



**AGENDA AND REPORTS**  
**MARCH 18, 2026**  
**1:30 PM**

**ZOOM**

Join Zoom Meeting  
<https://permainc.zoom.us/j/91095858584>

Meeting ID: 910 9585 8584

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One tap mobile  
+16469313860,,91095858584# US  
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**OPEN PUBLIC MEETINGS ACT** - In accordance with the Open Public Meetings Act, notice of this meeting was given by:

- I. publication of notice in the Fund's designated newspaper directing the public to the Funds website where legal notices are maintained
- II. filing advance written notice of this meeting with the Clerk/ Administrator of each member municipality and,
- III. posting notice on the Public Bulletin Board of all member municipalities.
- IV. this meeting is being conducted by electronic means. Members of the public that wish to provide public comment shall state their name and affiliation for the record. Comments shall be concise and limited to matters relevant to the Fund. The Chair reserves the right to limit repetitive comments and to maintain order. Comments containing abuse, defamatory, or obscene language will not be permitted.

**CENTRAL JERSEY HEALTH INSURANCE FUND**  
**AGENDA MEETING: MARCH 18, 2026**  
**1:30 PM**

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

**FLAG SALUTE**

**ROLL CALL OF 2026 EXECUTIVE COMMITTEE**

|               |                                      |                               |
|---------------|--------------------------------------|-------------------------------|
| 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 |

**APPROVAL OF MINUTES: January 21, 2026, Open** *Appendix I*

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**CORRESPONDENCE - None**

**REPORTS:**

**EXECUTIVE DIRECTOR (PERMA)**

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

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**TREASURER - (Matt Palmer)**

February and March 2026 Voucher List .....Page 16

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

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

Monthly Report

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

Monthly Report.....Page 24

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

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**PRESCRIPTION ADMINISTRATOR – (Express Scripts)**  
 Monthly Report .....Page 30

**DENTAL ADMINISTRATOR – (Delta Dental)**  
 Monthly Report.....Page 34

**CONSENT AGENDA .....Page 36**

    REVISED Resolution 8-26: 2026 Risk Management Plan.....Page 37

    REVISED Resolution 10-26: Broker Contract Approval.....Page 50

    Resolution 15-26: MRHIF Cash Advancement .....Page 52

    Resolution 16-26: Adopting 2026 Wellness Grant Programs.....Page 54

    Resolution 17-26: Offering New Membership .....Page 55

    Resolution 18-26: February and March 2026 Bills List .....Page 56

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT – *Motion to Open***  
*Motion to Close*

**MEETING ADJOURNED**

**Central Jersey Health Insurance Fund**

Executive Director's Report

MARCH 18, 2026

**FINANCE AND CONTRACTS**

**PRO FORMA REPORTS**

- **Preliminary Fast Track Financial Report** –as of December 31, 2025 (page 6)

**REVISED RE-ORGANIZATION RESOLUTIONS**

- 1. 2026 RISK MANAGEMENT PLAN (RMP) UPDATE** - As part of the Risk Management Plan Resolution approved at the last meeting, the plan has been updated to incorporate the New Jersey Out-of-Network Consumer Protection, Transparency, Cost Containment, And Accountability Act (P.L. 2018, c. 32). This addition strengthens the protections related to out-of-network services. A revised Resolution 8-26 is included in consent agenda.
- 2. 2026 BROKER CONTRACT APPROVAL** - Resolution 10-26 included in the January agenda had an incorrect rate for the Washington Township and West Long Branch broker(s) compensation. The revised Resolution 10-26 in the consent agenda includes the corrected rate.

**FINANCE COMMITTEE**

The Finance Committee met on March 11th to review the 2025 plan year performance and evaluate the Fund financials. Following these discussions, the Committee is recommending that the Fund seek a temporary cash advancement from MRHIF.

Resolution 15-26 is included in the consent agenda and outlines the guidelines governing the cash advancement.

**NEW LOCKBOX FOR MONTHLY INVOICE PAYMENTS**

Please be aware that a new lockbox was inadvertently listed on the monthly invoices with a missing digit. This has been corrected on the April invoices. Please ensure that any previously mailed and all future payments are sent to the following address:

**Central Jersey Health Insurance Fund**

**P.O. Box 40007**

**Newark, NJ 07101**

**FUND TREASURER**

The Fund Treasurer's contract is set to expire on December 31, 2026. In consideration of the contract's size and to align its timeframe with that of other Fund professionals, the contract may be processed outside of Fair and Open for a one-year appointment, with a formal RFP to be issued for 2028.

***Motion:** Allow PERMA to go out for quotes for Fund Treasurer services*

## 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 two responses for Wellness grants through the Fund. Oceanport has submitted applications for many years, while Brick Township is a first-time applicant. The applications have been reviewed and approved by the Wellness Committee.

1. **Oceanport** – Employee Assistance Program managed by Preferred Behavioral Health Group – request for \$7,500
2. **Brick Township** – Contract with Ramp Health to provide comprehensive program to support healthier options and outcomes to help reduce RX costs – request for \$27,040

Resolution 16-26 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)

### **2026 MEL, MR HIF & NJCE JIF Educational Seminar:**

The 16th annual seminar will be conducted virtually on 2 half-day sessions: Friday April 24th and Friday May 1st from 9AM to 12PM.

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

A copy of the invitation with a registration link was emailed to members, risk managers, and professionals on March 2<sup>nd</sup>. If you did not receive it, please contact [HIFadmin@permainc.com](mailto:HIFadmin@permainc.com) for the registration link.

Enclosed in **Appendix II** is the latest in a series of Power of Collaboration advertisements to be published in the League of Municipalities magazine which highlights the educational seminar.

### **GASB 102 DISCLOSURE**

Enclosed in **Appendix III** is an informational memo regarding the GASB 102 requirements for reporting periods ending December 31, 2025, and thereafter. While GASB 102 established updated guidance, our Auditors do not believe these disclosures apply to the Health Insurance Funds.

## 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 March 11, 2026.

| Member                               | I&T End Date |
|--------------------------------------|--------------|
| 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**

|  |   | AS OF            | December 31, 2025  |                    |                      |
|--|---|------------------|--------------------|--------------------|----------------------|
|  |   | THIS<br>MONTH    | YTD<br>CHANGE      | PRIOR<br>YEAR END  | FUND<br>BALANCE      |
| 1.                                     | <b>UNDERWRITING INCOME</b>                | <b>5,773,103</b> | <b>66,656,772</b>  | <b>970,527,549</b> | <b>1,037,184,321</b> |
| 2.                                     | <b>CLAIM EXPENSES</b>                     |                  |                    |                    |                      |
|  | Paid Claims                               | 5,671,876        | 66,329,004         | 801,403,345        | 867,732,350          |
|  | IBNR                                      | 17,340           | 750,525            | 3,986,278          | 4,736,804            |
|  | Less Specific Excess                      | 105,625          | (2,091,139)        | (21,764,468)       | (23,855,607)         |
|  | Less Aggregate Excess                     | -                | -                  | (1,000,000)        | (1,000,000)          |
|  | <b>TOTAL CLAIMS</b>                       | <b>5,794,840</b> | <b>64,988,390</b>  | <b>782,625,156</b> | <b>847,613,546</b>   |
| 3.                                     | <b>EXPENSES</b>                           |                  |                    |                    |                      |
|  | MA & HMO Premiums                         | 525,632          | 5,646,607          | 32,433,949         | 38,080,556           |
|  | Excess Premiums                           | 219,241          | 2,553,301          | 43,433,470         | 45,986,771           |
|  | Administrative                            | 183,255          | 3,810,199          | 56,732,554         | 60,542,753           |
|  | <b>TOTAL EXPENSES</b>                     | <b>928,128</b>   | <b>12,010,107</b>  | <b>132,599,973</b> | <b>144,610,080</b>   |
| 4.                                     | <b>UNDERWRITING PROFIT/(LOSS) (1-2-3)</b> | (949,865)        | (10,341,726)       | 55,302,421         | 44,960,695           |
| 5.                                     | <b>INVESTMENT INCOME</b>                  | 4,887            | 91,516             | 4,323,181          | 4,414,697            |
| 6.                                     | <b>DIVIDEND INCOME</b>                    | 0                | 508,496            | 8,232,890          | 8,741,386            |
| 7.                                     | <b>STATUTORY PROFIT/(LOSS) (4+5+6)</b>    | <b>(944,978)</b> | <b>(9,741,714)</b> | <b>67,858,492</b>  | <b>58,116,777</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>(944,978)</b> | <b>(9,741,714)</b> | <b>6,848,144</b>   | <b>(2,893,570)</b>   |
| <b>SURPLUS (DEFICITS) BY FUND YEAR</b> |   |                  |                    |                    |                      |
| <b>Closed</b>                          | <b>Surplus</b>                            | (35,009)         | 21,929             | 7,956,498          | 7,978,427            |
|  | <b>Cash</b>                               | (34,969)         | 583,707            | 7,194,818          | 7,778,525            |
| <b>2024</b>                            | <b>Surplus</b>                            | (310,440)        | (1,011,668)        | (7,051,165)        | (8,062,834)          |
|  | <b>Cash</b>                               | (15,724)         | (1,143,884)        | (6,589,940)        | (7,733,823)          |
| <b>LAKEWOOD</b>                        | <b>Surplus</b>                            | 133,402          | (444,715)          | 5,942,811          | 5,498,096            |
|  | <b>Cash</b>                               | 6,207,102        | (13,341)           | 6,220,443          | 6,207,102            |
| <b>2025</b>                            | <b>Surplus</b>                            | (732,931)        | (8,307,260)        |                    | (8,307,260)          |
|  | <b>Cash</b>                               | (512,965)        | (4,545,661)        |                    | (4,545,661)          |
| <b>TOTAL SURPLUS (DEFICITS)</b>        |   | <b>(944,978)</b> | <b>(9,741,714)</b> | <b>6,848,144</b>   | <b>(2,893,570)</b>   |
| <b>TOTAL CASH</b>                      |   | <b>5,643,445</b> | <b>(5,119,178)</b> | <b>6,825,321</b>   | <b>1,706,143</b>     |
| <b>CLAIM ANALYSIS BY FUND YEAR</b>     |   |                  |                    |                    |                      |
| <b>TOTAL CLOSED YEAR CLAIMS</b>        |   | <b>37,411</b>    | <b>491,604</b>     | <b>641,597,960</b> | <b>642,089,564</b>   |
| <b>FUND YEAR 2024</b>                  |   |                  |                    |                    |                      |
|  | Paid Claims                               | 3,792            | 4,748,320          | 42,206,881         | 46,955,201           |
|  | IBNR                                      | (16,440)         | (2,739,858)        | 2,739,858          | -                    |
|  | Less Specific Excess                      | 365,857          | (864,153)          | (124,196)          | (988,349)            |
|  | Less Aggregate Excess                     | 0                | 0                  | 0                  | 0                    |
|  | <b>TOTAL FY 2024 CLAIMS</b>               | <b>353,209</b>   | <b>1,144,309</b>   | <b>44,822,543</b>  | <b>45,966,852</b>    |
| <b>LAKEWOOD</b>                        |   |                  |                    |                    |                      |
|  | Paid Claims                               | 1,393,267        | 17,997,776         | 0                  | 17,997,776           |
|  | IBNR                                      | (2,282)          | 159,418            | 99,306,787         | 99,466,205           |
|  | Less Specific Excess                      | (111,542)        | (792,652)          | 1,246,420          | 453,769              |
|  | Less Aggregate Excess                     | 0                | 0                  | (4,348,556)        | (4,348,556)          |
|  | <b>TOTAL LAKEWOOD CLAIMS</b>              | <b>1,279,443</b> | <b>17,364,542</b>  | <b>96,204,651</b>  | <b>113,569,193</b>   |
| <b>FUND YEAR 2025</b>                  |   |                  |                    |                    |                      |
|  | Paid Claims                               | 4,237,406        | 43,044,515         |                    | 43,044,515           |
|  | IBNR                                      | 36,062           | 3,330,965          |                    | 3,330,965            |
|  | Less Specific Excess                      | (148,691)        | (387,544)          |                    | (387,544)            |
|  | Less Aggregate Excess                     | 0                | 0                  |                    | 0                    |
|  | <b>TOTAL FY 2025 CLAIMS</b>               | <b>4,124,777</b> | <b>45,987,935</b>  |                    | <b>45,987,935</b>    |
| <b>COMBINED TOTAL CLAIMS</b>           |   | <b>5,794,840</b> | <b>64,988,390</b>  | <b>782,625,154</b> | <b>847,613,545</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            | DEC            |
| 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     | \$ 1,706,143   |
| 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   | \$ 4,736,804   |
| 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   | \$ 3,769,894   |
| 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   | \$ 6,663,470   |
| 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) | \$ (2,893,575) |
| 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   | \$ 5,673,301   |
| 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   | \$ 4,675,523   |
| 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  | \$ 66,340,474  |
| 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  | \$ 54,405,265  |
| <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           | 0.30           |
| 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           | 1.21           |
| 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           | 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           | 0.36           |
| 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           | 0.57           |
| 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          | -0.62          |
| 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           | 1.01           |

**Central Jersey Health Insurance Fund**

**2025 Budget Report**

AS OF DECEMBER 31, 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  | 361,920           | 361,920           | 381,389           |  |                    |             |
| Medical Claims Aetna 12/31 Renewal     | 28,323,370        | 28,323,370        | 25,708,509        |  |                    |             |
| Medical Claims Aetna 6/30 Renewal      | 473,200           | 473,200           | 504,115           |  |                    |             |
| <b>Subtotal Medical Claims</b>         | <b>29,158,490</b> | <b>29,158,490</b> | <b>26,614,608</b> | <b>34,978,942</b>                            | <b>(5,775,077)</b> | <b>-20%</b> |
| Prescription Claims 12/31 Renewal      | 8,799,883         | 8,799,883         | 7,981,434         |  |                    |             |
| Prescription Claims 6/30 Renewal       | 177,882           | 177,882           | 184,591           |  |                    |             |
| Less Rx Rebates                        | (2,693,330)       | (2,693,330)       | (2,449,808)       |  |                    |             |
| <b>Subtotal Prescription Claims</b>    | <b>6,284,435</b>  | <b>6,284,435</b>  | <b>5,716,217</b>  | <b>9,399,369</b>                             | <b>(3,114,934)</b> | <b>-50%</b> |
| Dental Claims 12/31 Renewal            | 1,909,423         | 1,909,423         | 1,868,108         |  |                    |             |
| Dental Claims 6/30 Renewal             | 0                 | 0                 | 0                 |  |                    |             |
| <b>Subtotal Dental Claims</b>          | <b>1,909,423</b>  | <b>1,909,423</b>  | <b>1,868,108</b>  | <b>1,609,625</b>                             | <b>299,798</b>     | <b>16%</b>  |
| Vision Claims                          | 45,375            | 45,375            | 37,407            | <b>Included in Medical Claims</b>            |                    |             |
| <b>Lakewood SIR Claims</b>             |                   |                   |                   |  |                    |             |
| Medical                                | 12,556,191        | 12,556,191        | 13,740,924        | 14,137,897                                   | (1,581,706)        | -13%        |
| Prescription                           | 4,451,351         | 4,451,351         | 4,623,988         | 3,226,645                                    | 1,224,706          | 28%         |
| <b>Subtotal Claims</b>                 | <b>54,405,265</b> | <b>54,405,265</b> | <b>52,601,252</b> | <b>63,352,477</b>                            | <b>(8,947,212)</b> | <b>-16%</b> |
| Medicare Advantage / EGWP              | 4,920,216         | 4,920,216         | 4,453,224         | 5,641,677                                    | -                  | 0%          |
| Medicare Advantage - Rx                | 721,460           | 721,460           | 805,219           | <b>Included in Medicare Advantage / EGWP</b> |                    |             |
| DMO Premiums                           | 4,887             | 4,887             | 3,867             | 4,931  | (43)               | -1%         |
| <b>Reinsurance</b>                     |                   |                   |                   |  |                    |             |
| Specific                               | 1,106,301         | 1,106,301         | 1,023,757         |  |                    |             |
| Lakewood - ICH                         | 1,447,000         | 1,447,000         | 1,498,099         |  |                    |             |
| <b>Subtotal Reinsurance</b>            | <b>2,553,301</b>  | <b>2,553,301</b>  | <b>2,521,856</b>  | <b>2,553,301</b>                             | <b>-</b>           | <b>0%</b>   |
| Loss Fund Contingency                  | 234,821           | 234,821           | 132,134           | 0  | 234,821            | 100%        |
| <b>Total Loss Fund</b>                 | <b>62,839,951</b> | <b>62,839,951</b> | <b>60,517,552</b> | <b>71,552,385</b>                            | <b>(8,712,435)</b> | <b>-14%</b> |
| <b>Expenses</b>                        |                   |                   |                   |  |                    |             |
| Legal                                  | 37,161            | 37,161            | 37,161            | 36,857                                       | 303                | 1%          |
| Treasurer                              | 13,260            | 13,260            | 13,260            | 17,445                                       | (4,185)            | -32%        |
| Administrator                          | 518,434           | 518,434           | 497,886           | 518,434                                      | (0)                | 0%          |
| Program Manager                        | 1,997,730         | 1,997,730         | 1,810,853         | 2,017,030                                    | (4,000)            | 0%          |
| Actuary                                | 17,238            | 17,238            | 17,238            | 17,250                                       | (12)               | 0%          |
| Auditor                                | 21,420            | 21,420            | 21,420            | 21,420                                       | -                  | 0%          |
| TPA - Aetna                            | 886,066           | 886,066           | 888,077           | 895,144                                      | -                  | 0%          |
| TPA - AmeriHealth                      | 9,078             | 9,078             | 9,504             | <b>Included above in TPA - Aetna</b>         |                    |             |
| Plan Documents                         | 15,300            | 15,300            | 15,300            | <b>Included in Program Manager</b>           |                    |             |
| Dental TPA                             | 89,765            | 89,765            | 88,040            | 89,765                                       | -                  | 0%          |
| Wellness                               | 150,000           | 150,000           | 150,000           | 50,559                                       | 99,441             | 66%         |
| Affordable Care Act                    | 11,175            | 11,175            | 10,674            | 15,185                                       | (4,010)            | -36%        |
| A4 Retiree Surcharge                   | 16,208            | 16,208            | 14,354            | 16,205                                       | 3                  | 0%          |
| Claims Audit                           | 40,000            | 40,000            | 40,000            | 0  | 40,000             | 100%        |
| Misc/Cont                              | 21,185            | 21,185            | 21,185            | 192,491                                      | (171,306)          | -809%       |
| <b>Total Expenses</b>                  | <b>3,844,019</b>  | <b>3,844,019</b>  | <b>3,634,951</b>  | <b>3,887,785</b>                             | <b>(43,766)</b>    | <b>-1%</b>  |
| <b>Total Budget</b>                    | <b>66,683,970</b> | <b>66,683,970</b> | <b>64,152,504</b> | <b>75,440,170</b>                            | <b>(8,756,200)</b> | <b>-13%</b> |

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

AS OF DECEMBER 31, 2025

**BY FUND YEAR**

|                                       | CJ HIF<br>2025     | CJ HIF<br>2024     | CJ HIF<br>2023 | CLOSED<br>YEAR   | LAKEWOOD         | FUND<br>BALANCE    |
|---------------------------------------|--------------------|--------------------|----------------|------------------|------------------|--------------------|
| <b>ASSETS</b>                         |                    |                    |                |                  |                  |                    |
| Cash & Cash Equivalents               | (4,545,661)        | (7,733,823)        | (0)            | 7,778,525        | 6,207,102        | 1,706,143          |
| Assesments Receivable (Prepaid)       | 234,121            | 6,767              | -              | 326,019          | (0)              | 566,907            |
| Interest Receivable                   | -                  | -                  | -              | -                | -                | -                  |
| Specific Excess Receivable            | 196,058            | (335,777)          | 0              | -                | 306,671          | 166,952            |
| Aggregate Excess Receivable           | -                  | -                  | -              | -                | -                | -                  |
| Dividend Receivable                   | -                  | -                  | -              | -                | -                | -                  |
| Prepaid Admin Fees                    | -                  | -                  | -              | -                | -                | -                  |
| Other Assets                          | 939,731            | (0)                | -              | -                | 390,162          | 1,329,893          |
| <b>Total Assets</b>                   | <b>(3,175,751)</b> | <b>(8,062,834)</b> | <b>(0)</b>     | <b>8,104,544</b> | <b>6,903,935</b> | <b>3,769,894</b>   |
| <b>LIABILITIES</b>                    |                    |                    |                |                  |                  |                    |
| Accounts Payable                      | 1,219,507          | -                  | -              | -                | -                | 1,219,507          |
| IBNR Reserve                          | 3,330,965          | -                  | -              | -                | 1,405,839        | 4,736,804          |
| A4 Retiree Surcharge                  | 534,617            | -                  | -              | -                | -                | 534,617            |
| Dividends Payable                     | -                  | -                  | -              | -                | -                | -                  |
| Retained Dividends                    | -                  | -                  | -              | 126,122          | -                | 126,122            |
| Accrued/Other Liabilities             | 46,420             | -                  | -              | -                | -                | 46,420             |
| <b>Total Liabilities</b>              | <b>5,131,509</b>   | <b>-</b>           | <b>-</b>       | <b>126,122</b>   | <b>1,405,839</b> | <b>6,663,470</b>   |
| <b>EQUITY</b>                         |                    |                    |                |                  |                  |                    |
| Surplus / (Deficit)                   | (8,307,260)        | (8,062,834)        | (0)            | 7,978,422        | 5,498,096        | (2,893,575)        |
| <b>Total Equity</b>                   | <b>(8,307,260)</b> | <b>(8,062,834)</b> | <b>(0)</b>     | <b>7,978,422</b> | <b>5,498,096</b> | <b>(2,893,575)</b> |
| <b>Total Liabilities &amp; Equity</b> | <b>(3,175,751)</b> | <b>(8,062,834)</b> | <b>(0)</b>     | <b>8,104,544</b> | <b>6,903,935</b> | <b>3,769,894</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 |

*\*Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC ("PERMA"), as administrator of the Bergen Municipal Employee Benefits 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.*

**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**

- Wegovy (Pill Form) - Express Scripts has completed their initial review of the new medication (standard practice) and determined the following:

*On December 22, 2025, the FDA approved the Wegovy pill (oral semaglutide) for chronic weight management in adults. Beginning March 1, oral Wegovy will be added to all commercial formularies and removed from Exclude at Launch (EAL).*

*Oral Wegovy will remain blocked for clients enrolled in EncircleRx (ECRx) Weight Loss solution.*

*As the oral GLP 1 landscape continues to evolve, we will closely monitor new developments and keep you informed.*

*Evernorth Health Services*

**Fund Performance/Observations**

**Medical - Aetna**

The following observations are derived from the attached utilization data review comparing CY 2025 over CY 2024:

- Total medical claims on a PMPM basis have increased +17.4%
- Total pharmacy claims (covered under medical plan) on a PMPM basis have increased +50.6%
- Inpatient medical claims on a PMPM basis have increased +23.2%
- Total admission, per 1,000 members, have decreased (3.6%)
- Total days of care, per 1,000 members, have decreased (1.9%)
- Office visits, per 1,000 members, have increased +0.2%
- High dollar claimants (>\$50K) have increased 2.7% from 150 to 154
- High dollar claims (>\$50K) have increased 13.7% from \$18.3M to \$20.8M
- Network provider utilization has decreased from 86.2% to 81.1%
- Unit costs for professional inpatient, surgery claims have increased 121.2%
- Unit costs for professional ambulatory, surgery claims have increased 62.8%

**Pharmacy - Express Scripts (ESI)**

The following observations are derived from the attached utilization data review from CY 2025 & CY 2024:

- Pharmacy claims on a PMPM basis have increased +10.9%

- Non specialty claims on a PMPM basis have increased +5.0%
- Specialty claims on a PMPM basis have increased +17.8%
- Top pharmacy indication is inflammatory conditions, decreasing (2.4%) year over year on PMPM basis
- Largest increase in pharmacy indication was weight loss medications increasing +69.3% on a PMPM basis and from \$394K to \$715K in total spend
- Top 10 indications account for 67.7% of total pharmacy spend

To address the increased level of utilization for both the medical and pharmacy programs, the following strategies have been put forward for consideration:

**Medical**

- Redirection of services to a more cost-effective place of service with no disruption to clinical outcomes - Immediate & ongoing engagement with Fund vendors to evaluate & optimize opportunities (Aetna/AHA/ESI/)
- High performance provider network - providing cost effective plan alternatives based on tightly managed network with no deterioration of benefit level

**Pharmacy**

- GLP-1 for weight loss clinical revision - BMI requirement to  $\geq 35$  &  $\geq 27$  with comorbidities
  - Effective July 1<sup>st</sup>, ALL scripts for GLP-1 for weight loss will require new requests for prior authorization (PA) - applies to existing & new scripts
  - For new scripts, the BMI requirements will be  $\geq 35$ ,  $\geq 27$  for comorbidities & members will be required to enroll in the Omada program
  - For existing scripts, the BMI requirements will be  $\geq 35$ ,  $\geq 27$  (baseline - when original script was requested) for comorbidities & member will be required to enroll in the Omada program (member will not be required to re-register, enrollment will automatically roll over)
  - Members with existing scripts will receive a communication (sample letter attached) to advise them of the clinical policy change and required action
  - Communication for Fund brokers will be developed and distributed to assist with the transition in the clinical policy
- GLP-1 Direct to Consumer - Vendors currently being evaluated to implement strategy which carves out GLP-1 medications for weight loss from pharmacy program and redirects plan participants directly to drug manufacturers to fill scripts

**New Fund Member Activity**

- Borough of Jamesburg - Resolution 17-26 is in consent agenda for approval.

| <b>New Member Overview</b> |  |
|----------------------------|--|
| <b>Fund</b>                | Central Jersey Health Insurance Fund (CJHIF)       |
| <b>Entity</b>              | <b>Borough of Jamesburg</b>                        |
| <b>County</b>              | Middlesex County                                   |
| <b>Effective Date</b>      | 4/1/2026-12/31/2026                                |
| <b>Lines of Coverage</b>   | Medical, Prescription, Retiree Dental              |
| <b>Eligible Employees</b>  | 18 Active/12 Under 65 Retiree/9 Medicare Advantage |

|                              |  |
|------------------------------|--|
| <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 Methodology           |
| <b>Broker</b>                | Scott Davenport                                  |
| <b>Broker Fee</b>            | 3.0%   |
| <b>Run Out Claims</b>        | State Health Benefits/Horizon                    |
| <b>Member approval?</b>      | Resolutions passed on 1/28/2026                  |
| <b>Special Requests</b>      | None   |

**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, Marelene, 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**
  - All coupon booklets have been delivered

**Carrier Appeals:**

| <b>Submission Date</b> | <b>Appeal Type</b> | <b>Appeal Number</b>   | <b>Reason</b>          | <b>Determination</b> | <b>Determination Date</b> |
|------------------------|--------------------|------------------------|------------------------|----------------------|---------------------------|
| 01/08/2026             | Medical/Aetna      | CJHIF<br>2026 01<br>01 | Laboratory<br>Services | Upheld               | 03/03/2026                |

**IRO Submissions:**

| <b><u>Submission Date</u></b> | <b><u>Appeal Type</u></b> | <b><u>Appeal Number</u></b>                 | <b><u>Reason</u></b>                 | <b><u>Determination</u></b> | <b><u>Determination Date</u></b> |
|-------------------------------|---------------------------|---|--------------------------------------|-----------------------------|----------------------------------|
| <u>03/03/2026</u>             | <u>Medical/Aetna</u>      | <u>CJHIF</u><br><u>2026 01</u><br><u>01</u> | <u>Laboratory</u><br><u>Services</u> | <u>Under Review</u>         |                                  |

**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.**

**FEBRUARY 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> |
|--------------------------------|-------------------------------|-----------------------|
| PERMA RISK MANAGEMENT SERVICES | 2025 AATRIX 1099 FILING FEE   | 50.99                 |
|                                |                               | <b>50.99</b>          |
| BOROUGH OF OCEANPORT           | WELLNESS REIMBURSEMENT 2025   | 9,400.00              |
|                                |                               | <b>9,400.00</b>       |
| HQSI, INC.                     | INV 251231-MRHIF-1 12/31/25   | 900.00                |
|                                |                               | <b>900.00</b>         |
|                                | <b>Total Payments FY 2025</b> | <b>10,350.99</b>      |

**FUND YEAR 2026**

| <u>Vendor Name</u>                        | <u>Comment</u>                     | <u>Invoice Amount</u> |
|---|------------------------------------|-----------------------|
| AETNA HEALTH MANAGEMENT LLC               | MEDICARE ADVANTAGE 01/26           | 585,778.77            |
|   |                                    | <b>585,778.77</b>     |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-7871700007 BE006898571 02/26 | 72.21                 |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-7871700006 BE006898559 02/26 | 17.23                 |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-7871700006 BE006863992 01/26 | 17.23                 |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-7871700007 BE006864005 01/26 | 72.21                 |
|   |                                    | <b>178.88</b>         |
| AETNA LIFE INSURANCE COMPANY              | VISION TPA 02/26                   | 242.06                |
| AETNA LIFE INSURANCE COMPANY              | MEDICAL TPA 02/26                  | 72,227.75             |
|   |                                    | <b>72,469.81</b>      |
| AMERIHEALTH ADMINISTRATORS                | WELLNESS CREDITS 02/26             | -21.25                |
| AMERIHEALTH ADMINISTRATORS                | MEDICAL TPA FEES 02/26             | 632.23                |
|   |                                    | <b>610.98</b>         |
| INSPIRA FINANCIAL HEALTH, INC             | 143010-2132302 OCEANPORT HSA 01/26 | 135.00                |
| INSPIRA FINANCIAL HEALTH, INC             | 142292-2130286 MRRSA HSA 01/26     | 15.00                 |
|   |                                    | <b>150.00</b>         |
| DELTA DENTAL OF NEW JERSEY INC.           | DENTAL TPA 02/26                   | 7,967.89              |
|   |                                    | <b>7,967.89</b>       |
| PERMA RISK MANAGEMENT SERVICES            | RETIREE FIRST INV 03012026 02/26   | 19,068.00             |
| PERMA RISK MANAGEMENT SERVICES            | RETIREE FIRST INV 02012026 02/26   | 15,024.00             |
| PERMA RISK MANAGEMENT SERVICES            | ADMIN FEES 02/26                   | 44,783.55             |
| PERMA RISK MANAGEMENT SERVICES            | POSTAGE 01/26                      | 106.37                |
|   |                                    | <b>78,981.92</b>      |
| EAGLE ROCK MANAGEMENT GROUP               | FUND COORDINATOR 02/26             | 5,715.07              |
| EAGLE ROCK MANAGEMENT GROUP               | BROKER FEES 02/26                  | 13,424.18             |
|   |                                    | <b>19,139.25</b>      |

|  |   |   |
|--|---|---|
| ACRISURE NJ PARTNERS INS SERVICES, LLC   | BROKER FEES 02/26   | 22,321.92<br><b>22,321.92</b>                                     |
| ACRISURE NJ PARTNERS INS. SERVICES, LLC  | BROKER FEES 02/26   | 10,532.40<br><b>10,532.40</b>                                     |
| BROWN & BROWN METRO, LLC<br>BROWN & BROWN METRO, LLC   | BROKER FEES 02/26<br>RED BANK 01/26 BROKER FEES   | 23,078.35<br>8,592.15<br><b>31,670.50</b>                         |
| HARDENBERGH INSURANCE GROUP, INC   | BROKER FEES 02/26   | 3,441.90<br><b>3,441.90</b>                                       |
| BERRY,SAHRADNIK,KOTZAS& BENSON   | ATTORNEY FEES 02/26   | 3,097.00<br><b>3,097.00</b>                                       |
| MATTHEW J PALMER CONSULTING, LLC   | TREASURY SERVICE 02/26  | 1,750.00<br><b>1,750.00</b>                                       |
| OXYGEN BENEFITS CONSULTING   | BROKER FEES 02/26   | 4,783.80<br><b>4,783.80</b>                                       |
| DANSKIN INSURANCE AGENCY, INC  | BROKER FEES 02/26   | 903.32<br><b>903.32</b>   |
| CONNER STRONG & BUCKELEW<br>CONNER STRONG & BUCKELEW<br>CONNER STRONG & BUCKELEW<br>CONNER STRONG & BUCKELEW | PROGRAM MANAGER 02/26<br>PLAN DOCS 02/26<br>BROKER FEES 02/26<br>HEALTH CARE REFORM 02/26             | 87,440.91<br>1,275.00<br>5,464.72<br>1,915.31<br><b>96,095.94</b> |
| USA TODAY MEDIA CORP.  | ORDER# 11996997 A# 1120753 1/15/26  | 52.60<br><b>52.60</b>   |
| THE CANNING GROUP LLC  | QPA SERVICES INV 2026-02 02/26  | 250.00<br><b>250.00</b>   |
| SYMETRA FINANCIAL<br>SYMETRA FINANCIAL<br>SYMETRA FINANCIAL  | SPECIFIC REINSURANCE FEE - SINGLE 02/26<br>AGGREGATE 02/26<br>SPECIFIC REINSURANCE FEE - FAMILY 02/26 | 41,503.04<br>4,319.36<br>81,201.60<br><b>127,024.00</b>           |
|  | <b>Total Payments FY 2026</b>   | <b>1,067,200.88</b>   |
|  | <b>TOTAL PAYMENTS ALL FUND YEARS</b>  | <b>1,077,551.87</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.**

**FEBRUARY 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> |
|------------------------------|--------------------------------------|-----------------------|
| MUNICIPAL REINSURANCE H.I.F. | SPECIFIC REINSURANCE 12/25           | 98,755.19             |
| MUNICIPAL REINSURANCE H.I.F. | SPECIFIC REINSURANCE 10/25           | 94,837.42             |
| MUNICIPAL REINSURANCE H.I.F. | SPECIFIC REINSURANCE 11/25           | 92,473.20             |
|                              |                                      | <b>286,065.81</b>     |
|                              | <b>Total Payments FY 2025</b>        | <b>286,065.81</b>     |
|                              | <b>TOTAL PAYMENTS ALL FUND YEARS</b> | <b>286,065.81</b>     |

\_\_\_\_\_  
Chairperson

Attest:  
  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Treasurer

# CENTRAL JERSEY HEALTH INSURANCE FUND BILLS LIST

**Resolution No.**

**MARCH 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 LIFE INSURANCE COMPANY | VISION TPA 12/25                  | 213.85                |
| AETNA LIFE INSURANCE COMPANY | MEDICAL TPA 12/25                 | 77,537.94             |
|                              |                                   | <b>77,751.79</b>      |
| TOMS RIVER M.U.A             | WELLNESS REIMBURSEMENT 2025 03/26 | 1,808.50              |
|                              |                                   | <b>1,808.50</b>       |
|                              | <b>Total Payments FY 2025</b>     | <b>79,560.29</b>      |

**FUND YEAR 2026**

| <u>Vendor Name</u>                        | <u>Comment</u>                      | <u>Invoice Amount</u> |
|---|-------------------------------------|-----------------------|
| AETNA HEALTH MANAGEMENT LLC               | MEDICARE ADVANTAGE 03/26            | 586,893.33            |
|   |                                     | <b>586,893.33</b>     |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-7871700007 BE006952956 03/26  | 72.21                 |
| DELTA DENTAL INSURANCE CO (DELTACARE USA) | A# F1-78717000006 BE006952944 03/26 | 17.23                 |
|   |                                     | <b>89.44</b>          |
| AETNA LIFE INSURANCE COMPANY              | VISION TPA 03/26                    | 240.24                |
| AETNA LIFE INSURANCE COMPANY              | MEDICAL TPA 03/26                   | 72,265.00             |
|   |                                     | <b>72,505.24</b>      |
| AMERIHEALTH ADMINISTRATORS                | WELLNESS CREDITS 03/26              | -21.25                |
| AMERIHEALTH ADMINISTRATORS                | MEDICAL TPA FEES 03/26              | 632.23                |
|   |                                     | <b>610.98</b>         |
| INSPIRA FINANCIAL HEALTH, INC             | 143010-2139092 OCEANPORT HSA 02/26  | 135.00                |
| INSPIRA FINANCIAL HEALTH, INC             | 142292-2138086 MRRSA HSA 02/26      | 15.00                 |
|   |                                     | <b>150.00</b>         |
| DELTA DENTAL OF NEW JERSEY INC.           | DENTAL TPA 03/26                    | 7,866.23              |
|   |                                     | <b>7,866.23</b>       |
| PERMA RISK MANAGEMENT SERVICES            | RETIREE FIRST INV 04012026 03/26    | 16,068.00             |
| PERMA RISK MANAGEMENT SERVICES            | ADMIN FEES 03/26                    | 44,802.81             |
| PERMA RISK MANAGEMENT SERVICES            | POSTAGE 02/26                       | 300.24                |
|   |                                     | <b>61,171.05</b>      |
| ACTUARIAL SOLUTIONS, LLC                  | Q1 2026 ACTUARY FEES 03/26          | 4,400.00              |
|   |                                     | <b>4,400.00</b>       |
| EAGLE ROCK MANAGEMENT GROUP               | FUND COORDINATOR 03/26              | 5,731.26              |
| EAGLE ROCK MANAGEMENT GROUP               | BROKER FEES 03/26                   | 13,371.12             |
|   |                                     | <b>19,102.38</b>      |
| ACRISURE NJ PARTNERS INS SERVICES, LLC    | BROKER FEES 03/26                   | 22,492.92             |
|   |                                     | <b>22,492.92</b>      |

|   |   |                               |
|---|---|-------------------------------|
| ACRISURE NJ PARTNERS INS. SERVICES, LLC | BROKER FEES 03/26                       | 10,465.40<br><b>10,465.40</b> |
| BROWN & BROWN METRO, LLC                | BROKER FEES 03/26                       | 22,977.61<br><b>22,977.61</b> |
| HARDENBERGH INSURANCE GROUP, INC        | BROKER FEES 03/26                       | 3,576.00<br><b>3,576.00</b>   |
| BERRY,SAHRADNIK,KOTZAS& BENSON          | ATTORNEY FEES 03/26                     | 3,097.00<br><b>3,097.00</b>   |
| MATTHEW J PALMER CONSULTING, LLC        | TREASURY SERVICE 03/26                  | 1,750.00<br><b>1,750.00</b>   |
| OXYGEN BENEFITS CONSULTING, LLC         | BROKER FEES 03/26                       | 5,057.16<br><b>5,057.16</b>   |
| DANSKIN INSURANCE AGENCY, INC           | BROKER FEES 03/26                       | 903.32<br><b>903.32</b>       |
| CONNER STRONG & BUCKELEW                | PROGRAM MANAGER 03/26                   | 87,487.59                     |
| CONNER STRONG & BUCKELEW                | PLAN DOCS 03/26                         | 1,275.00                      |
| CONNER STRONG & BUCKELEW                | BROKER FEES 03/26                       | 5,280.88                      |
| CONNER STRONG & BUCKELEW                | HEALTH CARE REFORM 03/26                | 1,916.29                      |
|   |   | <b>95,959.76</b>              |
| ACCESS                                  | INV 12013804 1/31/26 FOR 02/26          | 110.91                        |
| ACCESS                                  | INV 11949063 12/31/25 FOR 01/26         | 121.34                        |
|   |   | <b>232.25</b>                 |
| USA TODAY MEDIA CORP.                   | ORDER# 12023682 A# 1120753 02/2026      | 52.60<br><b>52.60</b>         |
| THE CANNING GROUP LLC                   | QPA SERVICES INV 2026-03 03/26          | 250.00<br><b>250.00</b>       |
| SYMETRA FINANCIAL                       | SPECIFIC REINSURANCE FEE - SINGLE 03/26 | 39,698.56                     |
| SYMETRA FINANCIAL                       | AGGREGATE 03/26                         | 4,232.02                      |
| SYMETRA FINANCIAL                       | SPECIFIC REINSURANCE FEE - FAMILY 03/26 | 80,524.92                     |
|   |   | <b>124,455.50</b>             |
|   | <b>Total Payments FY 2026</b>           | <b>1,044,058.17</b>           |

**TOTAL PAYMENTS ALL FUND YEARS**

\_\_\_\_\_  
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: December</b>  |                     |                   |                     |                  |                     |                     |                         |                     |             |                     |
|                                | <b>Medical</b>      | <b>Dental</b>     | <b>Rx</b>           | <b>Vision</b>    | <b>Reinsurance</b>  | <b>DMO Premiums</b> | <b>Dividend Reserve</b> | <b>Admin</b>        | <b>0</b>    | <b>TOTAL</b>        |
| OPEN BALANCE                   | (827,270.52)        | 521,166.27        | (1,076,715.55)      | 85,052.89        | (539,986.37)        | 8,581.22            | 126,082.68              | 2,480,491.97        | 0.00        | 777,402.59          |
| RECEIPTS                       |                     |                   |                     |                  |                     |                     |                         |                     |             |                     |
| Assessments                    | 4,663,433.36        | 200,495.11        | 1,166,438.72        | 3,156.01         | 321,315.64          | 354.15              | 0.00                    | 391,112.23          | 0.00        | 6,746,305.22        |
| Refunds                        | 0.00                | 0.00              | 0.00                | 0.00             | 0.00                | 0.00                | 0.00                    | 0.00                | 0.00        | 0.00                |
| Invest Pymnts                  | 2,438.07            | 162.85            | 1,437.25            | 26.57            | 44.33               | 2.68                | 39.40                   | 775.09              | 0.00        | 4,926.24            |
| Invest Adj                     | 0.00                | 0.00              | 0.00                | 0.00             | 0.00                | 0.00                | 0.00                    | 0.00                | 0.00        | 0.00                |
| Subtotal Invest                | 2,438.07            | 162.85            | 1,437.25            | 26.57            | 44.33               | 2.68                | 39.40                   | 775.09              | 0.00        | 4,926.24            |
| Other *                        | 167,353.48          | 0.00              | 309,504.71          | 0.00             | 0.00                | 0.00                | 0.00                    | 0.00                | 0.00        | 476,858.19          |
| <b>TOTAL</b>                   | <b>4,833,224.91</b> | <b>200,657.96</b> | <b>1,477,380.68</b> | <b>3,182.58</b>  | <b>321,359.97</b>   | <b>356.83</b>       | <b>39.40</b>            | <b>391,887.32</b>   | <b>0.00</b> | <b>7,228,089.65</b> |
| EXPENSES                       |                     |                   |                     |                  |                     |                     |                         |                     |             |                     |
| Claims Transfers               | 4,499,010.51        | 151,568.74        | 1,223,308.59        | 0.00             | 0.00                | 0.00                | 0.00                    | 0.00                | 0.00        | 5,873,887.84        |
| Expenses                       | 0.00                | 421.16            | 0.00                | 0.00             | 120,486.00          | 0.00                | 0.00                    | 14,871.61           | 0.00        | 135,778.77          |
| Other *                        | 289,682.84          | 0.00              | 0.00                | 0.00             | 0.00                | 0.00                | 0.00                    | 0.00                | 0.00        | 289,682.84          |
| <b>TOTAL</b>                   | <b>4,788,693.35</b> | <b>151,989.90</b> | <b>1,223,308.59</b> | <b>0.00</b>      | <b>120,486.00</b>   | <b>0.00</b>         | <b>0.00</b>             | <b>14,871.61</b>    | <b>0.00</b> | <b>6,299,349.45</b> |
| <b>END BALANCE</b>             | <b>(782,738.96)</b> | <b>569,834.33</b> | <b>(822,643.46)</b> | <b>88,235.47</b> | <b>(339,112.40)</b> | <b>8,938.05</b>     | <b>126,122.08</b>       | <b>2,857,507.68</b> | <b>0.00</b> | <b>1,706,142.79</b> |

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

**Central Jersey Municipal Employee Benefits Fund**

| Month             |              | December                       |                           |                             |                              |                            |                           |                                       |                     |
|-------------------|--------------|--------------------------------|---------------------------|-----------------------------|------------------------------|----------------------------|---------------------------|---------------------------------------|---------------------|
| Current Fund Year |              | 2025                           |                           |                             |                              |                            |                           |                                       |                     |
| Policy Year       | Coverage     | 1.                             | 2.                        | 3.                          | 4.                           | 5.                         | 6.                        | 7.                                    | 8.                  |
|                   |              | Calc. Net Paid Thru Last Month | Monthly Net Paid December | Monthly Recoveries December | Calc. Net Paid Thru December | TPA Net Paid Thru December | Variance To Be Reconciled | Delinquent Unreconciled Variance From | Change This Month   |
| 2025              | Medical      | 29,136,024.01                  | 3,315,843.16              | 0.00                        | 32,451,867.17                | 0.00                       | 32,451,867.17             | 29,136,024.01                         | 3,315,843.16        |
|                   | Dental       | 1,313,334.07                   | 151,568.74                | 0.00                        | 1,464,902.81                 | 0.00                       | 1,464,902.81              | 1,313,334.07                          | 151,568.74          |
|                   | Rx           | 11,309,169.25                  | 904,888.18                | 0.00                        | 12,214,057.43                | 0.00                       | 12,214,057.43             | 11,309,169.25                         | 904,888.18          |
|                   | Vision       | 0.00                           | 0.00                      | 0.00                        | 0.00                         | 0.00                       | 0.00                      | 0.00                                  | 0.00                |
|                   | <b>Total</b> | <b>41,758,527.33</b>           | <b>4,372,300.08</b>       | <b>0.00</b>                 | <b>46,130,827.41</b>         | <b>0.00</b>                | <b>46,130,827.41</b>      | <b>41,758,527.33</b>                  | <b>4,372,300.08</b> |
| 2024              | Medical      | 4,649,569.55                   | 3,792.08                  | 0.00                        | 4,653,361.63                 | 0.00                       | 4,653,361.63              | 4,649,569.55                          | 3,792.08            |
|                   | Dental       | 50,589.13                      | 0.00                      | 0.00                        | 50,589.13                    | 0.00                       | 50,589.13                 | 50,589.13                             | 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>4,714,062.98</b>            | <b>3,792.08</b>           | <b>0.00</b>                 | <b>4,717,855.06</b>          | <b>0.00</b>                | <b>4,717,855.06</b>       | <b>4,714,062.98</b>                   | <b>3,792.08</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      | (66,326.46)                    | 37,410.73                 | 0.00                        | (28,915.73)                  | 0.00                       | (28,915.73)               | (66,326.46)                           | 37,410.73           |
|                   | 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>(66,326.46)</b>             | <b>37,410.73</b>          | <b>0.00</b>                 | <b>(28,915.73)</b>           | <b>0.00</b>                | <b>(28,915.73)</b>        | <b>(66,326.46)</b>                    | <b>37,410.73</b>    |
| Lakewood          | Medical      | 6,638,433.22                   | 1,141,964.54              | 0.00                        | 7,780,397.76                 | 0.00                       | 7,780,397.76              | 6,638,433.22                          | 1,141,964.54        |
|                   | Dental       | 0.00                           | 0.00                      | 0.00                        | 0.00                         | 0.00                       | 0.00                      | 0.00                                  | 0.00                |
|                   | Rx           | 1,751,882.64                   | 318,420.41                | 0.00                        | 2,070,303.05                 | 0.00                       | 2,070,303.05              | 1,751,882.64                          | 318,420.41          |
|                   | Vision       | 0.00                           | 0.00                      | 0.00                        | 0.00                         | 0.00                       | 0.00                      | 0.00                                  | 0.00                |
|                   | <b>Total</b> | <b>8,390,315.86</b>            | <b>1,460,384.95</b>       | <b>0.00</b>                 | <b>9,850,700.81</b>          | <b>0.00</b>                | <b>9,850,700.81</b>       | <b>8,390,315.86</b>                   | <b>1,460,384.95</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>55,309,846.44</b>           | <b>5,873,887.84</b>       | <b>0.00</b>                 | <b>61,183,734.28</b>         | <b>0.00</b>                | <b>61,183,734.28</b>      | <b>55,309,846.44</b>                  | <b>5,873,887.84</b> |

| <b>SUMMARY OF CASH AND INVESTMENT INSTRUMENTS</b>      |  |                           |                       |
|--|--|---------------------------|-----------------------|
| <b>Central Jersey Municipal Employee Benefits Fund</b> |  |                           |                       |
| <b>ALL FUND YEARS COMBINED</b>                         |  |                           |                       |
| <b>CURRENT MONTH</b>                                   | <b>December</b>                              |                           |                       |
| <b>CURRENT FUND YEAR</b>                               | <b>2025</b>                                  |                           |                       |
|  | <b>Description:</b>                          | <b>Ocean First Admin.</b> |                       |
|  | <b>ID Number:</b>                            |                           |                       |
|  | <b>Maturity (Yrs)</b>                        |                           |                       |
|  | <b>Purchase Yield:</b>                       |                           |                       |
|  | <b>TOTAL for All Accts &amp; instruments</b> |                           |                       |
| <b>Opening Cash &amp; Investment Balance</b>           | <b>\$777,403.22</b>                          | <b>777403.22</b>          |                       |
| <b>Opening Interest Accrual Balance</b>                | <b>\$0.00</b>                                | <b>0</b>                  |                       |
| 1  | Interest Accrued and/or Interest Cost        | \$0.00                    | \$0.00                |
| 2  | Interest Accrued - discounted Instr.s        | \$0.00                    | \$0.00                |
| 3  | (Amortization and/or Interest Cost)          | \$0.00                    | \$0.00                |
| 4  | Accretion                                    | \$0.00                    | \$0.00                |
| 5  | Interest Paid - Cash Instr.s                 | \$4,926.23                | \$4,926.23            |
| 6  | Interest Paid - Term Instr.s                 | \$0.00                    | \$0.00                |
| 7  | Realized Gain (Loss)                         | \$0.00                    | \$0.00                |
| 8  | Net Investment Income                        | \$4,926.23                | \$4,926.23            |
| 9  | Deposits - Purchases                         | \$7,210,484.43            | \$7,210,484.43        |
| 10   | (Withdrawals - Sales)                        | -\$6,286,670.47           | -\$6,286,670.47       |
|  | <b>Ending Cash &amp; Investment Balance</b>  | <b>\$1,706,143.41</b>     | <b>\$1,706,143.41</b> |
|  | <b>Ending Interest Accrual Balance</b>       | <b>\$0.00</b>             | <b>\$0.00</b>         |
|  | <b>Plus Outstanding Checks</b>               | <b>\$0.00</b>             | <b>\$0.00</b>         |
|  | <b>(Less Deposits in Transit)</b>            | <b>\$0.00</b>             | <b>\$0.00</b>         |
|  | <b>Balance per Bank</b>                      | <b>\$1,706,143.41</b>     | <b>\$1,706,143.41</b> |



**CENTRAL JERSEY HEALTH INSURANCE FUND**

**Monthly Claim Activity Report**

*March 18, 2026*



**CENTRAL JERSEY HEALTH INSURANCE FUND**

|               | <b>MEDICAL CLAIMS<br/>PAID 2025</b> | <b># OF EES</b> | <b>PER EE</b> | <b>MEDICAL CLAIMS<br/>PAID 2026</b> | <b># OF EES</b> | <b>PER EE</b>   |
|---------------|-------------------------------------|-----------------|---------------|-------------------------------------|-----------------|-----------------|
| JANUARY       | \$2,988,119                         | 1,821           | \$ 1,641      | \$3,668,000                         | 1,943           | \$ 1,888        |
| FEBRUARY      | \$3,864,895                         | 1,826           | \$ 2,117      |                                     |                 |                 |
| MARCH         | \$4,488,913                         | 1,822           | \$ 2,464      |                                     |                 |                 |
| APRIL         | \$4,886,244                         | 1,819           | \$ 2,686      |                                     |                 |                 |
| MAY           | \$4,872,695                         | 1,822           | \$ 2,674      |                                     |                 |                 |
| JUNE          | \$3,853,977                         | 1,827           | \$ 2,109      |                                     |                 |                 |
| JULY          | \$4,384,783                         | 1,905           | \$ 2,302      |                                     |                 |                 |
| AUGUST        | \$4,176,165                         | 1,906           | \$ 2,191      |                                     |                 |                 |
| SEPTEMBER     | \$4,602,024                         | 1,902           | \$ 2,420      |                                     |                 |                 |
| OCTOBER       | \$4,217,434                         | 1,889           | \$ 2,233      |                                     |                 |                 |
| NOVEMBER      | \$4,540,654                         | 1,930           | \$ 2,353      |                                     |                 |                 |
| DECEMBER      | \$4,480,637                         | 1,928           | \$ 2,233      |                                     |                 |                 |
| <b>TOTALS</b> | <b>\$51,356,541</b>                 |                 |               | <b>\$3,668,000</b>                  |                 |                 |
|               |                                     |                 |               | <b>2026 Average</b>                 | <b>1,943</b>    | <b>\$ 1,888</b> |
|               |                                     |                 |               | <b>2025 Average</b>                 | <b>1,866</b>    | <b>\$ 2,285</b> |

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

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

**Paid Dates:** 12/01/2025 - 12/31/2025  
**Service Dates:** 01/01/2011 - 12/31/2025  
**Line of Business:** All

|               | Paid Amt            | Diagnosis/Treatment   |
|---------------|---------------------|-----------------------|
|               | \$303,791.13        | MALIGNANT NEOPLASM OF |
|               | \$144,109.00        | OTHER POSTPROCEDURAL  |
| <b>Total:</b> | <b>\$447,900.13</b> |                       |

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

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

**Paid Dates:** 01/01/2026 - 01/31/2026  
**Service Dates:** 01/01/2011 - 01/31/2026  
**Line of Business:** All

|               | Paid Amt            | Diagnosis/Treatment |
|---------------|---------------------|---------------------|
|               | \$293,422.57        | SECONDARY MALIGNANT |
| <b>Total:</b> | <b>\$293,422.57</b> |                     |



**Medical Claims Paid :  
January 2026 - January 2026**

Total Medical Paid per EE: **\$1,888**

**Network Discounts**

Inpatient: **61.9%**  
Ambulatory: **65.2%**  
Physician/Other: **67.5%**  
**TOTAL: 65.5%**

**Provider Network**

% Admissions In-Network: **95.3%**  
% Physician Office: **91.9%**

**Aetna Book of Business:**  
Admissions 98.0%; Physician 90.4%

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

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

**Catastrophic Claim Impact  
January 2026 – January 2026**

Number of Claims Over \$50,000: **3**  
Claimants per 1000 members: **0.6**  
Avg. Paid per Claimant: **\$133,955**  
Percent of Total Paid: **11.3%**  
• Aetna BOB- HCC account for an average of 47.0% of total Medical Cost

**Aetna One Flex Care Mgmt  
Member Outreach:**

Total Members Identified: **1,121 (22.3%)**  
Members Targeted for 1:1 Nurse Support : **278**  
Members identified for Digital Activity: **843**  
Members receiving Aetna Advice: **321 (7.5%)**  
Average Aetna Advice outreaches per member: **1.1**

**CVSHealth. CVS Virtual Care  
January 2026-January 2026**

Completed Visits: **27**  
Unique Patients: **25**  
Completed Visits in 2026 : **32**  
Unique Patients in 2026: **32**  
Total Scheduled Visits in 2026: **32**  
**BoB First Next Available:**  
**24/7: 24 minutes**  
**MH: 7 days**

**Service Center Performance Goal  
Metrics YTD 2025**

**Customer Service Performance**

1<sup>st</sup> Call Resolution: **93.68%**  
Abandonment Rate: **0.43%**  
Avg. Speed of Answer: **12.0 sec**

**Claims Performance**

Financial Accuracy: **97.76%**  
\*Q3 2025

90% processed w/in: **7.4 days**  
95% processed w/in: **15.3 days**  
\*\*\*\*\*

**Claims Performance (Monthly)  
(December 2025)**

90% processed w/in: **6.9 days**  
95% processed w/in: **13.6 days**  
(Note: This is not a PG metric)  
\*\*\*\*\*

**Performance Goals**

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

Financial Accuracy: **99%**

**Turnaround Time**

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





2026 Central HIF

2025 Central HIF

|           |  | MEDICAL CLAIMS PAID 2026 | TOTAL        | # OF EES | PER EE     |           |  | MEDICAL CLAIMS PAID 2025 | TOTAL       | # OF EES | PER EE     |
|-----------|--|--------------------------|--------------|----------|------------|-----------|--|--------------------------|-------------|----------|------------|
| JANUARY   |  | \$25,219.96              | \$25,219.96  | 19       | \$1,327.37 | JANUARY   |  | \$38,709.83              | \$38,709.83 | 19       | \$2,037.35 |
| FEBRUARY  |  | \$8,294.82               | \$8,294.82   | 19       | \$436.57   | FEBRUARY  |  | \$45,329.74              | \$45,329.74 | 19       | \$2,385.77 |
| MARCH     |  |                          |              |          |            | MARCH     |  | \$46,717.38              | \$46,717.38 | 19       | \$2,458.80 |
| APRIL     |  |                          |              |          |            | APRIL     |  | \$23,763.76              | \$23,763.76 | 19       | \$1,250.72 |
| MAY       |  |                          |              |          |            | MAY       |  | \$76,895.82              | \$76,895.82 | 19       | \$4,047.14 |
| JUNE      |  |                          |              |          |            | JUNE      |  | \$9,600.22               | \$9,600.22  | 19       | \$505.27   |
| JULY      |  |                          |              |          |            | JULY      |  | \$61,227.97              | \$61,227.97 | 19       | \$3,222.52 |
| AUGUST    |  |                          |              |          |            | AUGUST    |  | \$51,642.94              | \$51,642.94 | 19       | \$2,718.04 |
| SEPTEMBER |  |                          |              |          |            | SEPTEMBER |  | \$33,622.34              | \$33,622.34 | 22       | \$1,528.28 |
| OCTOBER   |  |                          |              |          |            | OCTOBER   |  | \$27,539.60              | \$27,539.60 | 20       | \$1,376.98 |
| NOVEMBER  |  |                          |              |          |            | NOVEMBER  |  | \$14,920.54              | \$14,920.54 | 19       | \$785.29   |
| DECEMBER  |  |                          |              |          |            | DECEMBER  |  | \$14,647.97              | \$14,647.97 | 19       | \$770.94   |
| TOTALS    |  | \$33,514.78              |              |          |            | TOTALS    |  | \$444,618.11             |             | 19       | \$1,923.93 |
|           |  |                          | 2026 Average | 19       | \$881.97   |           |  |                          |             |          |            |



**EXPRESS SCRIPTS®**

**Central Jersey Health Insurance**

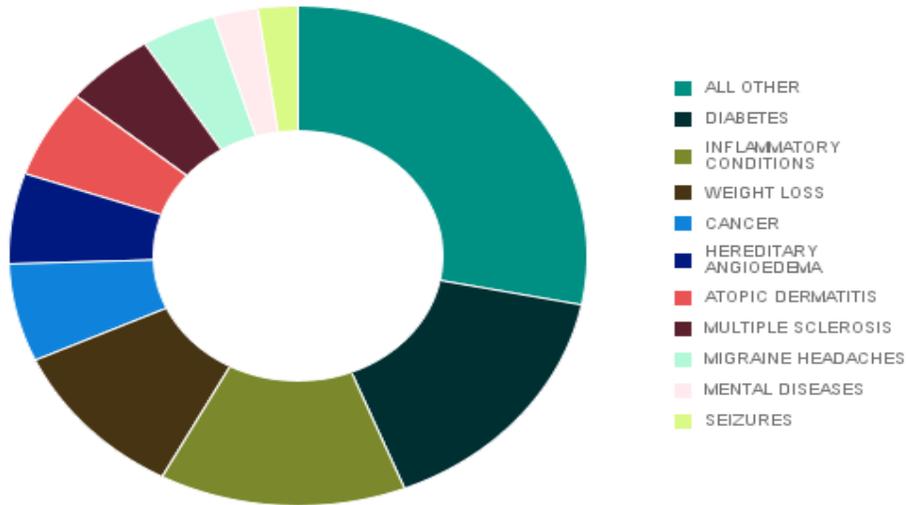
| Total Component/Date of Service (Month)  | 2025 01         | 2025 02         | 2025 03         | 2025 Q1         | 2025 04         | 2025 05         | 2025 06         | 2025 Q2         | 2025 07         | 2025 08         | 2025 09         | 2025 Q3         | 2025 10         | 2025 11         | 2025 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           | 3,530           | 3,519           | 3,413         |
| Total Days                               | 143,210         | 125,927         | 142,077         | 411,214         | 134,955         | 131,000         | 132,567         | 398,522         | 143,461         | 134,721         | 146,526         | 424,708         | 147,104         | 134,937         | 157,558         | 439,599         | 1,674,043     |
| Total Patients                           | 1,372           | 1,318           | 1,309           | 2,020           | 1,256           | 1,244           | 1,259           | 1,922           | 1,324           | 1,298           | 1,341           | 2,005           | 1,464           | 1,356           | 1,470           | 2,179           | 2,913         |
| Total Plan Cost                          | \$962,767       | \$858,477       | \$995,588       | \$2,816,831     | \$1,049,071     | \$998,707       | \$985,209       | \$3,032,987     | \$1,003,449     | \$894,170       | \$922,289       | \$2,819,908     | \$1,187,927     | \$957,603       | \$1,030,900     | \$3,176,430     | \$11,846,157  |
| 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%           | 84.1%           | 83.4%           | 84.9%         |
| <b>Plan Cost PMPM</b>                    | <b>\$289.47</b> | <b>\$258.50</b> | <b>\$299.52</b> | <b>\$282.50</b> | <b>\$316.27</b> | <b>\$302.82</b> | <b>\$299.46</b> | <b>\$306.21</b> | <b>\$285.96</b> | <b>\$255.40</b> | <b>\$262.24</b> | <b>\$267.87</b> | <b>\$341.46</b> | <b>\$269.90</b> | <b>\$292.04</b> | <b>\$300.88</b> | <b>289.21</b> |
| 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       | \$372,919       | \$1,429,303     | \$5,659,834   |
| Specialty % of Total Specialty Plan Cost | 50.5%           | 48.8%           | 53.7%           | 51.1%           | 52.7%           | 51.2%           | 50.1%           | 51.3%           | 48.9%           | 42.7%           | 39.1%           | 43.7%           | 52.6%           | 45.1%           | 36.2%           | 45.0%           | 47.8%         |

| Total Component/Date of Service (Month)  | 2026 01         | 2026 02         | 2026 03 | 2026 Q1 | 2026 04 | 2026 05 | 2026 06 | 2026 Q2 | 2026 07 | 2026 08 | 2026 09 | 2026 Q3 | 2026 10 | 2026 11 | 2026 12 | 2026 Q4 | 2026 YTD |
|--|-----------------|-----------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|----------|
| Membership                               | 3,513           | 3,512           |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Total Days                               | 145,318         | 100,551         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Total Patients                           | 1,417           | 1,097           |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Total Plan Cost                          | \$938,515       | \$539,658       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Generic Fill Rate (GFR) - Total          | 86.8%           | 86.6%           |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| <b>Plan Cost PMPM</b>                    | <b>\$267.15</b> | <b>\$153.66</b> |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| <b>% Change Plan Cost PMPM</b>           | <b>-7.7%</b>    | <b>-40.6%</b>   |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Total Specialty Plan Cost                | \$481,770       | \$187,682       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |
| Specialty % of Total Specialty Plan Cost | 51.3%           | 34.8%           |         |         |         |         |         |         |         |         |         |         |         |         |         |         |          |

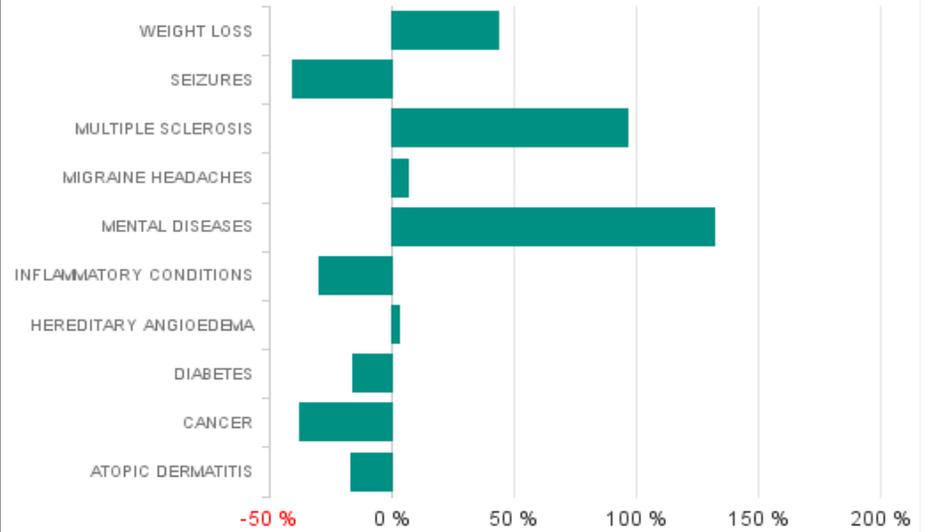
**Top Indications**

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2026 - 02/2026 vs. Previous Period 01/2025 - 02/2025) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend

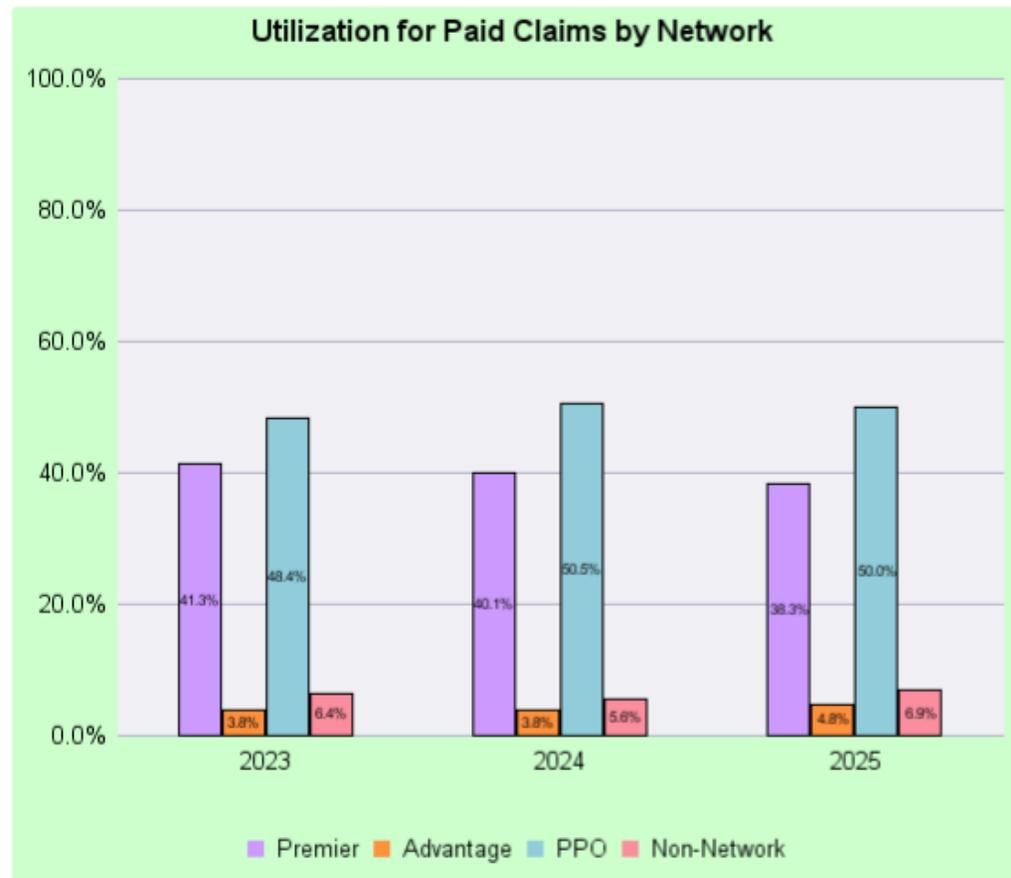
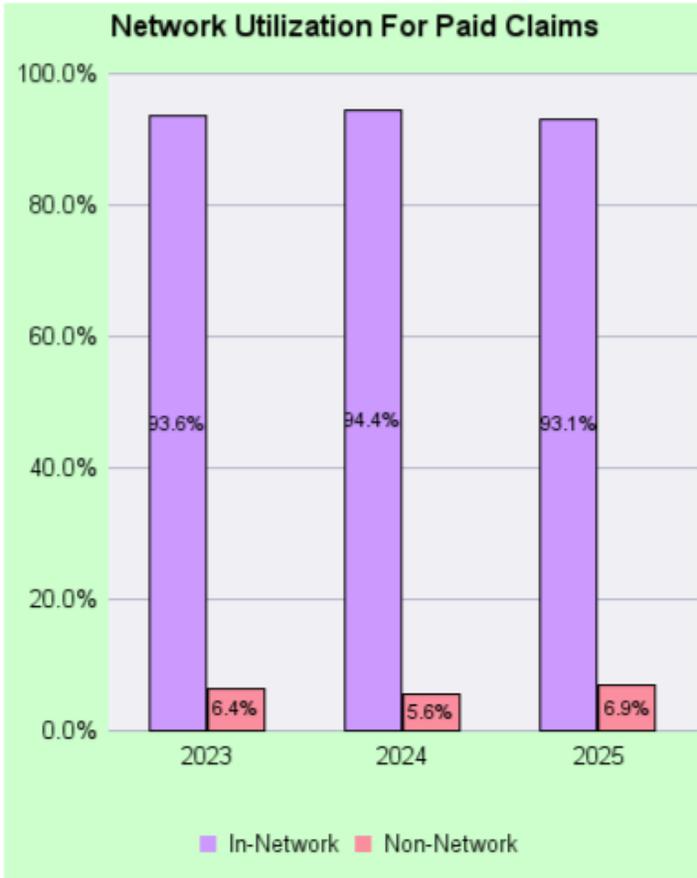


| Rank                | Peer Rank | Indication              | Current Period |              |                    |                 |               |               | Previous Period |              |                    |                 |               |               | Trend          |
|---------------------|-----------|-------------------------|----------------|--------------|--------------------|-----------------|---------------|---------------|-----------------|--------------|--------------------|-----------------|---------------|---------------|----------------|
|                     |           |                         | Market Share   | Adjusted Rxs | Plan Cost          | Plan Cost PMPM  | GFR           | Peer GFR      | Market Share    | Adjusted Rxs | Plan Cost          | Plan Cost PMPM  | GFR           | Peer GFR      | Plan Cost PMPM |
| 1                   | 1         | DIABETES                | 21.6 %         | 748          | \$269,095          | \$38.31         | 27.4 %        | 25.8 %        | 23.1 %          | 798          | \$303,317          | \$45.63         | 32.0 %        | 26.6 %        | -16.1 %        |
| 2                   | 2         | INFLAMMATORY CONDITIONS | 19.8 %         | 91           | \$247,592          | \$35.24         | 41.8 %        | 33.1 %        | 25.3 %          | 89           | \$331,782          | \$49.91         | 39.3 %        | 33.6 %        | -29.4 %        |
| 3                   | 3         | WEIGHT LOSS             | 14.3 %         | 172          | \$178,469          | \$25.40         | 0.0 %         | 3.5 %         | 9.0 %           | 118          | \$117,526          | \$17.68         | 2.5 %         | 5.9 %         | 43.7 %         |
| 4                   | 4         | CANCER                  | 8.7 %          | 91           | \$109,126          | \$15.53         | 84.6 %        | 80.1 %        | 12.6 %          | 68           | \$165,769          | \$24.94         | 76.5 %        | 77.8 %        | -37.7 %        |
| 5                   | 5         | ATOPIC DERMATITIS       | 8.4 %          | 125          | \$104,253          | \$14.84         | 68.8 %        | 82.0 %        | 9.0 %           | 120          | \$118,115          | \$17.77         | 70.8 %        | 83.9 %        | -16.5 %        |
| 6                   | 10        | HEREDITARY ANGIOEDEMA   | 8.1 %          | 2            | \$100,662          | \$14.33         | 0.0 %         | 3.6 %         | 7.0 %           | 2            | \$92,350           | \$13.89         | 0.0 %         | 13.3 %        | 3.1 %          |
| 7                   | 8         | MULTIPLE SCLEROSIS      | 7.0 %          | 17           | \$86,936           | \$12.38         | 29.4 %        | 38.5 %        | 3.2 %           | 9            | \$41,824           | \$6.29          | 33.3 %        | 44.4 %        | 96.7 %         |
| 8                   | 6         | MIGRAINE HEADACHES      | 5.7 %          | 76           | \$70,686           | \$10.06         | 26.3 %        | 52.4 %        | 4.8 %           | 75           | \$62,843           | \$9.45          | 33.3 %        | 55.2 %        | 6.4 %          |
| 9                   | 7         | MENTAL DISEASES         | 3.4 %          | 139          | \$42,945           | \$6.11          | 82.0 %        | 82.4 %        | 1.3 %           | 101          | \$17,500           | \$2.63          | 91.1 %        | 85.3 %        | 132.2 %        |
| 10                  | 9         | SEIZURES                | 3.1 %          | 210          | \$38,448           | \$5.47          | 92.9 %        | 97.0 %        | 4.7 %           | 205          | \$61,424           | \$9.24          | 88.8 %        | 97.1 %        | -40.8 %        |
| <b>Total Top 10</b> |           |                         |                | <b>1,671</b> | <b>\$1,248,212</b> | <b>\$177.68</b> | <b>44.3 %</b> | <b>43.3 %</b> |                 | <b>1,585</b> | <b>\$1,312,450</b> | <b>\$197.45</b> | <b>46.2 %</b> | <b>45.2 %</b> | <b>-10.0 %</b> |

CENTRAL JERSEY HEALTH INSUR. (Current Period 01/2026 - 02/2026 vs. Previous Period 01/2025 - 02/2025) Peer = Government - National Preferred Formulary

| Rank                | Peer Rank | Brand Name        | Indication              | Specialty Drug | Current Period |          |                  |                 | Previous Period |          |                  |                 | Trend          |
|---------------------|-----------|-------------------|-------------------------|----------------|----------------|----------|------------------|-----------------|-----------------|----------|------------------|-----------------|----------------|
|                     |           |                   |                         |                | Adjusted Rxs   | Patients | Plan Cost        | Plan Cost PMPM  | Adjusted Rxs    | Patients | Plan Cost        | Plan Cost PMPM  | Plan Cost PMPM |
| 1                   | 3         | ZEPBOUND          | WEIGHT LOSS             | N              | 130            | 57       | \$128,676        | \$18.32         | 70              | 34       | \$67,575         | \$10.17         | 80.2 %         |
| 2                   | 1         | MOUNJARO          | DIABETES                | N              | 96             | 43       | \$101,448        | \$14.44         | 52              | 22       | \$52,172         | \$7.85          | 84.0 %         |
| 3                   | 150       | ORLADEYO          | HEREDITARY ANGIOEDEMA   | Y              | 2              | 1        | \$100,662        | \$14.33         | 2               | 1        | \$92,350         | \$13.89         | 3.1 %          |
| 4                   | 34        | STELARA           | INFLAMMATORY CONDITIONS | Y              | 6              | 2        | \$83,511         | \$11.89         | 6               | 3        | \$78,114         | \$11.75         | 1.2 %          |
| 5                   | 5         | OZEMPIC           | DIABETES                | N              | 66             | 28       | \$63,942         | \$9.10          | 109             | 42       | \$100,990        | \$15.19         | -40.1 %        |
| 6                   | 12        | DUPIXENT PEN      | ATOPIC DERMATITIS       | Y              | 17             | 7        | \$58,347         | \$8.31          | 20              | 8        | \$75,123         | \$11.30         | -26.5 %        |
| 7                   | 8         | WEGOVY            | WEIGHT LOSS             | N              | 39             | 21       | \$49,184         | \$7.00          | 40              | 21       | \$47,898         | \$7.21          | -2.8 %         |
| 8                   | 135       | ZEPOSIA           | MULTIPLE SCLEROSIS      | Y              | 6              | 2        | \$41,197         | \$5.86          | 3               | 1        | \$19,712         | \$2.97          | 97.8 %         |
| 9                   | 10        | SKYRIZI PEN       | INFLAMMATORY CONDITIONS | Y              | 6              | 2        | \$39,488         | \$5.62          | 6               | 2        | \$30,535         | \$4.59          | 22.4 %         |
| 10                  | 176       | SCEMBLIX          | CANCER                  | Y              | 2              | 1        | \$32,501         | \$4.63          | NA              | NA       | NA               | NA              | NA             |
| 11                  | 28        | NURTEC ODT        | MIGRAINE HEADACHES      | N              | 20             | 12       | \$32,169         | \$4.58          | 12              | 7        | \$18,544         | \$2.79          | 64.1 %         |
| 12                  | 212       | CALQUENCE         | CANCER                  | Y              | 2              | 1        | \$28,771         | \$4.10          | 2               | 1        | \$27,933         | \$4.20          | -2.5 %         |
| 13                  | 107       | NUBEQA            | CANCER                  | Y              | 2              | 1        | \$21,361         | \$3.04          | 4               | 1        | \$40,325         | \$6.07          | -49.9 %        |
| 14                  | 59        | TREMFYA PEN       | INFLAMMATORY CONDITIONS | Y              | 2              | 1        | \$19,871         | \$2.83          | NA              | NA       | NA               | NA              | NA             |
| 15                  | 39        | DUPIXENT SYRINGE  | ATOPIC DERMATITIS       | Y              | 5              | 3        | \$19,724         | \$2.81          | 7               | 4        | \$21,468         | \$3.23          | -13.1 %        |
| 16                  | 38        | KESIMPTA PEN      | MULTIPLE SCLEROSIS      | Y              | 3              | 1        | \$19,597         | \$2.79          | NA              | NA       | NA               | NA              | NA             |
| 17                  | 55        | UBRELVY           | MIGRAINE HEADACHES      | N              | 15             | 12       | \$19,162         | \$2.73          | 17              | 11       | \$21,138         | \$3.18          | -14.2 %        |
| 18                  | 271       | AVONEX (4 PACK)   | MULTIPLE SCLEROSIS      | Y              | 3              | 1        | \$18,285         | \$2.60          | 3               | 1        | \$17,414         | \$2.62          | -0.6 %         |
| 19                  | 96        | ADALIMUMAB-RYVK(C | INFLAMMATORY CONDITIONS | Y              | 15             | 5        | \$17,772         | \$2.53          | NA              | NA       | NA               | NA              | NA             |
| 20                  | 19        | JARDIANCE         | DIABETES                | N              | 55             | 19       | \$16,505         | \$2.35          | 23              | 9        | \$13,372         | \$2.01          | 16.8 %         |
| 21                  | 23        | SKYRIZI ON-BODY   | INFLAMMATORY CONDITIONS | Y              | 2              | 1        | \$16,260         | \$2.31          | 2               | 1        | \$16,358         | \$2.46          | -5.9 %         |
| 22                  | 102       | ENBREL            | INFLAMMATORY CONDITIONS | Y              | 2              | 1        | \$14,562         | \$2.07          | NA              | NA       | NA               | NA              | NA             |
| 23                  | 29        | VRAYLAR           | MENTAL DISEASES         | N              | 11             | 6        | \$14,175         | \$2.02          | 3               | 2        | \$3,481          | \$0.52          | 285.3 %        |
| 24                  | 179       | VENCLEXTA         | CANCER                  | Y              | 2              | 1        | \$13,249         | \$1.89          | NA              | NA       | NA               | NA              | NA             |
| 25                  | 37        | FARXIGA           | DIABETES                | N              | 38             | 13       | \$13,223         | \$1.88          | 43              | 15       | \$23,930         | \$3.60          | -47.7 %        |
| <b>Total Top 25</b> |           |                   |                         |                | <b>547</b>     |          | <b>\$983,640</b> | <b>\$140.02</b> | <b>424</b>      |          | <b>\$768,432</b> | <b>\$115.61</b> | <b>21.1 %</b>  |





**CENTRAL JERSEY HEALTH INSURANCE FUND  
 CONSENT AGENDA  
 MARCH 18, 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.

**Resolutions**

**Subject Matter**

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

REVISED Resolution 8-26: 2026 Risk Management Plan.....**Page 37**  
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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:



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.

## **29.) NEW JERSEY PROTECTIONS FOR INVOLUNTARY, INADVERTENT AND EMERGENCY OUT OF NETWORK CLAIMS**

The below information is applicable to New Jersey residents who are enrolled in the plan. In response to surprise bill concerns, the New Jersey Department of Insurance enacted the Out-Of-Network Consumer Protection, Transparency, Cost, Containment and Accountability Act (Act) (N.J.S.A. 26:2SS-1). This Act provides certain consumer protections for surprise bills for out-of-network health care services. Your employer has voluntarily elected that the plan participates in this Act.

The Act provides protections for the two types of claims specified below:

### **1. Involuntary and inadvertent out-of-network services**

You are protected from balance bills by a New Jersey out-of-network health care professional for covered services when you use an in-network health care facility (e.g. hospital, ambulatory surgery center, etc.) located in New Jersey and, for any reason, in-network health care services are unavailable at that facility (an “inadvertent out-of-network service”). This includes laboratory testing (e.g., imaging, X-rays, blood tests and anesthesia).

Except as provided below, you should not be balance billed by an out-of-network health care professional or facility, for any amount in excess of what your deductible, copayment, or coinsurance amounts (also known as “cost-sharing”) would be if you received the same service in-network. If you receive a bill for any other amount, please contact us at the number on your Identification Card and we will help address it. You may also file a complaint with the Department of Banking and Insurance by visiting <https://www.state.nj.us/dobi/consumer.htm>.

If you receive a bill for an amount above of your cost-sharing responsibilities for an inadvertent out-of-network service, Aetna and the out-of-network health care professional or facility may negotiate and settle on an amount for the service. If that negotiated amount exceeds what was shown on your initial Explanation of Benefits (EOB), your out-of-pocket cost-sharing responsibility may increase. If this occurs, you will be provided a second EOB showing your total cost-sharing responsibility.

If an agreement cannot be reached, Aetna or the out-of-network health care professional or facility may initiate binding arbitration to determine the amount to be paid for the inadvertent out-of-network service. The amount awarded by the arbitrator may exceed what Aetna has already paid to the out-of-network health care professional or facility; however, any additional payment for the arbitration award **will not** increase your cost-sharing responsibility above the amount indicated on your second EOB. In addition, if an arbitration takes place, you will also receive a final EOB showing the total allowed charge/amount for the service(s).

### **2. Medically necessary treatment on an emergency or urgent basis**

You have additional protections from balance bills by any New Jersey facility involving medically necessary treatment on an emergency or urgent basis. Under this heading, “emergency and urgent

care basis” means all emergency and urgent care services including, but not limited to, the services required pursuant to N.J.A.C. 11:24-5.3, which includes: (1) medical and psychiatric care, which shall be available 24 hours a day, seven days a week; (2) coverage for trauma services at any designated Level I or II trauma center as medically necessary (such coverage shall continue at least until, in the judgment of the attending physician, you are medically stable, no longer require critical care, and can be safely transferred to another facility); (3) coverage for out-of-service area medical care when medically necessary for urgent or emergency conditions where you cannot reasonably access in-network services; (4) prehospital care and hospital services regardless of location when medically necessary for injury or emergency illness; and (5) upon a your arrival in a hospital, coverage of a medical screening examination, as required by the Federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, and as specified in N.J.A.C. 8:43G-12.

Except as discussed below, you should not be billed by any facility, for any amount in excess of any deductible, copayment, or coinsurance amounts (also known as “cost-sharing”) would be if you received the same service in-network. If you receive a bill for any other amount, please contact us at the number on your Identification Card and we will help address it. You may also file a complaint with the Department of Banking and Insurance by visiting <http://www.state.nj.us/dobi/consumer.htm>.

If you receive a bill from an out-of-network health care professional or facility for an amount above of your cost-sharing responsibilities involving medically necessary treatment on an emergency or urgent basis, Aetna and the out-of-network health care professional or facility may negotiate and settle on an amount for the service. If that negotiated amount exceeds what was shown on your initial Explanation of Benefits (EOB), your out-of-pocket cost-sharing responsibility may increase. If this occurs, you will be provided a second EOB showing your total cost-sharing responsibility.

If an agreement cannot be reached, Aetna or the out-of-network health care professional or facility initiate binding arbitration to determine the amount to be paid for the medically necessary treatment on an emergency or urgent basis. The amount awarded by the arbitrator may exceed what Aetna has already paid to the out-of-network health care professional or facility; however, any additional payment for the arbitration award **will not** increase your cost-sharing responsibility above the amount indicated on your second EOB. In addition, if an arbitration takes place, you will also receive a final EOB showing the total allowed charge/amount for the service(s).

**ADOPTED: MARCH 18, 2026**

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

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

**REVISED 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                             | Brown & Brown              |                                   | \$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        |                                   | \$40.44                   |
| Washington Township                  | Brown & Brown Metro        |                                   | \$100.34                  |
| Western Monmouth Utilities Authority | Danskin Agency             | \$ 5.81                           |                           |

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

**ADOPTED: MARCH 18, 2026**

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

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

**RESOLUTION NO. 15-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
REQUEST FOR CASH ADVANCE FROM MUNICIPAL REINSURANCE HEALTH INSURANCE  
FUND**

**WHEREAS:** The Central Jersey Health Insurance Fund (Hereinafter Central HIF) increased its 2026 budget for medical and prescription claims by 22% as recommended by its actuary.

**WHEREAS:** It will take some amount of time for the full impact of this increase to be reflected in the Central HIF's cash balances

**WHEREAS:** The Central JIF conducted a proforma cash flow projection that indicates that HIF's cash balance may not be sufficient to cover cash flow requirements before the full impact of the 2026 rate increase is realized.

**WHEREAS:** A copy of this proforma cash flow projection is attached to this resolution

**WHEREAS:** The Central JIF also projects that it will need a supplementary assessment for the 2024 and 2025 fund years.

**WHEREAS:** The Central HIF will adopt this supplemental assessment as part of the budget process for the 2027 fund year

**WHEREAS:** The proceeds of this supplementary assessment will not be available until the beginning of the 2027 fund year

**WHEREAS:** The Central JIF is a member of the Municipal Reinsurance Health Insurance Fund (hereinafter MRHIF)

**WHEREAS:** MRHIF has a program to assist member HIFs during periods of cash flow stress

Now therefore be it resolved that the Central Jersey Health Insurance Fund:

1. Requests cash flow assistance in the amount not to exceed \$3,000,000
  - a. \$1,000,000 will be paid by the MRHIF to the Fund upon action of this resolution
  - b. The Fund may request additional funds as needed up to the full amount;
2. Agrees to the terms adopted by MR HIF as a condition for this cash flow assistance program

**NOW, THEREFORE BE IT FURTHER RESOLVED,** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby request a cash advance of \$3,000,000 with \$1,000,000 being transferred upon approval and drawn upon when needed with the terms and conditions set forth by the MRHIF.

**ADOPTED: MARCH 18, 2026**

**BY:**

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

**ATTEST:**

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

**RESOLUTION NO. 16-26**

**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   |
| Oceanport                             | \$7,500.00              | \$1,000.00                       | \$8,500.00          | Employee Assistance Program managed by Preferred Behavioral Health Group            |
| Brick                                 | \$27,040.00             |                                  | \$27,040.00         | Expand contract with Ramp Health to provide a comprehensive onsite wellness program |
| <b>Totals</b>                         |                         |                                  | <b>\$44,040.00</b>  |   |
| <b>Remainder available for Grants</b> |                         |                                  | <b>\$105,960.00</b> |   |

**WHEREAS**, on MARCH 18, 2026, the Commissioners of Central Jersey Health Insurance Fund approved Wellness Grant Programs totaling **\$8,500**.

**CENTRAL JERSEY HEALTH INSURANCE FUND**

**ADOPTED: MARCH 18, 2026**

**BY:**

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

**ATTEST:**

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

**RESOLUTION NO. 17-26**

**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 **March 18, 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 the Borough of Jamesburg commend offers of membership; and

**WHEREAS**, the New Member 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. Borough of Jamesburg - 4/1/2026 - Medical & Rx

**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: March 18, 2026**

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

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

**RESOLUTION NO. 18-26**

**CENTRAL JERSEY HEALTH INSURANCE FUND  
APPROVAL OF THE FEBRUARY AND MARCH 2026 BILLS LISTS**

**WHEREAS**, the Central Jersey Health Insurance Fund held a Public Meeting on **MARCH 18, 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 February and March 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 December for all Fund Years for consideration and approval of the Executive Committee; and

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

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Central Jersey Health Insurance Fund hereby approve the Bills List for February and March 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: MARCH 18, 2026**

**BY:**

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

**ATTEST:**

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

# APPENDIX I

**CENTRAL JERSEY HEALTH INSURANCE FUND  
OPEN MINUTES  
January 21, 2026  
ZOOM MEETING  
1:30 PM**

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

**PLEDGE OF ALLEGIANCE  
MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER  
ROLL CALL OF 2025 EXECUTIVE COMMITTEE**

|                    |                      |         |
|--------------------|----------------------|---------|
| <b>CHAIRPERSON</b> |                      |         |
| Thomas Nolan       | Borough of Brielle   | Present |
| <b>SECRETARY</b>   |                      |         |
| Brian Brach        | Manasquan RRSA       | Present |
| <b>EXECUTIVE</b>   | <b>COMMITTEE</b>     |         |
| Brian Valentino    | Western Monmouth MUA | Present |
| Brian Dempsey      | Spring Lake Borough  | Present |
| Peter O'Reilly     | Borough of Lakewood  | Absent  |
| James Gant         | Red Bank             | Absent  |
| Jason Gonter       | West Long Branch Twp | Present |

**APPOINTED OFFICIALS PRESENT:**

|                                      |                                      |   |                    |
|--------------------------------------|--------------------------------------|---|--------------------|
| Executive Director/<br>Administrator | PERMA Risk Management<br>Services    | <b>James Rhodes<br/>Emily Koval<br/>Caitlin Perkins<br/>Jordyn Robinson</b> | Present<br>Present |
| Program Manager                      | Conner Strong & Buckelew             | <b>John Lajewski</b>  | Present            |
| Attorney                             | Berry, Sahradnik, Kotzas &<br>Benson | <b>Jack Sahradnik</b>   | Present            |
| Treasurer                            |                                      | <b>Matt Palmer</b>  | Present            |
| Network & Medical Claims<br>Service  | Aetna                                | <b>Jason Silverstein</b>  | Present            |
| Network & Medical Claims<br>Service  | AmeriHealth                          | <b>Kristina Strain</b>  | Present            |
| Dental Claims Service                | Delta Dental                         | <b>Crista O'Donnell</b>   | Present            |
| Rx Administrator                     | Express Scripts                      | <b>Hiteksha Patel</b>   | Present            |

**OTHERS PRESENT:**

|                 |                    |                 |               |
|-----------------|--------------------|-----------------|---------------|
| Heather Famelio | Kathleen Flanagan  | Jim Diaz        | Wayne Dietz   |
| Raquel Dunn     | D. Scoblete        | Anthony Tonzini | Ian Dalton    |
| Cindy Toye      | Charles Casagrande | John Casagrande | Tyler Jackson |

|                |                   |               |  |
|----------------|-------------------|---------------|--|
| Jacque Maddren | Patrick Yacovelli | Lindsay Klein |  |
| Lindsay Becker | Scott Davenport   | Lisa Hardman  |  |

**MOTION TO APPROVE OPEN MINUTES OF OCTOBER 15, 2025**

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

**MOTION TO ADJOURN SINE DIE MEETING**

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

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF 2026 FUND COMMISSIONERS**

|                                       |                        |         |
|---------------------------------------|------------------------|---------|
| BRIELLE BOROUGH                       | TOM NOLAN              | Present |
| MANASQUAN RIVER REG'L SEWERAGE AUTH   | BRIAN BRACH            | Present |
| BOROUGH OF SPRING LAKE                | BRYAN DEMPSEY          | Present |
| BOROUGH OF RED BANK                   | JAMES GANT             | Absent  |
| WEST LONG BRANCH TOWNSHIP             | JASON GONTER           | Present |
| LAKESWOOD TOWNSHIP                    | JOHN BARRETT           | Present |
| BAYSHORE REGIONAL SA                  | PETER CANAL            | Present |
| BOROUGH OF ALLENTOWN                  | LAURIE ROTH            | Absent  |
| BOROUGH OF BARNEGAT LIGHT             | BRENDA KUHN            | Present |
| BOROUGH OF MANASQUAN                  | RICHARD READ           | Absent  |
| BOROUGH OF MATAWAN                    | RYAN MICHELSON         | Absent  |
| BOROUGH OF OCEANPORT                  | DONNA PHELPS           | Present |
| BOROUGH OF SAYREVILLE                 | BEATRICE DUIGON        | Absent  |
| BRICK HOUSING AUTHORITY               | JACOB NASZIMENTO       | Absent  |
| BRICK TOWNSHIP                        | SARAH ZIMMER SCARPELLI | Present |
| DELAWARE RIVER BASIN COMMISSION       | ELBA DECK              | Absent  |
| EATONTOWN SEWERAGE AUTHORITY          | ROBERT VILLEE          | Absent  |
| ENGLISHTOWN BOROUGH                   |                        |         |
| HARVEY CEDARS                         | JOHN IMPERIALE         | Absent  |
| HIGHLAND PARK                         | TERI JOVER             | Present |
| INTERLAKEN BOROUGH                    | LORI FARRUGGIA         | Absent  |
| JACKSON TOWNSHIP MUA                  | JAMES DIAZ             | Present |
| KEYPORT BOROUGH                       | MICHELE CLARK          | Absent  |
| LAKESWOOD MUA                         |                        |         |
| MANCHESTER TOWNSHIP                   | JEANETTE LARRISON      | Absent  |
| MONMOUTH COUNTY BAYSHORE OUTFALL AUTH | BARBARA VILLANOVA      | Present |

|                                   |                   |         |
|-----------------------------------|-------------------|---------|
| PLUMSTED TOWNSHIP                 |                   |         |
| SEASIDE HEIGHTS BOE               | TYLER VERGA       | Absent  |
| SEASIDE PARK                      | KAREN KROON       | Present |
| SHIP BOTTOM BOROUGH               | KATHLEEN FLANAGAN | Present |
| SOUTH RIVER                       | JOSEPH ZANGA      | Present |
| TOMS RIVER MUA                    |                   |         |
| TOWNSHIP OF ABERDEEN              |                   |         |
| TOWNSHIP OF BEDMINSTER            | ROBIN RAY         | Absent  |
| TOWNSHIP OF MONTGOMERY            | LORI SAVRON       | Present |
| TOWNSHIP OF SHREWSBURY            | CATHERINE LAPORTA | Present |
| TUCKERTON BOROUGH SCHOOL DISTRICT | JOHN FAILLA       | Absent  |
| WESTERN MOUNMOUTH MUA             | BRIAN VALENTINO   | Present |
| WASHINGTON TOWNSHIP               |                   |         |
| ATLANTIC HIGHLANDS                |                   |         |

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

Executive Director asks for nominations.

Attorney swears in Officers and Executive Committee

**MOTION TO OPEN THE FLOOR TO NOMINATIONS**

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

**RECOMMENDED SLATE**

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

**MOTION TO APPROVE THE RECOMMENDED SLATE**

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

**MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

## ROLL CALL OF 2026 EXECUTIVE COMMITTEE

|                    |                      |         |
|--------------------|----------------------|---------|
| <b>CHAIRPERSON</b> |                      |         |
| Thomas Nolan       | Borough of Brielle   | Present |
| <b>SECRETARY</b>   |                      |         |
| Brian Brach        | Manasquan RRSA       | Present |
| <b>EXECUTIVE</b>   | <b>COMMITTEE</b>     |         |
| Bryan Dempsey      | Spring Lake Borough  | Present |
| James Gant         | Red Bank             | Absent  |
| Jason Gonter       | West Long Branch Twp | Present |
| Donna Phelps       | Oceanport Borough    | Present |
| John Barrett       | Borough of Lakewood  | Present |
| <b>ALTERNATES:</b> |                      |         |
| Peter Canal        | Bayshore Regional SA | Present |

Chair Nolan welcomed the three new Executive Committee members and reminded the other Fund Commissioners that there are three alternate openings and to contact Ms. Koval if interested.

**CORRESPONDENCE** - Ms. Koval reviewed the correspondence included in the agenda, highlighting that the New Jersey Department of Banking and Insurance reached out with questions regarding the Fund's financial position for 2024 during the audit review. She noted the Funds response, which included the Fund's action plan, that went into effect last year. She thanked the Fund Attorney and Chair for reviewing the response and commented there has been no response from the State.

### EXECUTIVE DIRECTOR REPORT

**PRO FORMA REPORTS** - Ms. Koval reviewed the Financial Fast track through November 2025, noting that it there continues to be a surplus deficit and there are losses in both Fund year 2024 and 2025. Additionally, the Fund Treasurer and Fund Secretary has been addressing cash flow concerns, particularly towards the end of the year, as payments were not able to be made ahead of time while they were waiting for the January reorganization meetings.

**2026 REORGANIZATION** - Ms. Koval presented the eleven resolutions related to the Fund's 2026 reorganization. She reviewed the 2026 current contracts and their respective terms, noting that the procurement process for the Medical TPA, Medical Advantage, and Pharmacy Benefit will be commencing this year. She further advised that Resolution 4-26 includes a change requiring public and legal notices to be posted on the Fund's website beginning March 1 in order to comply with new legislation.

Ms. Koval also reviewed the transfer of the Monthly Billing Policy from the Risk Management Plan (RMP) to the Cash Management Plan (CMP) for the current year and highlighted revisions to the RMP that provide additional clarification and include new content. Lastly, the MRHIF representatives were updated to Commissioner Brach, with Chair Nolan serving as alternate.

**2026 SUBCOMMITTEES** - Ms. Koval reviewed the current 2026 committee appointments, noting if there are any Fund Commissioners who are interested in joining to reach out to herself or Chair Nolan.

**2026 WELLNESS GRANT APPLICATIONS** - Ms. Koval reviewed the one wellness grant response that were received for Bedminster Township. She noted the groups applications were approved by the wellness committee and Resolution 12-26 approves the grants.

**NEW MEMBERS - EAST WINDSOR TOWNSHIP AND CITY OF LAMBERTVILLE** - Ms. Koval reviewed two new members who expressed interest in joining the Fund and reviewed the detailed new member overview that is included in the agenda.

**MRHIF UPDATE** - Ms. Koval advised that MRHIF approved the 2026 budget and is in the beginning stages of the Audit of Express Scripts claims from 2024 and the Level Pharmacy Coalition Request for Proposal process.

Ms. Koval noted the remainder of the report in the agenda is informational and there were no other questions for the Executive Directors report.

### **PROGRAM MANAGER'S REPORT**

Mr. Lajewski reviewed the agenda in report, highlighting industry updates including emerging GLP-1 weight loss medications and anticipated cost pressures. Fund observations addressing the rising of utilization for the GLP-1 medications to ensure they are being distributed correctly, noting this can be done on a member level. Strategies under review include clinical criteria adjustments, cost-sharing changes, exclusions, and direct-to-consumer options.

Mr. Lajewski reported favorable early results following the Fund's change to a Medicare based out-of-network fee schedule, noting reduced per employee per month (PEPM) costs. He highlighted new member activity, including the Borough of Monmouth Beach, Township of Clinton, and Jamesburg Borough. He provided a reminder of the client services contact information for eligibility and enrollment inquiries and noted six upheld carrier appeals and two upheld IRO appeals.

The remainder of the report had been previously addressed, and there were no further questions regarding the Program Manager's report.

**TREASURER** - Fund Treasurer reviewed three bills list included in the agenda, November 2025, December 2025, and January 2026. Fund Treasurer mentioned there continues to be an issue with cash flow and is constantly monitoring cash flow daily and incoming payments. He thanked Secretary Brach for his assistance in keeping the Fund in compliance with releasing the payments.

As a housekeeping item, he noted he will work with entities regarding the new monthly billing interest penalty, and he noted that there is a new lockbox and the address is as follows:

**Central Jersey Health Insurance Fund**  
**P.O. Box 40007**  
**Newark, NJ 07101**

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

**AETNA:** Mr. Silverstein reviewed the claims for the months of October and November. The High claimant report for claims above \$100,000 showed three claims for October and four claims for November. Mr. Silverstein happily reported that the dashboard metrics continue to perform well. He provided a network update, stating that Aetna is in active negotiations with Hackensack Meridian for a July 1, 2026, start date.

**AMERIHEALTH:** Ms. Strain reviewed the claims for the month of December 2025, noting the average for the 2025 claims were \$1,923.93 per employee and noted there were no high claimants for the month of December.

**EXPRESS SCRIPTS:** Ms. Patel reviewed the monthly utilization report for November 2025, noting the monthly plan cost per member increased 20% from November 2024. Ms. Patel reviewed the top 10 indications for 2024 and commented that Atopic Dermatitis, Cancer, and Weight loss trend continues to increase. The top drug out of the top 25 drugs for the Fund is Stelara for inflammatory conditions.

**DELTA DENTAL:** No report.

**MOTION TO APPROVE CONSENT AGENDA, INCLUDING RESOLUTION 1-26 TO 14-26:**

|                |                      |
|----------------|----------------------|
| <b>MOTION:</b> | Commissioner Phelps  |
| <b>SECOND:</b> | Commissioner Dempsey |
| <b>VOTE:</b>   | All in Favor         |

**OLD BUSINESS:** None

**NEW BUSINESS:** None.

**MOTION TO OPEN PUBLIC COMMENT:**

|                        |                     |
|------------------------|---------------------|
| <b>MOTION:</b>         | Commissioner Phelps |
| <b>SECOND:</b>         | Commissioner Gonter |
| <b>ROLL CALL VOTE:</b> | All in favor        |

**PUBLIC COMMENT:** None

**MOTION TO CLOSE PUBLIC COMMENT:**

|                        |                      |
|------------------------|----------------------|
| <b>MOTION:</b>         | Commissioner Phelps  |
| <b>SECOND:</b>         | Commissioner Dempsey |
| <b>ROLL CALL VOTE:</b> | All in favor         |

**MOTION TO ADJOURN MEETING:**

|                |                     |
|----------------|---------------------|
| <b>MOTION:</b> | Commissioner Phelps |
| <b>SECOND:</b> | Commissioner Gonter |
| <b>VOTE:</b>   | All in Favor        |

**MEETING ADJOURNED: 2:12 pm**

**Next Meeting: March 18, 2026, at 1:30 pm, Zoom Meeting**

**Minutes Prepared by: Caitlin Perkins, Assisting Secretary**

## APPENDIX II



# 16TH ANNUAL MEL, MRHIF & NJCE EDUCATIONAL SEMINAR

## SAVE THE DATES

FRIDAY, APRIL 24 ▶ 9:00 AM – 12:00 PM

FRIDAY, MAY 1 ▶ 9:00 AM – 12:00 PM

## Available Online at No Cost to Members

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

This online seminar is pending approval for the following continuing education credits:

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

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**NEW JERSEY COUNTIES  
EXCESS JOINT INSURANCE FUND**

## AGENDA

### FRIDAY, APRIL 24

- Local Government Health Benefits Crisis
- Police Accreditation Plus Initiative
- Controlling Workers Compensation Costs

### FRIDAY, MAY 1

- Anti-Harassment Programs for Volunteer Organizations
- Cyber JIF at 3
- Local Government Ethics Act

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or email Jaime Testa at [jainet@permainc.com](mailto:jainet@permainc.com)

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## **APPENDIX III**

Government Accounting Standards Board (GASB)  
GASB 102 – Certain Risk Disclosures

GASB 102 requires disclosure of constraints and concentrations that could impact the organization being audited. Health Insurance Funds (HIFs) are not insurance companies. They are governmental entities organized pursuant NJSA 40A:10 – 36 et seq that receive their income from member assessments (i.e. premium) and interest on funds held to settle outstanding claims. As governmental entities, they are exempt from a wide range of taxes and other charges assessed commercial insurance companies. This gives HIFs a considerable cost advantage as compared to commercial insurers. All profits for any given year are ultimately returned as dividends to members that participated in the HIF during that fund year. The timing of dividends is controlled by state regulation. However, claims are inherently subject to considerable variation. To offset risk, HIFs are indefinitely assessable on a joint and several basis. Under state law and HIF bylaws, HIFs may assess members including former members for any year that incurs a loss, even if that loss is not known for a few years. While this assures that claims will be paid, members must realize that their final ultimate cost cannot be definitively established until all claims are paid.

While the Health Insurance Funds have a concentration from a membership standpoint, as described above, it is not a vulnerability, it actually is a strength of the HIF.

The HIF has strong governance from its governing body and leadership as well as oversight by the State of New Jersey Departments of Community Affairs and Department of Banking and Insurance.

As such, the requirement for disclosure in the December 31, 2025, Annual Audits is not required for the Health Insurance Funds.

## **APPENDIX IV**

HIF Finance & Contracts Committee  
TEAMS Meeting  
March 11, 2026, at 11:00 AM

Thomas Nolan, Chair  
Brian Brach, Executive Committee Member  
John Barrett, Executive Committee Member  
John Lajewski, Conner Strong & Buckelew  
Matt Rudman, Conner Strong & Buckelew  
Emily D Koval, PERMA  
Jim Rhodes, PERMA  
Brandon Lodics, PERMA  
Candy Leonard, PERMA  
Caitlin Perkins, PERMA  
Matt Palmer, Fund Treasurer

Ms. Koval opened the meeting by thanking everyone for their time today, noting that the agenda for the meeting is to review the year end utilization for 2025 and to discuss the 2025 deficit, in response to the Department of Banking and Insurance letter that was previously sent.

The first discussion focused on contracts, Ms. Perkins reported that there is one Fund Professional contract expiring at the end of 2026, the Fund Treasurer and presented two options, a one-year extension or release a Request for Proposal (RFP). There was a discussion on the performance of the Fund Treasurer, and the committee recommends a one-year extension, contingent upon the QPA approval, specifically to ensure there are no additional items needed since the annual compensation is above the threshold.

Mr. Lajewski presented the Year End Utilization Review, that was also distributed as an attachment to the CJHIF March agenda. Some key highlights include the following: comparison of projected vs actual utilization trends, the methodology used to analyze Fund trends and costs, program utilization specifics covering medical and pharmacy demographics, trends and financial results, cost containment opportunities identified through utilization data.

Commissioner Brach inquired about GLP-1 medications indicated for both weight loss and diabetes, and whether prescribing is tied to member-specific diagnoses given the overlap. Mr. Lajewski confirmed that prescribing is diagnosis-based. Mr. Lodics elaborated that the Omada program includes a prior authorization process for diabetic patients, requiring providers to submit lab results confirming the diagnosis before approval.

Commissioner Brach noted that the current financial situation is serious due to cash flow concerns. In response, Mr. Lajewski indicated that a disruption report can be requested from Aetna to identify in-network vs. out-of-network utilization and specific provider usage patterns.

Commissioner Brach asked about the more information and a possible implementation timeline for reference-based pricing and clarified the relationship to the Aetna and AmeriHealth networks. Mr. Lajewski explained how a provider network remains in place for majority of claims, referenced-based pricing is intended for high-dollar claims such as hospital stays or specialty services and how the Fund can continue using existing provider network for the bulk of claims but noted a separate discussion can be arranged to provide further detail. Mr. Rhodes noted that a presentation will be

made at the NJ Association of Counties Conference and noted that AmeriHealth is launching a new product effective July 1st that will include a PPO network without hospitals but will not include a hospital network.

Commissioner Brach expressed support for excluding GLP-1 medications from coverage unless the member's diagnosis matches the requirements for prescribing a GLP-1. Ms. Koval suggested the recommendation of increasing the BMI threshold for the Omada program eligibility and proposed referring to the Operations Committee for further discussion. Commissioner Brach acknowledged that while a BMI threshold increase would have some impact, the current trend indicates more decisive action may be warranted and the exclusion could provide a competitive premium advantage. Mr. Lajewski noted there are obstacles specific to the public sector context and Ms. Koval noted the possibility of this being structured on a group-level rather than a Fund-wide mandate.

Commissioner Brach also highlighted the importance of member education in the public sector, emphasizing that helping members understand cost-sharing concepts such as co-pays and deductibles can influence utilization trends. Mr. Rhodes committed to providing specific information to support informed member decision-making.

Ms. Koval reviewed the November Financial Fast Track in detail, noting the following: administrative corrections were identified, including issues with OneDrive and incorrect PO Box address but noted claims activity has been stabilizing through December and January. Ms. Leonard, the Staff Accounting, prepared a cash flow analysis showing a deficit in the January cash balance with projections indicating improvement going forward.

Mr. Rhodes reported that the MRHIF is considering a resolution to temporarily advance funds to local Fund members to help avoid supplemental assessments, noting timing constraints and municipal budget challenges. Some key points discussed were how a resolution would be passed authorizing a request for a cash advance from MRHIF, this advance may not be required but would be available as a contingency. Mr. Rhodes noted that the Fund is projected to return to a positive position, but the statutory deficits must be addressed, and this will be to help stabilization. Chair Nolan expressed support for the plan and inquired about MRHIF's financial position. Mr. Rhodes indicated that a \$3 million cash advance is available and would not be drawn upon routinely; the amount requested would be based on analyzed need, not want. Commissioner Brach, in his capacity as MRHIF Chair, expressed support, framing the advance as a buffer rather than a replacement for a supplemental assessment. He characterized the risk as low for both MRHIF and CJHIF. In response to Chair Nolan, Mr. Rhodes confirmed this discussion is currently specific to this Fund. Mr. Lodics noted that the 2026 budget was developed without assumed reductions, suggesting this may be a short-term issue that the budget itself will help to resolve some of the issues discussed today.

In conclusion, the committee is recommending requesting a cash advance from MRHIF at the March 18<sup>th</sup> meeting.