>	<b>0.00</b>	<b>20,599.48</b>	<b>20,599.48</b>	<b>0.00</b>
Lakewood	Medical	5,605,352.22	0.00	0.00	5,605,352.22	0.00	5,605,352.22	5,605,352.22	0.00
	Dental	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Rx	1,419,432.59	332,450.05	0.00	1,751,882.64	0.00	1,751,882.64	1,419,432.59	332,450.05
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	<b>Total</b>	<b>7,024,784.81</b>	<b>332,450.05</b>	<b>0.00</b>	<b>7,357,234.86</b>	<b>0.00</b>	<b>7,357,234.86</b>	<b>7,024,784.81</b>	<b>332,450.05</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>49,056,100.10</b>	<b>5,362,300.98</b>	<b>0.00</b>	<b>54,418,401.08</b>	<b>0.00</b>	<b>54,418,401.08</b>	<b>49,056,100.10</b>	<b>5,362,300.98</b>

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS		
Central Jersey Municipal Employee Benefits Fund		
ALL FUND YEARS COMBINED		
CURRENT MONTH	November	
CURRENT FUND YEAR	2025	
	Description:	Ocean First Admin.
	ID Number:	
	Maturity (Yrs)	
	Purchase Yield:	
	TOTAL for All Accts & instruments	
Opening Cash & Investment Balance	\$3,943,116.98	3,943,116.98
Opening Interest Accrual Balance	\$0.00	-
1	Interest Accrued and/or Interest Cost	\$0.00
2	Interest Accrued - discounted Instr.s	\$0.00
3	(Amortization and/or Interest Cost)	\$0.00
4	Accretion	\$0.00
5	Interest Paid - Cash Instr.s	\$5,360.00
6	Interest Paid - Term Instr.s	\$0.00
7	Realized Gain (Loss)	\$0.00
8	Net Investment Income	\$5,360.00
9	Deposits - Purchases	\$3,142,509.33
10	(Withdrawals - Sales)	-\$6,313,583.09
Ending Cash & Investment Balance	\$777,403.22	\$777,403.22
Ending Interest Accrual Balance	\$0.00	\$0.00
Plus Outstanding Checks	\$0.00	\$0.00
(Less Deposits in Transit)	\$0.00	\$0.00
Balance per Bank	\$777,403.22	\$777,403.22
		4867908.74
		- 4,090,505.52



**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

*January 15, 2024*



**CENTRAL JERSEY HEALTH INSURANCE FUND**

	<b>MEDICAL CLAIMS PAID 2024</b>	<b># OF EES</b>	<b>PER EE</b>	<b>MEDICAL CLAIMS PAID 2025</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$4,175,822	2,205	\$ 1,894	\$2,988,119	1,821	\$ 1,641
FEBRUARY	\$3,968,434	2,198	\$ 1,805	\$3,864,895	1,826	\$ 2,117
MARCH	\$3,663,556	2,193	\$ 1,671	\$4,488,913	1,822	\$ 2,464
APRIL	\$5,029,716	2,191	\$ 2,296	\$4,886,244	1,819	\$ 2,686
MAY	\$3,785,711	2,305	\$ 1,642	\$4,872,695	1,822	\$ 2,674
JUNE	\$4,376,641	2,301	\$ 1,902	\$3,853,977	1,827	\$ 2,109
JULY	\$4,393,165	2,303	\$ 1,908	\$4,384,783	1,905	\$ 2,302
AUGUST	\$4,600,973	2,297	\$ 2,003	\$4,176,165	1,906	\$ 2,191
SEPTEMBER	\$3,900,226	2,293	\$ 1,701	\$4,602,024	1,902	\$ 2,420
OCTOBER	\$4,925,529	1,782	\$ 2,764	\$4,217,434	1,889	\$ 2,233
NOVEMBER	\$3,588,689	1,784	\$ 2,012	\$4,540,654	1,930	\$ 2,353
DECEMBER	\$3,428,593	1,783	\$ 1,923			
<b>TOTALS</b>	<b>\$49,837,056</b>			<b>\$46,875,904</b>		
				<b>2025 Average</b>	<b>1,861</b>	<b>\$ 2,290</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,S1362223

**Paid Dates:** 10/01/2025 - 10/31/2025  
**Service Dates:** 01/01/2011 - 10/31/2025  
**Line of Business:** All

	Paid Amt	Diagnosis/Treatment
	\$209,103.84	CEREBRAL EDEMA
	\$189,586.45	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS
	\$105,970.08	MULTIPLE SCLEROSIS
<b>Total:</b>	<b>\$504,660.37</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,S1362223

**Paid Dates:** 11/01/2025 - 11/30/2025  
**Service Dates:** 01/01/2011 - 11/30/2025  
**Line of Business:** All

	Paid Amt	Diagnosis/Treatment
	\$311,761.85	SPINAL STENOSIS, THORACIC
	\$178,660.03	TWIN LIVEBORN INFANT,
	\$152,066.74	TWIN LIVEBORN INFANT,
	\$128,758.82	SPONDYLOSIS WITHOUT
<b>Total:</b>	<b>\$771,247.44</b>	



<b>Medical Claims Paid :</b> <b>January 2025 - August 2025</b>
Total Medical Paid per EE: <b>\$2,290</b>

<b>Network Discounts</b>	
Inpatient:	<b>59.4%</b>
Ambulatory:	<b>65.4%</b>
Physician/Other:	<b>67.3%</b>
<b>TOTAL:</b>	<b>65.0%</b>

<b>Provider Network</b>	
% Admissions In-Network:	<b>95.9%</b>
% Physician Office:	<b>92.3%</b>
<b>Aetna Book of Business:</b>	
Admissions 98.1%; Physician 90.4%	

<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>• RWJUH New Brunswick</li> <li>• Ocean University Medical Center</li> <li>• Monmouth Medical Center</li> </ul>	

<b>Catastrophic Claim Impact</b> January 2025 – November 2025	
Number of Claims Over \$50,000:	<b>134</b>
Claimants per 1000 members:	<b>29.9</b>
Avg. Paid per Claimant:	<b>\$137,970</b>
Percent of Total Paid:	<b>43.2%</b>
• Aetna BOB- HCC account for an average of 46.5% of total Medical Cost	

<b>Aetna One Flex Care Mgmt</b> <b>Member Outreach:</b>	
Total Members Identified:	<b>1,238 (24.5%)</b>
Members Targeted for 1:1 Nurse Support :	<b>316 (18.8% engaged)</b>
Members identified for Digital Activity:	<b>922 (75.0%)</b>
Members receiving Aetna Advice:	<b>321 (7.5%)</b>
Average Aetna Advice outreaches per member:	<b>1.1</b>

<b>CVS Health. CVS Virtual Care</b> January 2025 – November 2025	
Completed Visits:	<b>19</b>
Unique Patients:	<b>18</b>
Completed Visits in 2025 :	<b>186</b>
Unique Patients in 2025:	<b>131</b>
Total Scheduled Visits in 2025:	<b>233</b>
Average visit duration:	<b>9 Minutes</b>
BoB: Average First Available:	<b>38 minutes</b>
BoB: Average First Available 6am-6pm:	<b>36 Minutes</b>

<b>Service Center Performance Goal</b> Metrics YTD 2024	
<b>Customer Service Performance</b>	
1 <sup>st</sup> Call Resolution:	<b>93.68%</b>
Abandonment Rate:	<b>0.46%</b>
Avg. Speed of Answer:	<b>12.6 sec</b>
<b>Claims Performance</b>	
Financial Accuracy:	<b>97.76%*</b>
<small>*Q3 2025</small>	
-	
90% processed w/in:	<b>7.4 days</b>
95% processed w/in:	<b>15.4 days</b>
*****	
<b>Claims Performance (Monthly)</b> (November 2025)	
90% processed w/in:	<b>6.6 days</b>
95% processed w/in:	<b>13.4 days</b>
<small>(Note: This is not a PG metric)</small>	
*****	
<b>Performance Goals</b>	
1 <sup>st</sup> Call Resolution:	<b>90%</b>
Abandonment Rate less than:	<b>3.0%</b>
Average Speed of Answer:	<b>30 sec</b>
<b>Financial Accuracy: 99%</b>	
<b>Turnaround Time</b>	
90% processed w/in:	<b>14 days</b>
95% processed w/in:	<b>30 days</b>





2024 Central HIF

2025 Central HIF

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		\$46,717.38	\$46,717.38	19	\$2,458.80
APRIL		\$13,834.99	\$13,834.99	19	\$728.15	APRIL		\$23,763.76	\$23,763.76	19	\$1,250.72
MAY		\$12,505.16	\$12,505.16	19	\$658.16	MAY		\$76,895.82	\$76,895.82	19	\$4,047.14
JUNE		\$16,428.54	\$16,428.54	18	\$912.69	JUNE		\$9,600.22	\$9,600.22	19	\$505.27
JULY		\$14,764.78	\$14,764.78	19	\$777.25	JULY		\$61,227.97	\$61,227.97	19	\$3,222.52
AUGUST		\$23,088.14	\$23,088.14	19	\$1,215.16	AUGUST		\$51,642.94	\$51,642.94	19	\$2,718.04
SEPTEMBER		\$31,629.86	\$31,629.86	20	\$1,581.49	SEPTEMBER		\$33,622.34	\$33,622.34	22	\$1,528.28
OCTOBER		\$56,531.34	\$56,531.34	21	\$2,691.97	OCTOBER		\$27,539.60	\$27,539.60	20	\$1,376.98
NOVEMBER		\$31,844.55	\$31,844.55	21	\$1,516.40	NOVEMBER		\$14,920.54	\$14,920.54	19	\$785.29
DECEMBER		\$29,737.00	\$29,737.00	20	\$1,486.85	DECEMBER		\$14,647.97	\$14,647.97	19	\$770.94
TOTALS		\$276,722.94				TOTALS		\$444,618.11		19.33	\$1,923.93
			2024 Average	20	\$1,154.89						



**EXPRESS SCRIPTS®**

Central Jersey Health Insurance Fund

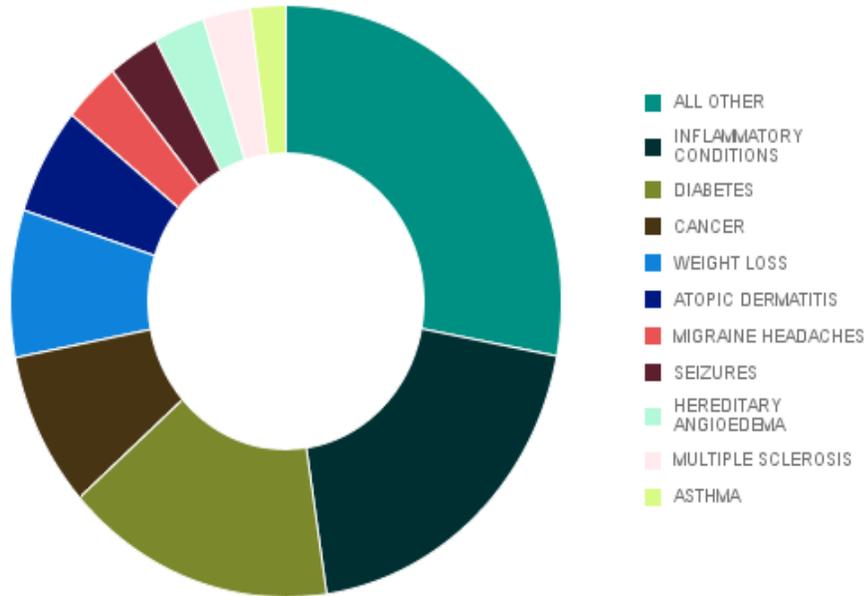
Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4	2024 YTD
Membership	3,045	3,020	3,029	3,031	3,021	3,271	3,272	3,188	3,275	3,248	3,269	3,264	3,288	3,275	3,272	3,278	3,190
Total Days	129,293	124,083	116,824	370,200	124,354	133,054	123,809	381,217	136,078	132,005	128,332	396,415	140,523	128,634	132,282	401,439	1,549,271
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	1,367	1,311	1,335	2,036	2,758
Total Plan Cost	\$755,968	\$735,690	\$757,826	\$2,249,484	\$728,349	\$887,209	\$894,099	\$2,509,656	\$963,913	\$910,595	\$997,981	\$2,872,489	\$978,588	\$760,873	\$951,472	\$2,690,933	\$10,322,562
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%	85.2%
Plan Cost PMPM	\$248.27	\$243.61	\$250.19	\$247.36	\$241.10	\$271.23	\$273.26	\$262.41	\$294.32	\$280.36	\$305.29	\$293.35	\$297.62	\$323.33	\$290.79	\$273.61	\$269.62
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	\$4,920,342
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%	47.7%

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	2025 YTD
Membership	3,326	3,321	3,324	3,324	3,317	3,298	3,290	3,302	3,509	3,501	3,517	3,509	3,479	3,548			
Total Days	143,210	125,837	141,987	411,034	134,955	131,000	132,567	398,522	143,461	134,721	146,526	424,708	147,104	134,782			
Total Patients	1,322	1,259	1,259	1,979	1,209	1,173	1,206	1,861	1,270	1,230	1,279	1,949	1,386	1,290			
Total Plan Cost	\$962,767	\$858,477	\$995,365	\$2,816,608	\$1,049,071	\$998,707	\$985,209	\$3,032,987	\$1,003,449	\$894,170	\$922,289	\$2,819,908	\$1,187,927	\$957,681			
Generic Fill Rate (GFR) - Total	87.0%	86.5%	85.7%	86.4%	86.0%	84.9%	84.5%	85.2%	85.7%	84.9%	83.6%	84.7%	82.0%	84.2%			
Plan Cost PMPM	\$289.47	\$258.50	\$299.45	\$282.48	\$316.27	\$302.82	\$299.46	\$306.21	\$285.96	\$255.40	\$262.24	\$267.87	\$341.46	\$269.92			
% Change Plan Cost PMPM	16.6%	6.1%	19.7%	14.2%	30.8%	11.5%	9.4%	16.5%	-2.3%	-7.1%	-12.7%	-7.4%	18.0%	20.0%			
Total Specialty Plan Cost	\$486,534	\$418,595	\$535,098	\$1,440,227	\$552,356	\$511,494	\$493,507	\$1,557,358	\$491,008	\$381,531	\$360,407	\$1,232,946	\$624,841	\$431,543			
Specialty % of Total Specialty Plan Cost	50.5%	48.8%	53.8%	51.1%	52.7%	51.2%	50.1%	51.3%	48.9%	42.7%	39.1%	43.7%	52.6%	45.1%			

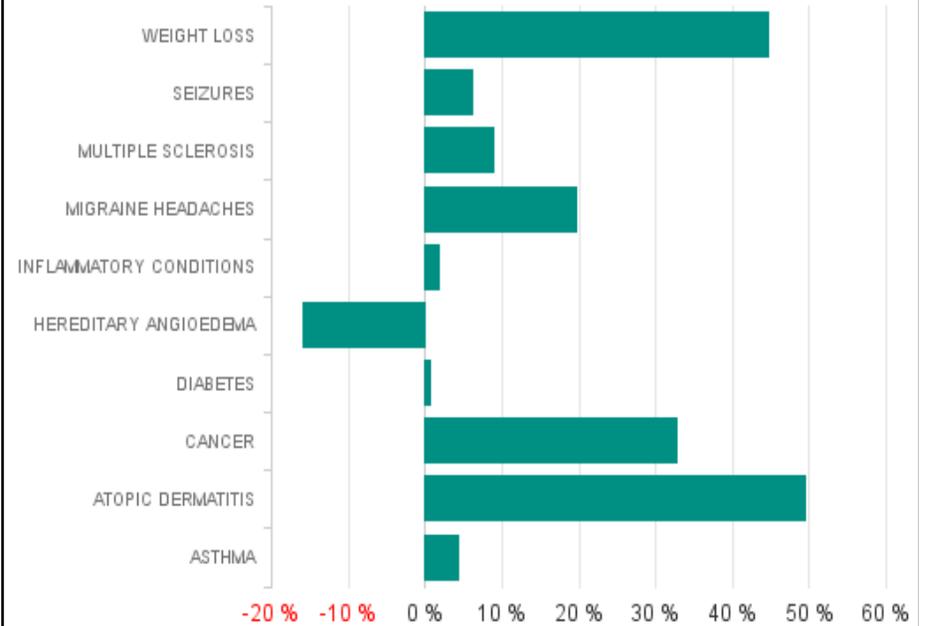
## Top Indications

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2025 - 11/2025 vs. Previous Period 01/2024 - 11/2024) 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	27.3 %	529	\$2,127,880	\$56.85	37.4 %	28.7 %	29.9 %	436	\$1,954,674	\$55.83	41.1 %	32.4 %	1.8 %
2	1	DIABETES	22.0 %	4,370	\$1,711,816	\$45.73	28.7 %	23.4 %	24.3 %	4,559	\$1,590,180	\$45.42	27.9 %	25.5 %	0.7 %
3	3	CANCER	11.8 %	370	\$917,526	\$24.51	79.2 %	75.1 %	9.9 %	253	\$647,060	\$18.48	83.8 %	75.7 %	32.6 %
4	4	WEIGHT LOSS	11.1 %	829	\$867,873	\$23.19	2.1 %	3.8 %	8.6 %	625	\$561,389	\$16.03	2.2 %	5.1 %	44.6 %
5	5	ATOPIC DERMATITIS	8.1 %	690	\$633,201	\$16.92	71.0 %	79.1 %	6.1 %	603	\$396,565	\$11.33	78.9 %	83.1 %	49.4 %
6	6	MIGRAINE HEADACHES	4.6 %	445	\$359,487	\$9.60	32.6 %	51.0 %	4.3 %	389	\$281,276	\$8.03	37.3 %	52.8 %	19.6 %
7	9	SEIZURES	4.2 %	1,112	\$324,874	\$8.68	88.0 %	96.9 %	4.4 %	1,050	\$286,078	\$8.17	90.3 %	96.8 %	6.2 %
8	10	HEREDITARY ANGIOEDEMA	4.1 %	7	\$323,226	\$8.64	0.0 %	8.2 %	5.5 %	11	\$359,854	\$10.28	0.0 %	13.5 %	-16.0 %
9	8	MULTIPLE SCLEROSIS	3.8 %	58	\$299,645	\$8.01	31.0 %	47.0 %	3.9 %	42	\$257,644	\$7.36	28.6 %	48.4 %	8.8 %
10	7	ASTHMA	2.9 %	2,204	\$225,568	\$6.03	85.7 %	88.0 %	3.1 %	2,201	\$202,514	\$5.78	86.2 %	88.1 %	4.2 %
<b>Total Top 10</b>				<b>10,614</b>	<b>\$7,791,096</b>	<b>\$208.15</b>	<b>49.8 %</b>	<b>47.9 %</b>		<b>10,169</b>	<b>\$6,537,235</b>	<b>\$186.71</b>	<b>50.7 %</b>	<b>50.9 %</b>	<b>11.5 %</b>

## Top Drugs

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2025 - 11/2025 vs. Previous Period 01/2024 - 11/2024) 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	10	STELARA	INFLAMMATORY CONDITIONS	Y	42	4	\$710,130	\$18.97	45	5	\$638,473	\$18.24	4.0 %
2	6	ZEPBOUND	WEIGHT LOSS	N	567	76	\$576,973	\$15.41	308	51	\$262,008	\$7.48	106.0 %
3	4	OZEMPIC	DIABETES	N	483	62	\$452,589	\$12.09	639	73	\$555,179	\$15.86	-23.7 %
4	1	MOUNJARO	DIABETES	N	394	51	\$402,629	\$10.76	164	24	\$161,688	\$4.62	132.9 %
5	8	DUPIXENT PEN	ATOPIC DERMATITIS	Y	110	13	\$389,608	\$10.41	75	11	\$256,961	\$7.34	41.8 %
6	9	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	49	6	\$344,605	\$9.21	31	3	\$197,069	\$5.63	63.6 %
7	289	ORLADEYO	HEREDITARY ANGIOEDEMA	Y	7	1	\$323,226	\$8.64	4	1	\$175,905	\$5.02	71.9 %
8	13	WEGOVY	WEIGHT LOSS	N	227	40	\$283,434	\$7.57	281	57	\$284,871	\$8.14	-6.9 %
9	39	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	36	5	\$279,120	\$7.46	66	6	\$499,986	\$14.28	-47.8 %
10	46	VERZENIO	CANCER	Y	16	2	\$228,735	\$6.11	NA	NA	NA	NA	NA
11	207	CALQUENCE	CANCER	Y	10	1	\$159,381	\$4.26	NA	NA	NA	NA	NA
12	12	RINVOQ	INFLAMMATORY CONDITIONS	Y	18	2	\$142,794	\$3.81	21	2	\$124,547	\$3.56	7.2 %
13	124	ZEPOSIA	MULTIPLE SCLEROSIS	Y	19	2	\$142,299	\$3.80	11	1	\$85,332	\$2.44	56.0 %
14	100	DASATINIB	CANCER	Y	9	1	\$140,376	\$3.75	NA	NA	NA	NA	NA
15	32	DUPIXENT SYRINGE	ATOPIC DERMATITIS	Y	40	5	\$139,160	\$3.72	32	5	\$87,167	\$2.49	49.3 %
16	27	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	14	1	\$137,874	\$3.68	NA	NA	NA	NA	NA
17	25	FARXIGA	DIABETES	N	247	27	\$137,610	\$3.68	276	26	\$145,065	\$4.14	-11.3 %
18	31	NURTEC ODT	MIGRAINE HEADACHES	N	92	20	\$132,036	\$3.53	82	14	\$113,500	\$3.24	8.8 %
19	42	KISQALI	CANCER	Y	9	1	\$131,889	\$3.52	3	1	\$36,211	\$1.03	240.7 %
20	106	NUBEQA	CANCER	Y	13	1	\$131,057	\$3.50	4	1	\$38,404	\$1.10	219.2 %
21	11	JARDIANCE	DIABETES	N	220	26	\$126,965	\$3.39	206	24	\$111,589	\$3.19	6.4 %
22	44	UBRELVY	MIGRAINE HEADACHES	N	95	24	\$114,742	\$3.07	57	16	\$64,404	\$1.84	66.7 %
23	337	HUMIRA PEN	INFLAMMATORY CONDITIONS	Y	10	2	\$97,027	\$2.59	23	3	\$251,993	\$7.20	-64.0 %
24	218	BRIVIACT	SEIZURES	N	37	4	\$91,538	\$2.45	11	1	\$44,991	\$1.28	90.3 %
25	497	AVONEX (4 PACK)	MULTIPLE SCLEROSIS	Y	12	1	\$69,655	\$1.86	12	1	\$74,028	\$2.11	-12.0 %
<b>Total Top 25</b>					<b>2,776</b>		<b>\$5,885,452</b>	<b>\$157.24</b>	<b>2,351</b>		<b>\$4,209,370</b>	<b>\$120.22</b>	<b>30.8 %</b>

**CENTRAL JERSEY HEALTH INSURANCE FUND  
 CONSENT AGENDA  
 JANUARY 21, 2026**

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.

<b>Resolutions</b>	<b>Subject Matter</b>
<b>Motion</b> _____	<b>Second</b> _____
Resolution 1-26: Awarding Professional Fees & Contracts .....	<b>Page 38</b>
Resolution 2-26: Designation of Process of Service.....	<b>Page 41</b>
Resolution 3-26: Designation of Secretary as Custodian of Records .....	<b>Page 42</b>
Resolution 4-26: Designation of Official Newspaper.....	<b>Page 43</b>
Resolution 5-26: Designation of Regular Meeting Times and Place .....	<b>Page 44</b>
Resolution 6-26: Designation of Bank Depositories & CMP .....	<b>Page 45</b>
Resolution 7-26: Designation of Authorized Signatories .....	<b>Page 50</b>
Resolution 8-26: Approval of Risk Management Plan .....	<b>Page 51</b>
Resolution 9-26: Appointment of MRHIF Fund Commissioners.....	<b>Page 63</b>
Resolution 10-26: Broker Contract Approval.....	<b>Page 64</b>
Resolution 11-26: Authorizing Treasurer to Process Contracted Payments and Expenses.....	<b>Page 66</b>
Resolution 12-26: Adopting 2025 Wellness Grant Programs .....	<b>Page 67</b>
Resolution 13-26: Offer of Membership .....	<b>Page 68</b>
Resolution 14-26: Approval of the November 2025, December 2025 and January 2026 Bills Lists .....	<b>Page 69</b>

**RESOLUTION NO. 1-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2026**

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

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

**WHEREAS**, the Executive Committee of the Central Jersey Health Insurance Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

**WHEREAS**, the Fund resolved to appoint the Professionals – noted below –commencing on January 1, 2025, and ending on December 31, 2027, at its January Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.; with the fees set for 2026 as outlined below,

- I. **Actuarial Solutions, LLC** is hereby appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$17,600 has been appropriated in the Actuary Line Item of the 2026 budget.
- II. **Mercadien P.C.** is hereby appointed to serve as the FUND's **Auditor**. The annual amount of \$22,000 has been appropriated in the Auditor Line Item of the 2026 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.; and the fees for 2026 are outlined as below,

- I. **PERMA Risk Management Services as Administrator** is hereby appointed as **Executive Director** and as **agent for process of service**. \$9.63 per employee, per month will be expended to the Administrator. The estimated annual amount of \$521,688 has been appropriated in the Administrator Line Item of the 2026 budget.
- II. **Conner Strong and Buckelew** is hereby appointed as **Program Manager**. \$23.36 per medical employee, per month, \$9.29 per non-medical employees per month and \$0.98 per employee per month for health care reform will be expended in connection with the Program Manager in 2026. The estimated annual amount of \$2,052,082 has been appropriated in the **Program Manager** Line Item of the 2026 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.

III. **Aetna Medicare Advantage** is hereby appointed to serve as the FUND’s Medicare Advantage service provider at the following per member, per month:

PlanName	Carrier	Renewal Premium
PDP \$5/\$11/\$21 (Brick Township)	AETNA - RXMAPDP	\$ 200.35
Medicare Advantage (Borough of Red Bank)	AETNA - MA	\$ 236.68
Aetna Medicare Advantage (Borough of Sayreville)	AETNA - MA	\$ 365.28
Aetna Medicare Advantage (Hamilton Township)	AETNA - MA	\$ 367.67
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Borough of South River)	AETNA - MAPDP	\$ 426.75
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Bedminster Township)	AETNA - MAPDP	\$ 426.75
Medicare Advantage w/ \$6/\$12/\$24 Rx - MAPDP (Montgomery Township)	AETNA - MAPDP	\$ 426.75
Medicare Advantage w/\$6/\$12/\$24 Rx - MAPDP (Toms River MUA)	AETNA - MAPDP	\$ 426.75
Medicare Advantage w/ \$5/\$11/\$21 Rx - MAPDP (Montgomery Township)	AETNA - MAPDP	\$ 441.20
Medicare Advantage Plan 2 w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Lakewood Township)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Aberdeen)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ \$5/\$5 Rx - MAPDP (Township of Shrewsbury)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ \$5/\$5 Rx - MAPDP(Borough of Red Bank)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ \$5/\$5/5 Rx - MAPDP (Eatontown Sewerage Authority)	AETNA - MAPDP	\$ 459.62
Medicare Advantage w/ 20% Rx - MAPDP (Borough of Red Bank)	AETNA - MAPDP	\$ 473.39
Medicare Advantage w/ 20% Rx - MAPDP (Township of Aberdeen)	AETNA - MAPDP	\$ 473.39
Aetna Medicare Advantage w/ \$1 Rx (Borough of Oceanport)	AETNA - MAPDP	\$ 477.36
Medicare Advantage Plan 2 w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	AETNA - MAPDP	\$ 477.36
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Lakewood Township)	AETNA - MAPDP	\$ 477.36
Medicare Advantage w/ \$1/\$1 Rx - MAPDP (Township of Aberdeen)	AETNA - MAPDP	\$ 477.36
Aetna Medicare Advantage \$10 w \$6/\$12/\$24 Rx (Borough of Highland Park)	AETNA - MAPDP	\$ 485.33
Aetna Medicare Advantage \$10 w \$6/\$22/\$44 Rx (Lakewood MUA)	AETNA - MA	\$ 485.33
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Bayshore Regional Sewerage Authority)	AETNA - RXMAPDP	\$ 485.33
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Delaware River Basin Commission)	AETNA - MAPDP	\$ 485.33
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Seaside Park Borough)	AETNA - MAPDP	\$ 485.33
Medicare Advantage w/ 10% Rx - MAPDP (Borough of West Long Branch)	AETNA - MAPDP	\$ 492.85

The annual amount of \$6,585,807 has been appropriated for the Medicare Advantage Line Item of the 2026 budget.

IV. **Delta Dental** is hereby appointed to serve as the FUND’s **Dental Claims Administrator**. \$3.51 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$89,134 has been appropriated in the Dental TPA Line Item of the 2026 budget.

**WHEREAS**, the Fund resolved to appoint the Professionals – noted below –commencing on January 1, 2026, and ending on December 31, 2026, at its January 2026 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

V. **The Canning Group, LLC** is hereby appointed to serve as the FUND’s Qualified Purchasing Agent (QPA) for an annual amount of \$3,000 has been approved in the QPA line item of the 2026 budget.

**WHEREAS**, at the October 15, 2025 Fund Executive Committee meeting, the Fund approved Resolution 40-25, awarding the appointment of the Medical TPA via an emergency procurement process, commencing on January 1, 2026, and ending on December 31, 2026, at its January 2026 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 40A:11-5(1)(m) et. Seq.;

- VI. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$37.19 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$7,763 has been appropriated in the Medical TPA Line Item of the 2026 budget.
  
- VII. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$37.25 per employee, per month and \$0.91 per employee per month for vision will be expended to the Administrator. The estimated annual amount of \$850,024 has been appropriated in the Medical TPA Line Item of the 2026 budget.

**NOW THEREFORE BE IT RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054;

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 2-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2026**

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2026 or until its successor has been appointed and qualified.

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 3-26**

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

**BE IT RESOLVED** that Brian Brach, the Secretary of the Central Jersey Health Insurance Fund is hereby designated as the custodian of the Fund records, which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054.

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 4-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING THE ASBURY PARK PRESS AS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2026**

**WHEREAS**, the Executive Committee of the Central Jersey Health Insurance Fund designates the Asbury Park Press as the official newspaper for the Central Jersey Health Insurance Fund for the year 2026; and

**WHEREAS**, in the case of special meetings or emergency meetings, the Secretary of the Central Jersey Health Insurance Fund shall provide notice of said meetings to the Asbury Park Press; and

**WHEREAS**, pursuant to P.L. 2025, c. 72, effective March 1, 2026, public entities are required to publish all legal notices on their official websites, displaying the hyperlink on the homepage; and

**WHEREAS**, said law further requires public entities to advertise the hyperlink to the webpage for official notices on the Secretary of State’s public notice webpage, when available, twice a month for Fund Year 2026.

**NOW, THEREFORE, BE IT RESOLVED** that the Central Jersey Health Insurance Fund public notice will be available at [www.cjhif.com](http://www.cjhif.com) starting March 1, 2026, in compliance with P.L. 2025, c. 72.

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 5-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2026**

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

**NOW THEREFORE BE IT RESOLVED**, that the Executive Committee of the Central Jersey Health Insurance Fund hereby approves the following 2026 meeting dates, times and location for the Central Jersey Health Insurance Fund:

<b>DATE</b>	<b>LOCATION</b>	<b>TIME</b>
March 18, 2026	Brielle Borough Hall	1:30 pm
May 20, 2026	Brielle Borough Hall	1:30 pm
July 15, 2026	Brielle Borough Hall	1:30 pm
September 16, 2026	Brielle Borough Hall	1:30 pm
October 14, 2026	Brielle Borough Hall	1:30 pm
January 20, 2027	Brielle Borough Hall	1:30 pm

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

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

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 6-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS  
AND ESTABLISHING A CASH MANAGEMENT PLAN FOR 2026**

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

1.) *Cash Management and Investment Objectives*

The CENTRAL JERSEY HEALTH INSURANCE FUND (hereinafter referred to as the FUND) objectives in this area are:

- a.) Preservation of capital.
- b.) Adequate safekeeping of assets.
- c.) Maintenance of liquidity to meet operating needs, claims settlements and dividends.
- d.) Diversification of the FUND's portfolio to minimize risks associated with individual investments.
- e.) Maximization of total return, consistent with risk levels specified herein.
- f.) Investment of assets in accordance with State and Federal Laws and Regulations.
- g.) Accurate and timely reporting of interest earnings, gains and losses by line of coverage in each Fund year.
- h.) Where legally permissible, cooperation with other local municipal joint insurance funds, and the New Jersey Division of Investment in the planning and execution of investments in order to achieve economies of scale.
- i.) Stability in the value of the FUND's economic surplus.

2.) *Permissible Investments*

Investments shall be limited to the following:

- a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
- b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
- c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
- d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.
- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage-backed obligations, providing that such investments are purchased through the

New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.

- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

No investment or deposit shall have a maturity longer than five (5) years from date of purchase.

3.) *Authorized Depositories*

In addition to the above, the FUND is authorized to deposit funds in certificates of deposit and other time deposits in banks covered by the Governmental Unit Depository Protection Act, NJSA 17:9-14 et seq. (GUDPA). Specifically authorized depositories are as follows:

Ocean First

4.) *Authority for Investment Management*

The Treasurer is authorized and directed to make investments, with a maturity of three months or longer, through asset managers that may be selected by the Executive Board. Such asset managers shall be discretionary trustees of the FUND.

Their actions and decisions shall be consistent with this plan and all appropriate regulatory constraints.

In executing investments, asset managers shall minimize transaction costs by querying prices from at least three (3) dealers and purchasing securities on a competitive basis. When possible, federal securities shall be purchased directly from the US Treasury. Transactions shall not be processed through brokerages which are organizationally affiliated with the asset manager. Transactions may also be processed through the New Jersey Division of Investment by the Fund's asset managers.

5.) *Preservation of Capital*

Securities shall be purchased with the ability to hold until maturity.

6.) *Safekeeping*

Securities purchased on behalf of the FUND shall be delivered electronically or physically to the FUND's custodial bank, which shall maintain custodial and/or safekeeping accounts for such securities on behalf of the FUND.

7.) *Selection of Asset Managers, Custodial Banks and Operating Banks*

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or

custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

Asset managers will submit written statements to the treasurer and executive director describing the proposed investment strategy for achieving the objectives identified herein. Asset managers shall also submit revisions to strategy when justified as a result of changing market conditions or other factors. Such statements shall be provided to the Treasurer and Executive Director. The statements shall also include confirmation that all investments are made in accordance with this plan. Additionally, the Investment Manager shall include a statement that verifies the Investment Manager has reconciled and determined the appropriate fair value of the Funds portfolio based on valuation guidelines that shall be kept on file in the Executive Director's office.

The Treasurer shall report to the Executive Committee at all regular meetings on all investments. This report shall include information on the balances in all bank and investment accounts, and purchases, sales, and redemptions occurring in the prior month.

9.) **Audit**

This plan, and all matters pertaining to the implementation of it, shall be subject to the FUND's annual audit.

10.) **Cash Flow Projections**

Asset maturity decisions shall be guided by cash flow factors payout factors supplied by the Fund Actuary and reviewed by the Executive Director and the Treasurer.

11.) **Cash Management**

All moneys turned over to the Treasurer shall be deposited within forty-eight (48) hours in accordance with NJSA 40A:5-15.

In the event a check is made payable to the Treasurer rather than the Fund, the following procedure is to be followed:

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.
- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

The Treasurer shall minimize the possibility of idle cash accumulating in accounts by assuring that all amounts in excess of negotiated compensating balances are kept in interest bearing accounts or promptly swept into the investment portfolio.

The method of calculating banking fees and compensating balances shall be documented to the Executive Committee by the Treasurer at least annually.

Cash may be withdrawn from investment pools under the discretion of asset managers only to fund operations, claims imprest accounts, or approved dividend payments.

The Treasurer shall escheat to the State of New Jersey checks which remain outstanding for twelve or more months after the date of issuance. However, prior to implementing such procedures, the Treasurer, with the assistance of the claims agent, as needed, shall confirm that the outstanding check continues to represent a valid claim against the FUND.

The rate of interest on delinquent assessments shall be 10% per annum from the due date for any assessment.

### **12.) *Direct Debit***

Members have the option to allow the Fund to collect monthly premium through a direct debit to the Fund Operating Account initiated by the Fund Treasurer. The direct debit will equal the month's premium invoice and can be debited on the date of the member's choosing.

### **13.) *Member Monthly Billing***

To ensure timely billing and preservation of cashflow the Fund will follow this timeline and protocols as it relates to monthly invoices.

All enrollment changes must be entered into the system by the 15<sup>th</sup> of the month to reflect on the bill.

**16th of the month** – PERMA's Operations team will run and review all pre-bill audits.

**Upon completion of the pre-bill audits** – PERMA's Operations team will generate all invoices and associated billing reports. Review of adjustments are completed within 2 business days of being generated

Bills are sent to accounting for review and approval, thereafter.

Upon receipt of accountings approval, invoices are sent to members within two business days

Bills are due the 15<sup>th</sup> of the billed month. Payments not received by the 15<sup>th</sup> are subject to a 10% interest penalty. The penalty will start accruing on the 1<sup>st</sup> of that billed month until the payment is received by the Fund Treasurer.

**EXAMPLE:** March 2026 bill for \$100,000

Bill sent to member: February 15, 2026

Due Date: March 15, 2026

Member payment received: March 25, 2026.

**Interest:** March 1, 2026 – March 25, 2026: \$27.40 per day = **\$657.53**

*\*Interest will be added as a line-item adjustment on the next possible bill.*

If any of the dates outlined above fall on a weekend or holiday, the due date will be the next business day. If there is a delay on one client's bill, this will not hold up the distribution of any other of the Fund member bills.

All clients should review their bills immediately and report any discrepancies so they can be addressed before the next invoice is generated.

The Fund's policy is to pay as billed and necessary adjustments will be reflected on a future invoice.

The client will receive a delinquent notice via email if payment is not made within a reasonable amount of time.

To assure timely payment of monthly assessments, the Fund shall implement a process of automatically initiating transfers from member entity bank accounts into the Fund accounts after detailed monthly assessment invoices are supplied to the member entities.

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

**ADOPTED: JANUARY 21, 2026**

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

**ATTEST:**

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



**CENTRAL JERSEY HEALTH INSURANCE FUND  
2026 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund’s Risk Management Plan for the 2026 Fund year:

**1.) COVERAGE OFFERED**

- Medical

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

- Dental

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

- Prescription

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

- Vision

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

**2.) LIMITS OF COVERAGE**

Limits of coverage vary by member plan design.

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

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

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

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

- **Specific Coverage:** The Fund self-insures for the first \$400,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under the specific Coverage listed above.
- Specific Limit            Unlimited
- Basis:                    Incurred 12 months, paid 24 months.
- Dental Aggregate Retention:            None – Self-insured with all risk retained by Fund
- Vision Aggregate Retention:            None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

4.) **RISK RETAINED BY LOCAL UNITS - APPLICABLE TO LAKEWOOD TOWNSHIP ONLY - NO RISK RETAINED BY HEALTH INSURANCE FUND (9/1/18-12/31/2026)**

Medical and Prescription:

- Specific Retention: \$200,000
- Aggregate Retention: \$20,845,137
- Specific Limit                    Unlimited
- Aggregate Limit                    \$1,000,000, Medical and Rx
- Basis:                            Incurred 48 months, paid 12 months (run out claims and IBNR retained by Lakewood Township)
- Stop Loss Carrier:    Symetra

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

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

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

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

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

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

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

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

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

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

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

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

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, or a budget amendment.

Unless otherwise authorized as part of the offer of membership, when a member joins during a FUND year, the member's initial rates are only valid through the end of the then current FUND year at which time the rates are adjusted for all members to reflect the new budget. Prospective members may be offered entry rates of up to eighteen (18) months to allow for the alignment of renewals with the fiscal years of the FUND or of the entity.

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

**9.) RATING PERIODS**

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

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

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

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

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

**12.) OPEN ENROLLMENT PROCEDURES**

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

**13.) COBRA AND CONVERSION OPTIONS**

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

**14.) DISCLOSURE OF BENEFIT LIMITS**

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

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

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

**16.) RETIREES**

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

**17.) NEWBORN CHILDREN**

All plan documents will have the following language:

"You may remove family members from the policy at any time, but you may only add members within sixty (60) days of the change in family status (marriage, birth of a child, etc.). It is your responsibility to notify your employer of needed changes. If family members cease to be eligible, claims will not be paid. The actual change in coverage (and the corresponding change in premium) will not take place until you have formally requested that change.

Newborn children, but not grandchildren of an eligible employee, shall be automatically covered from birth for (60) days, even if not enrolled within the required sixty (60) days. In the event of an eligible dependent giving birth to a child, (a grandchild) benefits for any hospital length of stay in connection with childbirth for the mother or newborn grandchild will apply for up to 48 hours following a vaginal delivery, or 96 hours following a cesarean section. However, the mother's or newborn grandchild's attending provider, after consulting with the mother, may discharge the mother or her newborn grandchild earlier than 48 hours (or 96 hours as applicable). Pursuant to N.J.A.C. 11:15-3.6 (d) 17, automatic coverage of a newborn child or an adopted child is provided for a period of 60 days from the date of birth or the date of adoption."

## 18.) PLAN DOCUMENT

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

### A.) General Information

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

### B.) Benefits

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

### C.) Claims Procedures

- \* Submission of claim.
- \* Proof of loss.
- \* Appeal procedures. This shall be in accordance with applicable governing law. See also Plan Document and FUND Risk Management Plan and Bylaws

#### D.) Cost Containment Programs

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

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

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

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

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

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

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

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

#### 21.) **CLAIMS, OPERATIONS AND ENROLLMENT AUDITS**

The Fund retains a claim auditor experienced in auditing self-insured claims and operations. Claims and/or operational audits will be performed after the first year of operation and at least every three (3) years thereafter.

The FUND may require enrollment audits for new and existing members to ensure that benefits are paid only for persons meeting eligibility requirements.

## 22.) CLAIM APPEALS AND INDEPENDENT REVIEW ORGANIZATIONS

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

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

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

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

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant’s request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the

information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt written notice of any such modification to the claimant and the IRO.

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

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

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

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

(iii) references to the documentation/information considered;

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

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

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

## 23.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a

qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

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

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

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

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

#### **26.) QUALITY AND CLINICAL PLAN MANAGEMENT**

The FUND shall have right to review, evaluate, and then implement certain Quality and Clinical Management programs related to the Medical, Pharmacy and Dental plans, as may be warranted from time to time, to address new and emerging issues related to the effective administration of the FUND. None of the programs shall constitute a change in benefit and shall not increase participant cost sharing. These programs may include, but are not limited to, Pharmacy and Medical quality and utilization programs that require a plan member to participate in a program intended to manage quality and improve outcome. If adopted by the FUND, such programs shall apply to all members of the FUND. The FUND shall utilize a formulary of preferred medications. The formulary will change from time to time as managed by the FUND's contracted Pharmacy Benefit Manager. Any changes to the formulary impacting a plan member will be addressed through advance notice to plan members. There will always be alternative medications available in each therapeutic class.

- Drug Utilization Management – The FUND may adopt or amend drug utilization management programs intended to impact the appropriate use of medications. These may include and are not limited to step therapy, generics preferred, formulary, retail network, prior authorization, and other programs provided for by the FUND's contracted Pharmacy Benefit Manager.
- Medical Care Management – The FUND may adopt or amend medical management plans intended to ensure member safety and efficacy of the health care program. This may include and not be limited to programs provided by the FUND's contracted Third-

Party Administrator or others that can administer such programs.

- Out of Network Fee Schedules - The FUND shall adopt and amend the out of network fee schedule (“the schedule”) used from time to time. The schedule shall be based on an independent methodology, generally Medicare plus a markup (i.e., 150% of Medicare) that ensures fairness and reasonableness related to the provider type, type of procedure and geography. If adopted by the FUND such programs shall apply to all members of the FUND. Individual members may separately be exempted from the application of such programs only with the express approval of the Executive Committee and after agreeing to an appropriate rate adjustment.

## **28). OUT OF NETWORK MEDICARE SCHEDULE APPEAL PROCESS**

Once the member appeal has been submitted, the Program Manager and the Executive Director’s Office shall initially review all OON payment appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.

An Out of Network benefit appeal must be filed by the claimant within 30 days from the date of receipt of the Explanation of Benefits (EOB) reflecting the 150% of Medicare for providers and 175% of Medicare for facilities.

The Program Manager will conduct a preliminary review within five (5) business days of receipt of the request for a Third-party review and notify the member and/or representing broker, the request is being forwarded to a Third-Party Review Organization solely responsible for reviewing Out of Network claims reimbursement.

The Program Manager shall then forward an eligible, complete request for external review to the Out of Network Third Party Review Organization.

The Third-Party Review Organization designated by the FUND will be required to conduct its review in an impartial, independent, and unbiased manner and in accordance with applicable law within thirty (30) business days after receipt.

If the decision of the Third-Party Review Organization responsible for the final determination is to pay the additional reimbursement at a level above the FUND approved 150% of Medicare for providers and 175% of Medicare for facilities, then the TPA is hereby authorized to issue the adjusted payment to the provider.

If the decision of the Third-Party Review Organization responsible for the final determination is to NOT pay the additional reimbursement in excess of the FUND approved 150% of Medicare for providers and 175% of Medicare for facilities, then the Program Manager will notify the member and/or representing broker within five (5) business days.

Regardless of the determination, the Third-Party Review Organization will provide on their

letterhead the reason for the determination in addition to any specific data and metrics supporting that determination.

**ADOPTED: JANUARY 21, 2026**

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

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

**RESOLUTION NO. 9-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONERS TO  
THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

**WHEREAS,** The Central Jersey Health Insurance Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS,** by virtue of the conditions of membership contained in the by-laws of the fund, the Central Jersey Health Insurance Fund must appoint a Fund Commissioner and an Alternate;

**NOW THEREFORE BE IT RESOLVED,** Central Jersey Health Insurance Fund as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
  
2. That \_\_\_\_\_ is hereby appointed as Alternate.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 10-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS**, The Central Jersey Health Insurance Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Fund; and

**WHEREAS**, Pursuant to N.J.A.C. 11:15-3.6 (e) 15, producer arrangements must be formally determined by the Fund and filed with the Department of Banking and Insurance; and

**NOW THEREFORE BE IT RESOLVED**, that the Central Jersey Health Insurance Fund establishes the following producer plan for 2026;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by each member entity.
2. Each producer will contract directly with the group and will provide the Broker of Record (BOR) letter to the Fund.
3. The following producers with the designated compensation levels, stated in per employee per month contractual amounts, are approved for 2026:

<b>Group Name</b>	<b>Risk Manager</b>	<b>Dental Assessment / per EE</b>	<b>New Member/ per EE</b>
Bayshore Regional SA	Conner Strong & Buckelew		\$91.92
Brick Township	IMAC Insurance		\$ 13.40
Brick Twp Housing Authority	Fairview Insurance Agency		\$ 16.67
Englishtown	Danskin Agency	\$ 5.82	
Delaware	Hardenberg		\$44.70
Hamilton Township	Eagle Rock		\$26.53
Highland Park	Oxygen Benefits Consulting		\$68.34
Keyport	Danskin Agency	\$ 2.52	
Monmouth County Bayshore	Danskin Agency		\$58.22
Red Bank	Fairview Insurance Agency		\$35.07
Sayreville Borough	Reliance Insurance		\$49.56
Sayreville Borough	Eagle Rock		\$16.29
South River	Integrity Consulting Group		\$30.36
Tuckerton Borough School District	Brown & Brown Metro		\$64.87
West Long Branch	Brown & Brown Metro		\$100.34
Washington Township	Brown & Brown Metro		\$40.44
Western Monmouth Utilities Authority	Danskin Agency	\$ 5.81	

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

**ADOPTED: JANUARY 21, 2026**

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

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

**RESOLUTION NO. 11-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

**WHEREAS**, the Executive Committee has deemed it necessary and appropriate to provide authorization to the Fund Treasurer to pay certain Fund contracted payments and expenses during the month(s) when the Commission does not meet; and

**WHEREAS**, payment by the Fund Treasurer of contracted payments and expenses for the month(s) in which the Fund does not meet shall be ratified by the Fund at its next regularly scheduled meeting; now, therefore,

**BE IT RESOLVED** by the Executive Committee of the Central Jersey Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2026.

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

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 12-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
ADOPTING 2026 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, 2026, through December 31, 2026. 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;

<b>Group Name</b>	<b>Amount Requested</b>	<b>Wellness Champion Stipend</b>	<b>Total</b>	<b>Notes</b>
Bedminster	\$8,500.00		\$8,500.00	Kickball Tournament with healthy lunch, step challenges by Terryberry with prizes
<b>Totals</b>			<b>\$8,500.00</b>	
<b>Remainder available for Grants</b>			<b>\$141,500.00</b>	

**WHEREAS**, on January 21, 2026, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling **\$8,500**.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**RESOLUTION NO. 13-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
RESOLUTION TO OFFER MEMBERSHIP**

**WHEREAS**, the Central Jersey Health Insurance Fund (hereinafter the Fund) is duly constituted as a joint insurance fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Fund held a Public Meeting on **January 21, 2026**, for the purposes of conducting the official business of the Fund; and

**WHEREAS**, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for East Windsor Township and City of Lambertville commend offers of membership; and

**WHEREAS**, the Operations Committee has reviewed the following new member submission and has approved membership to the entity contingent upon a fully executed Indemnity and Trust agreement to join the Fund

1. East Windsor Township – Medical and Rx - Effective 3/1/2026
2. City of Lambertville - Medical and Rx – Effective 4/1/2026

**BE IT RESOLVED**, it has been determined that the admission to membership in the Fund of the above mentioned municipalities would be in the best interests of the Fund and the inclusion of the entity in the Fund is consistent with the Fund’s By-laws;

**BE IT RESOLVED**, that the Central Jersey Health Insurance Fund hereby offers membership to the above mentioned entity’s for medical and prescription coverage, contingent upon receipt acceptance of the conditions stated above.

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE NOVEMBER 2025, DECEMBER 2025, AND JANUARY 2026 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **January 21, 2026** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2025, December 2025, and January 2026 for consideration and approval of the Executive Committee; and

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

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

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for November 2025, December 2025, and January 2026 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Treasurers Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**ADOPTED: JANUARY 21, 2026**

**BY:**

\_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

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

# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND  
OPEN MINUTES  
OCTOBER 15, 2025  
ZOOM MEETING  
1:30 PM**

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

**PLEDGE OF ALLEGIANCE  
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 COMMITTEE</b>		
Brian Valentino	Western Monmouth MUA	Present
Bryan Dempsey	Spring Lake Borough	Present
Peter O'Reilly	Borough of Lakewood	Absent
James Gant	Red Bank	Absent
Jason Gonter	West Long Branch Twp	Present
<b>ALTERNATES:</b>		
Tom Flarity	Borough of Manasquan	Absent

**APPOINTED OFFICIALS PRESENT:**

Executive Director/ Administrator	PERMA Risk Management Services	<b>Brandon Lodics</b> <b>Emily Koval</b> <b>Jordyn Robinson</b> <b>James Rhodes</b>	Present Present Present Present
Program Manager	Conner Strong & Buckelew	<b>John Lajewski</b>	Present
Attorney	Berry, Sahradnik, Kotzas & Benson	<b>Jack Sahradnik</b>	Present
Treasurer		<b>Matt Palmer</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>	Present
Rx Administrator	Express Scripts	<b>Hiteksha Patel</b>	Present

**OTHERS PRESENT:**

Catherine LaPorta	Scott Davenport	Kevin Keates
Christopher Romano	David Balken	Donna Phelps
Raquel Dunn	Jennifer Santiago	Peter Canal, BRSA
Matthew Rudman	Teri Jover	Joseph Ablahani
Jim Diaz	Rob Ferragina	Laurie Roth
Brian Kiely	Georganna Marian	Lindsay Becker
Cindy Toye	Charles Casagrande	Crystal Bailey
Ian Dalton	Jasmin Azcona	Candy Leonard
Barbara Vilanova	John Casagrande	Philip Chiyuto
Alison Kelly	Tom Fletcher	
Dominick Cinelli	Jasmine Brascom	
Lori Savron	Julie Servidio	

**MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 17, 2025, OPEN AND October 13, 2025 OPERATIONS COMMITTEE MEETING:**

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

**EXECUTIVE DIRECTOR REPORT**

**pro forma Reports** - Mr. Lodics began his report by referencing the Financial Fast Track through August 31, 2025, noting another monthly deficit driven primarily by pharmacy costs, particularly specialty medications rather than solely GLP-1 weight loss drugs. He also highlighted an increase in medical claims above budgeted expectations, which has contributed to the ongoing deficit. Mr. Lodics indicated that these trends have informed the budget actions under consideration

**2026 CJHIF BUDGET - ADOPTION**

Mr. Lodics explained that the 2026 budget, previously introduced, had been revised in collaboration with the actuary to reduce trend assumptions and provide rate relief. The Finance Committee reviewed and supported these changes. He noted that Aetna fees were slightly increased from the prior version due to a proposed update to the out-of-network fee schedule, but overall, the fees remain lower than last year. The increase was absorbed using claims contingency funds, avoiding any additional assessment increases.

**Motion:** *Motion to open the Public Hearing on the 2026 Budget*

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

**No Comments**

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

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

**Motion:** *Motion to adopt resolution 35-25 and approve the 2026 Central Jersey Health Insurance Fund Budget in the amount of \$82,502,928*

**MOTION:** Commissioner Brach  
**SECOND:** Commissioner Dempsey  
**VOTE:** 5 Ayes, 0 Nays

**Medical Third Party Administrator & Pharmacy Benefit Manager Contracts** - Mr. Lodics reported that efforts to initiate an RFP for a third-party administrator (TPA) were unsuccessful due to regulatory constraints. On the advice of legal counsel, the Fund is recommending acceptance of an EUS extension for both AmeriHealth and Aetna, based on negotiated fees included in the budget. Mr. Sahradnik confirmed that the EUS extension is compliant with statutory requirements and that necessary certifications are included in the packet. Mr. Lodics also noted that the MRHIF contract for pharmacy benefit management (PBM) services is up for a one-year extension, with a recommendation forthcoming at the next MRHIF meeting. No action is required by the CJHIF at this time, but members were made aware of the pending recommendation. Resolution 36-25 for the TPA contract extension was included on the consent agenda.

**New Member Approval-** Mr. Lodics announced that six entities; Spring Lake Borough, Rumson Borough, Princeton Borough, Neptune Sewerage Authority, Western Monmouth Utility Authority, and Tuckerton Borough were recommended for membership effective January 1, 2026. The Operations Committee reviewed these offers and supported their inclusion, contingent upon execution of Indemnity and Trust agreements. Resolution 37-25 for new member approvals was placed on the consent agenda.

**Out-of-Network Fee Schedule Adjustment** - Mr. Lajewski presented an operational update regarding the recommendation to standardize out-of-network fee schedules for Fund members whose plans deviate from the Medicare benchmark. The analysis showed a rise in out-of-network utilization, though network access remains robust. The proposed change would set reimbursement at 150% of Medicare for facilities and 175% for professional services, effective January 1, 2026. An appeals process will be available for affected members, and brokers have been notified. Most legacy members already use a Medicare-based schedule, so the impact is limited. Resolution 38-25 to revise the out-of-network fee schedule was included in the consent agenda.

**Program Manager's Report** - Mr. Lajewski provided further operational updates, reminding members to direct eligibility, enrollment, or system-related questions to the client service team. System training is available monthly, and open enrollment for plan year 2026 will be passive, running from October 20 to October 31, with updates due by November 14 to ensure timely delivery of ID

cards. Open enrollment guides were distributed on October 2. Coverage updates included notification of increased out-of-network utilization and the rationale for the fee schedule adjustment. Additional informational items included updates on the National Preferred Formulary, the Encircle Program for GLP-1 weight loss medications, compliance with the No Surprise Billing Act, and specialized audits. One carrier appeal was upheld, and there were no IRO submissions. No questions were raised by the committee.

**TREASURER** - Mr. Palmer presented the September supplemental and October bills lists, totaling \$41,891.73 and \$1,026,738.16 respectively. He summarized cash transactions, noting a starting balance of approximately \$3.8 million and an ending balance of \$4.5 million for the month. The report was accepted without questions and Resolution 39-25 for bill list approval was included in the consent agenda.

**ATTORNEY** - Mr. Sahradnik stated no report.

**AETNA** - Mr. Silverstein reported that August claims totaled \$4,176,165 for 1,906 employees, averaging \$2,191 per employee per month. There was one high-cost claim exceeding \$100,000. All dashboard metrics, including customer service and claims processing, continued to perform well.

**AMERIHEALTH** - Mr. Jackson reported September medical paid claims of \$33,622.34, with a per employee cost of \$1,528.28. No high claimants were reported, and performance metrics remained strong.

**EXPRESS SCRIPTS** - Mrs. Patel reported August 2025 total plan costs of \$896,116, with a generic fill rate of 84.8%. Monthly plan cost per member decreased by 7% from last year. Specialty medication costs accounted for 42.6% of total plan spend, with notable increases in weight loss, cancer, and atopic dermatitis drug costs. Six patients were newly identified as taking cancer drugs, contributing to higher costs.

**DELTA DENTAL** - No Report=

**CONSENT AGENDA** - Mr. Nolan reviewed the resolutions included in the consent agenda:

- Resolution 36-25 (Medical TPA Contract Extension)
- Resolution 37-25 (New Member Approvals)
- Resolution 38-25 (Out-of-Network Fee Schedule)
- Resolution 39-25 (September and October Bills List)

Resolution 35-25 (2026 Budget Adoption) had already been approved earlier in the meeting

**MOTION TO APPROVE CONSENT AGENDA:**

<b>MOTION:</b>	Commissioner Dempsey
<b>SECOND:</b>	Commissioner Brach
<b>VOTE:</b>	4 Ayes, 0 Nays

**OLD BUSINESS** - None.

**NEW BUSINESS - None.**

**PUBLIC COMMENT - None.**

**Executive Session**

**MOTION TO APPROVE 40-25 ENTER INTO CLOSED SESSION:**

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

Fund Professionals and Executive Committee Members enter executive session under Resolution 40-25 to discuss matters within the attorney-client privilege and the recent report issued by the New Jersey Office of the State Comptroller.

**MOTION TO APPROVE 40-25 TO LEAVE THE CLOSED SESSION:**

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

**MOTION TO ADJOURN THE MEETING:**

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

**MEETING ADJOURNED: 2:45pm**

**Next Meeting: January 21, 2026, at 1:30 pm, Zoom Meeting**

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

## APPENDIX II



**State of New Jersey**  
DEPARTMENT OF BANKING AND INSURANCE  
DIVISION OF INSURANCE  
OFFICE OF SOLVENCY REGULATION  
PO BOX 325  
TRENTON, NJ 08625-0325  
TEL (609) 292-7272  
FAX (609) 292-6765

PHILIP D. MURPHY  
*Governor*

TAHESHA L. WAY  
*Lt. Governor*

JUSTIN ZIMMERMAN  
*Commissioner*

November 19, 2025

TO: Central Jersey Health Insurance Fund  
Attn: Thomas Nolan, Chairman (in care of Brandon Lodics)  
Brandon Lodics, Executive Director

FROM: Carolina Chong  
Insurance Examiner

RE: 2025 Health Insurance Joint Insurance Fund Questionnaire

The Department of Banking and Insurance ("DOBI") has reviewed the Fund's 2024 audit report.

Please provide responses to the following questions.

**Financial:**

1. If the fund has a decrease in net position from the prior year or a negative net position in the current year, please explain the cause(s).
  - a) Pursuant to N.J.A.C. 11:15-3.16(b), if the fund has a negative net position, the fund commissioners shall submit to the Commissioner and the Commissioner of the Department of Community Affairs a report of the causes of the account's insufficiency, the assessments necessary to replenish it and the steps taken to prevent a recurrence of such circumstances. As such, please detail the plan to address the cause(s) of the fund's net position and any steps the fund intends to take to prevent the circumstances that resulted in the negative net position.
  - b) If the fund is in a negative net position and intends to increase the annual assessment, please explain the actuarial methodology that was used to develop the rate increase.
  - c) If the plan does not include any planned supplemental assessments or interfund year transfer, please explain the rationale for this position.
2. If the plan does not include an increase for the subsequent annual assessment, please explain the rationale for this position.



Date: December 12, 2025

To: Ms. Carolina Chong, Department of Banking and Insurance, Insurance Examiner

Re: Inquiry of November 19, 2025, on the Central Jersey Health Insurance Fund financial position through 12/31/24

---

Dear Ms. Chong,

The Central Jersey Health Insurance Fund (the "Fund" or "CJHIF") is in receipt of your November 19, 2025 correspondence inquiring into the Fund's financial position through December 31, 2024. Below are the Fund's responses to your inquiry.

1. a) As of September 30, 2025, Fund Year (FY) 2024 is running at surplus deficit of \$4,132,000. The Executive Committee has reviewed the challenges that the Fund saw in 2024, some of which occurred in 2025, affecting the 2024 surplus position.

The following challenges surfaced, particularly in the second half of 2024:

**The Hackensack-Meridian Health System's Contract** - In July 2024, there was a revised hospital pricing deal with Aetna. HMHS is the Fund's top utilized facility. This was a public and challenging negotiation for both HMHS and Aetna. These hospital negotiations are intensifying statewide. In the end, HMHS secured a material increase in reimbursement which is having a direct and immediate impact on the Fund's claim costs. Subsequently, the contract included a fee escalator effective July 1, 2025 that was unknown to the Fund as these contract negotiations are proprietary to our Third-Party Administrators.

**The number of high - cost claimants** exceeding \$100,000 (but under the specific retention MRHIF level) were greater than what has been realized in prior years. These claim costs are borne solely by the Fund with no reimbursement from the MRHIF.

**Inpatient Hospital Stays** increased substantially and contributed to 20% of the medical spend in 2024. The frequency and costs are up dramatically from prior years. Some of this is related to the large claims noted.

**Out of Network utilization** increased year over year for the past several years, although the Aetna network exceeds access requirements across the region. In January 2026, to address out of network utilization the Fund universally will lower the out of network fee schedule from FAIR to a percent of the Medicare Schedule.

**GLP-1 Utilization (weight loss drug)** for non-type II diabetic care has increased dramatically over the past year(s). The impact of GLP-1s for weight loss has contributed to an estimated 50% of the 2025 prescription increase. These drugs are expected to be approved for additional indications, which will likely continue to drive increased prescription costs. Although a cost containment program was adopted in 2024 which should help reduce pharmacy spend, it will not significantly reduce utilization and cost.

**No Surprises Act Claims** - In addition to utilization and unit cost increases, claims resulting from the Federal Government's No Surprises Act (NSA) had a significant impact on the Fund's financials in the second quarter of 2025, for claims that were incurred in 2022-2024. Out of Network claims originally processed and included in the Fund's experience used by the Actuary to project the 2023, 2024 and 2025 budgets did not include the unforeseen NSA awards. NSA awards arbitrated years after they were incurred, were reprocessed at a much higher amount in 2025. The additional awards that the out-of-net network providers received were not considered or trended forward in these budgets. Starting in 2026 the Fund will be subject to New Jersey surprise billing system to mitigate the impact of the significant arbitration awards resulting from the federal system.

b) The Fund did not elect to increase the annual assessment in 2024.

c) The Fund will not be issuing an increase in annual assessment, rather the Commissioners are likely to issue a supplemental assessment in early 2026 to address the deficits. The Finance Committee will meet in January to discuss and present at a meeting in early 2026.

2. To determine the FY 2024 budget, the Fund Actuary used data through June 30, 2023, and recommended a medical increase of 5.21% and prescription of 5.26%. Claims increases began to surface in the second half of 2024, after the budget had been adopted. The Fund did not elect to do a subsequent annual assessment and included surplus regeneration in the 2025 and 2026 budgets.

3. The Fund returned one dividend in 2023 for \$577,000.

4. . The Treasurer is responsible for following up and recovering the outstanding assessments from the member entities.

5. Yes, the below excerpt has been pulled from the Fund bylaws to address surplus/deficits for terminated members:

*A member that has been terminated or does not continue as a member of the Fund shall nevertheless share in any surplus in the appropriate trust accounts for that Fund Year pro rata according to its participation and remain jointly and severally liable for claims incurred by the Fund and its members during the period of its membership, including, but not limited to, being subject to and liable for supplemental assessments.*

*Prior to the conclusion of the Fund's current fiscal year, the Fund shall provide written notification to a member that has been terminated by or withdrawn from the Fund, of the estimated surplus or estimated supplemental assessment for which the member may share or be liable pursuant to 4 above.*

6. The Fund instituted a supplemental assessment in 2013. The Fund Commissioners and members are aware of the Fund's net position through monthly financial reports delivered in the Fund meetings and distributed to all members. The Financial reports include cash and surplus positions for all Fund Year.

We continue to closely monitor the Fund's financial position and will escalate efforts if necessary to ensure the continued strength and liquidity of the Fund.

As for the governance, attached with this letter is a listing of the Fund professionals and their contract and bio form status. The completed documents are also included in a zip file. If there is a missing document due to a delay in a signature or legal review with the vendor, we will be diligently following up and expect to have all outstanding documents filed with DOBI by January 31, 2026.

Please let us know if you have any questions on the above response.

Respectfully submitted,

*Emily Koval*

Associate Executive Director

Cc: Aileen Egan, Manager  
William Leach, Supervising Insurance Examiner  
Nick Bennett, Regulatory Office  
Thomas Nolan, Fund Chair  
Jack Sahradnik, Fund Attorney

## APPENDIX III

