



www.schoolshif.com

AGENDA & REPORTS

MAY 26, 2021

12:00 PM

Zoom Meeting

Join Zoom Meeting

<https://permainc.zoom.us/j/5455080980>

Meeting ID: 545 508 0980

Dial by your location

+1 312 626 6799 US (Chicago)

+1 929 205 6099 US (New York)

+1 301 715 8592 US (Washington DC)

Meeting ID: 545 508 0980

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

Pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

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

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

**SCHOOLS HEALTH INSURANCE FUND
MEETING: MAY 26, 2021
12:00 PM**

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY FUND CHAIR

FLAG SALUTE

ROLL CALL OF 2020-2021 BOARD OF TRUSTEES

Officers

Joseph Collins, Delsea Regional BOE-Chairman
Beth Ann Coleman, Collingswood BOE

Board of Trustees

Lisa Giovanelli, Rancocas Valley BOE
Michael Colling, Medford Lakes BOE
Christopher Lessard, Frankford Twp BOE
Evon Digangi, Mt. Holly BOE
Nicholas Bice, Burlington Twp BOE
Marie Goodwin, Medford Township Public Schools
Jason Schimpf, Kingsway Regional School District
Helen Haley, Voorhees Township BOE
James Sekelsky, Newton BOE

OPEN MINUTES: March 24, 2021 (Appendix I)

PUBLIC COMMENT: For Agenda Items Only

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 1

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 19

GUARDIAN NURSES -

Monthly ReportPage 24

TREASURER - (Verrill & Verrill)

April 2021 Voucher List.....Page 25

April 2021 Supplemental ListPage 27

May 2021 Voucher List (Resolution 17-21).....Page 28

May 2021 Dividend PaymentPage 30

May 2021 Supplemental Payment	Page 31
Monthly Report (March 2021)	Page 32

ATTORNEY – (J. Kenneth Harris.)
Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)
Monthly Report.....Page 35

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)
Monthly Report.....Page 40

NETWORK & THIRD PARTY ADMINISTRATOR – (Horizon)
Monthly Report

PRESCRIPTION ADMINISTRATOR – (Express Scripts)
Monthly ReportPage 48

DENTAL ADMINISTRATOR – (Delta Dental)
Monthly Report.....Page 50

CONSENT AGENDAPage 52
Resolution 7-21: Professional Services Contract AwardPage 53
Resolution 8-21: EUS Contract AwardPage 55
Resolution 9-21: Appointing Agent for Process of Service.....Page 57
Resolution 10-21: Appointing Fund Newspapers.....Page 58
Resolution 11-21: 2021-2022 Meeting DatesPage 59
Resolution 12-21: Cash Management PlanPage 61
Resolution 13-21: Risk Management PlanPage 65
Resolution 14-21: Compensating ProducersPage 77
Resolution 15-21: Authorizing Treasurer for Contracted PaymentsPage 90
Resolution 16-21: New Member Approval.....Page 91
Resolution 17-21: April and May 2021 Bills List.....Page 92

OLD BUSINESS

NEW BUSINESS

PUBLIC COMMENT

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

MEETING ADJOURNED

**SCHOOLS HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
MAY 26, 2021**

FINANCE & CONTRACTS COMMITTEE

PRO FORMA REPORTS

- **Fast Track Financial Reports** - SHIF - as of March 31, 2021 (page 8)

ORGANIZATIONAL RESOLUTIONS

As done in the past, the reorganization resolutions can be adopted at this meeting, establishing fundamental policies and procedures effective July 1, 2021.

We will review each resolution and approve in consent, if acceptable.

PROFESSIONAL SERVICES - RFP RESPONSES

RFPs for Actuary, Auditor, Program Manager, Executive Director, Attorney and Treasurer were received in early April. The Contracts committee reviewed the results. A summary is included on page 12. All incumbents are being recommended and most fees match the adopted budget. Any fee that did not match will be adjusted.

There was a competing proposal for Auditor. The Committee performed its evaluation and the incumbent rated slightly higher. The evaluation is included for the record.

ASSESSMENTS RECEIVABLE PROCESS

The 2021/2022 budget and Treasurer contract award includes additional resources for assessments receivable tracking and follow-up. We have prepared a standard notice for members that are delinquent and the Treasurer will communicate with entities that are 60 days or more delinquent.

West Deptford BOE has used its closed year balance to pay one of two deferred invoices from when the group entered the Fund. The objective is for the remaining balance will be cleared by the end of the year by applying dividends and via other efforts. The BOE is current on all other invoices.

PHARMACY BENEFIT MANAGER - RFP

The MRHIF has issued an RFP for the contract currently held by Express Scripts. We have received 7 responses all of which are offering material savings over current costs. We have developed a list of finalists and are obtaining final pricing offers. We will be consulting with the MRHIF Contracts Committee, the MRHIF Executive Committee, and our SHIF Contracts Committee as this process matures and are targeting decisions for mid-June.

WELLNESS COMMITTEE

2021-2022 WELLNESS GRANTS

The Wellness Committee met last month to discuss the wellness grants for next school year. The grant application, guidelines, approved expense list and some marketing materials are on the website this year: www.schoolshif.com/wellness. The deadline to submit a grant application is June 30, 2021.

OPERATIONS & NOMINATIONS COMMITTEE

MEMBERSHIP

The Operations Committee reviewed the following groups for July 1 and are recommending membership approvals. The growth capacity chart is also included.

Group	Employees
Hanover Park BOE	214
Pennsauken BOE	644
Gloucester Twp BOE	805
Lindenwold BOE	350
Plumsted BOE	138
Clearview BOE	215

HIF GROWTH CAPACITY 2021-2022							
May 31, 2021 HIF Enrollment	16,483						
Growth Cap - 20%	3,297						
New Member Underwriting Status - FY 2021-2022							
Group	Employees	Carrier	Proposal Released	BOE Approval	Union Approval	Signed I&T	Effective Date
Hanover Park BOE	214	Aenta	Y	Y	Y	Y	7/1/2021
Pennsauken BOE	644	AHA	Y	Y	Y	Y	7/1/2021
Gloucester Twp BOE	805	Aetna/AHA	Y	Y	Y		7/1/2021
Lindenwold BOE	350	AHA	Y	Y	Y	Y	7/1/2021
Plumsted BOE	138	Aetna	Y	Y	Y	Y	7/1/2021
Clearview BOE	215	Aetna	Y	Y	Y	Y	7/1/2021
Total Employees	2,366						
% Growth	14.35%						
Remaining	931						

Underwriting Factor	Hanover Park BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.883	1.160	162.31%
Enrollment	214	16,483	1.30%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,996.00	\$ 1,583.00	126.09%
Rx	\$ 499.00	\$ 441.00	
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	Yes		
Dental	No		
Anticipated Commissioner Involvement	TBD		

Underwriting Factor	Lindenwold BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.139	1.160	98.22%
Enrollment	350	16,483	2.12%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,472.00	\$ 1,583.00	92.99%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3.59%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	None		

Underwriting Factor	Clearview BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.155	1.160	99.59%
Enrollment	215	16,483	1.30%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,456.00	\$ 1,583.00	91.98%
Rx	\$ 432.00	\$ 441.00	97.96%
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	1.30%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	Yes		
Lines of Coverage to Fund			
Medical	Yes		
RX	Yes		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	Former Member that termed in 2013		

Underwriting Factor	Plumsted BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	138	16,483	0.84%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,747.00	\$ 1,583.00	110.36%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3.00%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies			

Underwriting Factor	Pennsauken BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Amerihealth	Amerihealth	
Age Sex Factor	1.194	1.160	102.92%
Enrollment	644	16,483	3.91%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,575.00	\$ 1,583.00	99.49%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	\$100,000/ year		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies			

TERMINATION - SPARTA BOE

Sparta BOE has notified us that they are terminating membership. Their notice did not meet the 90 day by-laws requirement and we are working with them to assure compliance.

GUARDIAN NURSES

The 2021-2022 Fund budget includes a per employee, per month (PEPM) fee for Guardian Nurses to allow for the Board to approve additional nurses as the population grows. The PEPM fee for Guardian Nurses is built in to the expense load on all news case proposals. The Fund will have over 16,000 lives by July 1, which warrants the addition of a 5th nurse.

As the expense is supported by the new sold cases, there is no impact on the adopted budget or the rates of our existing population. The recommendation for the additional nurse was included in the RFP response for Program Manager, and was discussed with the Finance and Contracts Committee.

FINANCIAL DISCLOSURE STATEMENTS

As is done on the local level and required by State law, each Fund Commissioner is required to complete a Financial Disclosure Statement through the Department of Community Affairs. The 2021 notice with instructions has been released. The original deadline to file was April 30, 2021, However, that has been extended until June 30, 2021. Commissioners that have not yet filed will receive an email notification.

SCHOOLS HEALTH INSURANCE FUND
FINANCIAL FAST TRACK REPORT
AS OF March 31, 2021

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. UNDERWRITING INCOME	30,104,044	254,714,918	920,023,827	1,174,738,746
2. CLAIM EXPENSES				
Paid Claims	24,604,291	211,277,667	715,408,543	926,686,209
IBNR	517,128	11,283,828	17,568,000	28,851,828
Less Specific Excess	(1,064,956)	(1,667,961)	(9,166,694)	(10,834,655)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	24,056,464	220,893,534	723,809,848	944,703,383
3. EXPENSES				
MA & HMO Premiums	3,324	76,164	373,956	450,121
Excess Premiums	756,915	6,373,345	28,788,460	35,161,805
Administrative	2,199,566	18,523,369	71,115,583	89,638,952
TOTAL EXPENSES	2,959,805	24,972,879	100,277,999	125,250,878
4. UNDERWRITING PROFIT (1-2-3)	3,087,776	8,848,505	95,935,980	104,784,485
5. INVESTMENT INCOME	82,894	859,982	5,347,562	6,207,544
6. DIVIDEND INCOME	0	0	5,555,319	5,555,319
7. STATUTORY PROFIT (4+5+6)	3,170,670	9,708,487	106,838,861	116,547,348
8. DIVIDEND	0	9,261,207	29,015,714	38,276,921
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10 STATUTORY SURPLUS (7-8)	3,170,670	447,279	105,902,193	106,349,472

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	(444,046)	(3,287,958)	74,571,508	71,283,550
	Cash	1,301,535	(3,132,281)	89,930,595	86,798,314
2019/2020	Surplus	(400,889)	(3,835,177)	31,330,684	27,495,507
	Cash	(1,079,342)	(7,545,357)	41,300,539	33,755,181
2020/2021	Surplus	4,015,605	7,570,415		7,570,415
	Cash	17,031,176	26,047,992		26,047,992
TOTAL SURPLUS (DEFICITS)		3,170,670	447,279	105,902,192	106,349,472
TOTAL CASH		17,253,369	15,370,354	131,231,133	146,601,487

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	496,785	1,206,733	502,985,244	504,191,977
FUND YEAR 2019/2020				
Paid Claims	542,345	15,508,641	204,983,246	220,491,887
IBNR	0	(17,568,000)	17,568,000	0
Less Specific Excess	(123,338)	(734,006)	(1,726,642)	(2,460,648)
Less Aggregate Excess	0	0	0	0
TOTAL	419,007	(2,793,366)	220,824,605	218,031,239
FUND YEAR 2020/2021				
Paid Claims	23,565,162	194,678,432		194,678,432
IBNR	517,128	28,851,828		28,851,828
Less Specific Excess	(941,618)	(1,050,093)		(1,050,093)
Less Aggregate Excess	0	0		0
TOTAL	23,140,672	222,480,167	0	222,480,167
COMBINED TOTAL CLAIMS	24,056,464	220,893,534	723,809,848	944,703,383

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.

Schools Health Insurance Fund

CONSOLIDATED BALANCE SHEET

AS OF MARCH 31, 2021

BY FUND YEAR

	SHIF 2020/2021	SHIF 2019/2020	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	26,047,992	33,755,181	86,798,314	146,601,487
Assessments Receivable (Prepaid)	9,589,417	95,303	75,811	9,760,530
Interest Receivable	-	48	(48)	0
Specific Excess Receivable	1,050,093	503,547	-	1,553,640
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	3,685,173	120,564	-	3,805,737
Total Assets	40,372,675	34,474,642	86,874,077	161,721,395
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	28,851,828	0	-	28,851,828
A4 Retiree Surcharge	3,664,743	1,977,530	-	5,642,273
Dividends Payable	-	4,941,603	15,590,527	20,532,130
Accrued/Other Liabilities	285,689	60,003	-	345,692
Total Liabilities	32,802,261	6,979,136	15,590,527	55,371,923
EQUITY				
Surplus / (Deficit)	7,570,415	27,495,507	71,283,551	106,349,472
Total Equity	7,570,415	27,495,507	71,283,551	106,349,472
Total Liabilities & Equity	40,372,675	34,474,642	86,874,077	161,721,395
BALANCE	-	-	-	-

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.

SCHOOLS HEALTH INSURANCE FUND										
RATIOS										
	FY2019-2020	2020-2021								
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Cash Position	\$ 131,231,133	\$ 128,376,474	\$ 130,096,742	\$ 133,171,102	\$ 135,513,823	\$ 140,298,665	\$ 140,363,807	\$ 126,366,571	\$ 129,348,118	\$ 146,601,487
IBNR	\$ 17,568,000	\$ 19,758,746	\$ 20,688,660	\$ 22,234,285	\$ 23,488,418	\$ 24,639,481	\$ 25,500,607	\$ 27,347,162	\$ 28,334,700	\$ 28,851,828
Assets	\$ 144,357,224	\$ 144,634,440	\$ 145,606,889	\$ 146,910,480	\$ 152,501,183	\$ 153,561,454	\$ 153,442,662	\$ 157,327,528	\$ 158,350,403	\$ 161,721,395
Liabilities	\$ 38,455,031	\$ 39,319,706	\$ 39,319,479	\$ 40,599,941	\$ 51,024,388	\$ 52,150,354	\$ 52,073,914	\$ 54,156,590	\$ 55,171,602	\$ 55,371,923
Surplus	\$ 105,902,193	\$ 105,314,734	\$ 106,287,410	\$ 106,310,539	\$ 101,476,795	\$ 101,411,100	\$ 101,368,748	\$ 103,170,938	\$ 103,178,802	\$ 106,349,472
Claims Paid -- Month	\$ 14,349,346	\$ 23,183,550	\$ 22,593,496	\$ 23,485,018	\$ 20,009,280	\$ 24,075,430	\$ 24,091,558	\$ 23,465,182	\$ 25,769,860	\$ 24,604,291
Claims Budget -- Month	\$ 20,917,732	\$ 24,604,605	\$ 24,531,995	\$ 24,749,094	\$ 24,986,810	\$ 24,951,340	\$ 24,910,240	\$ 27,025,512	\$ 27,204,044	\$ 27,223,025
Claims Paid -- YTD	\$ 220,191,936	\$ 23,183,550	\$ 45,777,046	\$ 69,262,065	\$ 89,271,345	\$ 113,346,775	\$ 137,438,333	\$ 160,903,515	\$ 186,673,375	\$ 211,277,667
Claims Budget -- YTD	\$ 249,348,523	\$ 24,604,605	\$ 49,136,600	\$ 73,885,694	\$ 98,872,504	\$ 123,823,844	\$ 148,734,084	\$ 175,759,596	\$ 202,963,640	\$ 230,186,665
RATIOS										
Cash Position to Claims Paid	9.15	5.54	5.76	5.67	6.77	5.83	5.83	5.39	5.02	5.96
Claims Paid to Claims Budget -- Month	0.69	0.94	0.92	0.95	0.8	0.96	0.97	0.87	0.95	0.9
Claims Paid to Claims Budget -- YTD	0.88	0.94	0.93	0.94	0.9	0.92	0.92	0.92	0.92	0.92
Cash Position to IBNR	7.47	6.5	6.29	5.99	5.77	5.69	5.5	4.62	4.57	5.08
Assets to Liabilities	3.75	3.68	3.70	3.62	2.99	2.94	2.95	2.91	2.87	2.92
Surplus as Months of Claims	5.06	4.28	4.33	4.3	4.06	4.06	4.07	3.82	3.79	3.91
IBNR to Claims Budget -- Month	0.84	0.8	0.84	0.9	0.94	0.99	1.02	1.01	1.04	1.06

Schools Health Insurance Fund
2020/2021 Budget Status Report
as of March 31, 2021

				YTD	\$ Variance	% Variance
Expected Losses	YTD Budgeted	Annual	Latest Filed	Expensed		
Medical Claims	203,531,621	276,680,202	235,138,766	198,491,782	5,039,839	2%
Prescription Claims	23,732,283	32,359,448	26,102,238	21,227,620	2,504,663	11%
Dental Claims	2,857,735	3,801,692	3,170,942	2,760,765	96,970	3%
Subtotal Claims	230,121,639	312,841,342	264,411,946	222,480,167	7,641,472	3%
Rate Stabilization Reserve	0	0	0	0	0	0%
HMO Premiums	65,168	86,368	86,161	70,043	(4,875)	-7%
Reinsurance						
Specific	6,371,919	8,678,598	6,544,430	6,373,345	(1,426)	0%
Total Loss Fund	236,558,726	321,606,308	271,042,537	228,923,555	7,635,172	3%
Expenses						
Legal	27,648	36,864	36,864	27,648	-	0%
Treasurer	15,375	20,500	20,500	15,414	(39)	0%
Administrator	1,179,428	1,605,536	1,346,151	1,179,479	(51)	0%
Program Manager	3,166,446	4,308,809	3,611,419	3,166,994	(548)	0%
Local Entity Risk Management	3,314,233	4,517,154	3,896,383	3,307,200	7,033	0%
TPA - Med Aetna	4,447,620	6,059,069	4,874,895	4,457,589	(2,474)	0%
Program Manager - Guardian Nurses	607,500	810,000	810,000	584,003	23,497	4%
TPA - Med AmeriHealth Admin	1,077,192	1,434,395	1,451,358	1,167,785	(90,593)	-8%
TPA - Med Horizon	25,061	30,196	11,880	24,569	492	2%
TPA - Vision	7,495	10,253	1,944	Included above in Med Aetna		
TPA - Dental	129,458	172,408	152,531	129,907	(449)	0%
Actuary	21,863	29,150	29,150	21,563	300	1%
Auditor	14,850	19,800	19,800	14,850	0	0%
Subtotal Expenses	14,034,168	19,054,133	16,262,875	14,097,001	(62,833)	0%
Misc/Contingent Expenses	41,324	55,098	55,098	21,492	19,831	48%
Data Analysis System	48,750	65,000	65,000	62,596	(13,846)	-28%
Wellness Program	341,427	465,025	388,285	340,924	502	0%
Affordable Care Act Taxes	80,164	109,227	91,346	80,236	(72)	0%
A4 Retiree Surcharge	3,663,569	4,980,244	4,702,775	3,664,743	(1,174)	0%
Plan Documents	22,500	30,000	30,000	36,063	(13,563)	-60%
Enrollment Audits	0	0	0	0	-	0%
Total Expenses	18,231,901	24,758,727	21,595,379	18,303,054	(71,153)	0%
Total Budget	254,790,628	346,365,035	292,637,916	247,226,609	7,564,019	3%

SCHOOLS HEALTH INSURANCE FUND
2021 RFQ RESPONSES
Responses Deadline 3pm, April 1, 2021

Position	Vendor	Proposed Fees	Notes
Executive Director	PERMA	July 1 2021 – June 30, 2022 - \$8.67 pepm (+1%) July 1, 2022 – June 30, 2023 – \$8.84 pepm (+2%) July 1, 2023 – June 30, 2024 - \$9.02 peom (+2%)	Incumbent
Attorney	J. Kenneth Harris Esq.	July 1 2021 – June 30, 2022 - \$37,233.00 Annual (+1%) July 1, 2022 – June 30, 2023 – \$37,978.00 Annual (+2%) \$230/hourly for plan document changes for the entire contract period The fee does not include compensation for extraordinary services such as arbitration, mediation, or litigation matters nor the preparation of opinion letters. Such services will be provided as and when requested and based upon a compensation structure agreed to at that point in time.	Incumbent
Actuary	Actuarial Solutions	July 1 2021 – June 30, 2022 - \$29,750 Annual (+2.06%) July 1, 2022 – June 30, 2023 – \$ 30,500 Annual (+3%) *If the SHIF requests services outside of the scope of service a workplan with associated fees will be presented to the executive committee for approval	Incumbent
Treasurer	Verrill & Verrill LLC	July 1 2021 – June 30, 2022 - \$25,910.00 (+26.39%) Scope of services includes enhanced follow-up and reporting on assessment receivables. July 1, 2022 – June 30, 2023 – 2% increase in fee plus \$100 per new member per year prorated effective July 1, 2022.	Incumbent
Auditor	Bowman & Company LLP	July 1 2021 – June 30, 2022 - \$19,800 Annual (Flat) July 1, 2022 – June 30, 2023 – \$20,200 Annual (+2%) *fees are based on the time expended and the hourly rates of the staff necessary to perform an engagement. The firms blended hourly rate is approximately \$153.	Incumbent
Auditor	Holman Frenia & Allison, P.C.	July 1 2021 – June 30, 2022 - \$17,500 Annual July 1, 2022 – June 30, 2023 – \$17,850 Annual *for special projects or services the our rates are as follows:	MRHIF Auditor

		<table><tr><th colspan="2">Standard Hourly Rates</th></tr><tr><th>Role</th><th>Price</th></tr><tr><td>Engagement Partner</td><td>\$200.00</td></tr><tr><td>Quality Review Partner</td><td>200.00</td></tr><tr><td>Senior Manager</td><td>170.00</td></tr><tr><td>Manager</td><td>160.00</td></tr><tr><td>Supervisor</td><td>140.00</td></tr><tr><td>Senior</td><td>120.00</td></tr><tr><td>Staff II</td><td>110.00</td></tr><tr><td>Staff I</td><td>90.00</td></tr></table>	Standard Hourly Rates		Role	Price	Engagement Partner	\$200.00	Quality Review Partner	200.00	Senior Manager	170.00	Manager	160.00	Supervisor	140.00	Senior	120.00	Staff II	110.00	Staff I	90.00	
Standard Hourly Rates																							
Role	Price																						
Engagement Partner	\$200.00																						
Quality Review Partner	200.00																						
Senior Manager	170.00																						
Manager	160.00																						
Supervisor	140.00																						
Senior	120.00																						
Staff II	110.00																						
Staff I	90.00																						
Program Manager	Conner Strong & Buckelew	<table><tr><th>Description of Service</th><th>Fee</th></tr><tr><td>Medical Plan Participants</td><td>2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month</td></tr><tr><td>Prescription Plan Participants</td><td>2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month</td></tr><tr><td>Dental Plan Participants</td><td>2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month</td></tr><tr><td>Healthcare Reform Compliance/Updates (as applicable)</td><td>2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month</td></tr><tr><td>Data Warehousing</td><td>2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month</td></tr><tr><td>New Member Set Up</td><td>2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity</td></tr><tr><td>Plan Document Maintenance</td><td>2021 – 2023: \$550 Per Document</td></tr></table>	Description of Service	Fee	Medical Plan Participants	2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month	Prescription Plan Participants	2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month	Dental Plan Participants	2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month	Healthcare Reform Compliance/Updates (as applicable)	2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month	Data Warehousing	2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month	New Member Set Up	2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity	Plan Document Maintenance	2021 – 2023: \$550 Per Document	Incumbent. 2021: +1% 2022: +2% 2023: +2%				
Description of Service	Fee																						
Medical Plan Participants	2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month																						
Prescription Plan Participants	2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month																						
Dental Plan Participants	2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month																						
Healthcare Reform Compliance/Updates (as applicable)	2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month																						
Data Warehousing	2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month																						
New Member Set Up	2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity																						
Plan Document Maintenance	2021 – 2023: \$550 Per Document																						

		Third Party Fee		
		Description of Service		
		Medical Disease Management & Case Management	July 1, 2021- June 30, 2024 \$210,000 per nurse \$10,000 administrative expenses per annum	
		Notes/Clarifications:	1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.	

** Program Manager Response Clarification



INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

BRANDON LODICS

Vice President, Consultant

P 856-552-4628 F 856-291-9615

E blodics@connerstrong.com

National Headquarters

TRIAD1828 CENTRE

2 Cooper Street | Camden, NJ 08102

Mailing Address

PO Box 99106 | Camden, NJ 08101

connerstrong.com

To: Karen Kamprath, SHIF Assistance Account Manager

From: Brandon Lodics, Conner Strong and Buckelew

Date: April 5, 2021

Re: SHIF Program Manager RFP Clarification

Thank you for the opportunity to clarify the 3 year fee schedule for the Subcontractor relationship outlined in our proposal for Medical Disease Management and Case Management. The below schedule should replace the proposal outlined in our previous response. All other responses remain the same. We apologize for the confusion.

Description of Service	Third Party Fee
Medical	2021: \$210,000 per nurse
Disease Management & Case Management	2022: \$216,300 per nurse
	2023: \$227,789 per nurse
	\$10,000 administrative expenses per annum
Notes/Clarifications:	1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.

NEW JERSEY PENNSYLVANIA NEW YORK DELAWARE FLORIDA MASSACHUSETTS GEORGIA

Committee Rating and Points Assignment - Auditor			
		Bowman & Company LLP	Holman Frenia Allison
a.	Organizational Management, Stability and Ownership (10%)	10	10
b.	Expertise as an Auditor (25%)	25	25
c.	Experience in health joint insurance funds with similar services (10%)	10	6
d.	Ability to comply with the required standards of the RFP (15%)	15	15
e.	Results collected from provided references (10%)	10	8
f.	Fee Proposal (30%)	26	30
g.	Total	96	94

REGULATORY
SCHOOLS HEALTH INSURANCE FUND
YEAR: 2020/2021 AS OF MARCH 16, 2021

<u>Monthly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	List of Compliance included on Page 18
New Members	Filed
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	Q2 filed
Annual Audit	June 30, 2020 - 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	List of Compliance included below
Benefit Changes	N/A

Professional	Contract Received	Insurance Received	Contract Term
Executive Director	Yes	Yes	1/1/2019 - 6/30/2021
Program Manager	Yes	Yes	1/1/2019 - 6/30/2021
Actuary	Yes	Yes	1/1/2019 - 6/30/2021
Attorney	Yes	Yes	1/1/2019 - 6/30/2021
Auditor	Yes	Yes	1/1/2019 - 6/30/2021
Treasurer	Yes	Yes	1/1/2019 - 6/30/2021
Aetna	Yes	in progress	*ONE YEAR RENEWALS NEGOTIATED
AmeriHealth	In Progress	in progress	*ONE YEAR RENEWALS NEGOTIATED
Horizon	Yes	in progress	*ONE YEAR RENEWALS NEGOTIATED
Delta Dental	Yes	Yes	*ONE YEAR RENEWALS NEGOTIATED

INDEMNITY AND TRUST AGREEMENT COMPLIANCE LISTING

Agreements expiring as of 6/30/2021 or earlier

MEMBER	I&T END DATE
Delsea Regional BOE	12/31/2020
Blairstown BOE	12/31/2020
Clayton BOE	12/31/2020
Bellmawr Public School District	6/20/2021
Byram Township BOE	6/30/2021
Frankford Township BOE	6/30/2021
Fredon Township BOE	6/30/2021
Frelinghuysen Township BOE	6/30/2021
Greenwich Township BOE	6/30/2021
Hardyston Township BOE	6/30/2021
Harrison Township BOE	6/30/2021
High Point Regional BOE	6/30/2021
Logan Township BOE	6/30/2021
Moorestown Twp Public Schools	6/30/2021
MT. Holly Township BOE	6/30/2021
South Harrison BOE	6/30/2021
Southampton Township BOE	6/30/2021
Swedesboro-Woolwich BOE	6/30/2021
West Deptford BOE	6/30/2021
White Township BOE	6/30/2021
Woodbury Heights BOE	6/30/2021

School's Health Insurance Fund

Program Manager's Report

May 2021

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: shif_enrollments@permainc.com

Enrollments/Eligibility/Billing: shif_enrollments@permainc.com

Brokers: brokerservice@permainc.com

MONTHLY BILLING

As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the SHIF enrollment team. The Fund's policy is to limit retro corrections, *including terminations*, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60-day period. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to the enrollment team's attention.

BROKER CONTACT INFORMATION

Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated SHIF Client Servicing Team. The team can be reached by email at brokerservice@permainc.com.

CONNER STRONG COVID-19 RESOURCES

Conner Strong & Buckelew has compiled a database of COVID-19 resources available to our clients. To access the resource center please use the link below.

- Link-<https://www.connerstrong.com/insights/covid-19-resource-center/>

Online Enrollment System Training Schedule - 2021

PERMA offers a virtual training and a refresher class on the online enrollment system the third Wednesday of each month. The sessions provide an overview of the Fund's enrollment system and shows users how perform tasks in the system. To use the enrollment system, each HR user must complete a *system access form*. Please email Austin Flinn at aflinn@permainc.com and indicate which of the sessions below you would like to attend. Please include this information in the subject line: *Training - Fund Name and Client Name*.

- Wednesday, June 16th 10:00 am - 11:00 am
- Wednesday, July 14th 10:00 am - 11:00 am
- Wednesday, August 18th 10:00 am - 11:00 am
- Wednesday, September 15th 10:00 am - 11:00 am
- Wednesday, October 20th 10:00 am - 11:00 am
- Wednesday, November 17th 10:00 am - 11:00 am

COVID Vaccine Administrative Fee Change – Effective March 15, 2021, Medicare updated the Fee for Service payment rate for administration of COVID-19 vaccines to \$40 for each dose. Aetna will be following the new payment rate and has updated the Fund plans accordingly.

AETNA UPDATES

Network Negotiation Deborah Heart and Lung – As previously reported, Aetna has been in negotiations with Deborah Heart and Lung. Aetna advised that a new three-year contract was successfully negotiated beginning on May 1, 2021. These facilities remain in-network.

Network Negotiations Salem Medical Center - Negotiations are underway with this facility. The contract was set to expire on June 1, 2021 but has been extended to July 1, 2021 while both sides continue to work towards a settlement.

EXPRESS-SCRIPTS UPDATE

National Preferred Formulary Update (NPF) - ESI announced their NPF update for July 1, 2021. Seventy additional products will be added to the exclusion list (included with your agenda). 76 Fund members (out of 20,858) were identified as having filled scripts for one or more of these products in the past year. Impacted members will receive notification from ESI that includes therapeutically equivalent alternatives and are encouraged to discuss them with their physician.

BENEFIT EXPRESS (BE) UPDATE

Benefit Express-WEX Acquisition – A leading financial technology service provider, WEX, recently announced that it is acquiring Benefit-Express. BE is a preferred partner of Conner Strong and provides the benefit administration system utilized by the HIFs. The two companies have worked together for many years and we do not anticipate any changes in our day-to-day operations or system functionality. We have been advised that the BE team will continue as is and, are confident that the services provided by BE including Benefit Administration, COBRA, Direct-billing, will continue with no interruption.

COBRA Subsidy Compliance (American Rescue Plan) – PERMA has identified members who had their health benefits terminated during the National COVID-19 Health Emergency. Employees who were involuntarily terminated, due to a lay-off or reduction in hours may be eligible for a COBRA premium subsidy. As required by the American Rescue Plan, notices concerning the availability of the subsidies from 4/1/2021 through 9/30/2021, will be mailed to these members. Going forward, a new field will be added to Benefit Express to track members who involuntarily lose their health benefits through 9/30/2021.

SHIF Operations Update

Annual Open Enrollment – Annual Open enrollment has now closed. All changes were to be entered into the Benefit Express online enrollment system no later than **Friday May 21st**. Only members who have changed plans or added dependents will receive new ID cards.

Data and Claims Reporting – As a reminder the SHIF Risk Management Plan outlines the availability of data and claims reporting for membership. Groups are entitled to standard data and claims reporting at no cost. Loss experience data used by the SHIF to determine loss ratio adjustments will be made available no more frequently than twice per year to members at no additional cost. “Loss experience data” is defined as monthly claims and assessments for a three (3) year period including de-identified specific claims at 50% of the SHIF’s self-insured

retention. Requests for additional claims data from SHIF members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the SHIF or its vendors for data extraction and formatting costs.

New Group Implementations - Effective for implementations beginning on September 1st, all new business implementations coming from a non-SHIF carrier or claims administrator will require the completion of a “New Group Benefit Intake” Form. This is a process improvement to ensure 100% benefit accuracy and ensure benefits not accurately represented in SBCs, Benefit Summaries, or Plan documents are implemented as per the current plan design.

Appeals - There was one medical necessity appeal sent for external review and overturned.

2021 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 1, 2021, unless otherwise noted. In most cases, if you fill a prescription for one of these drugs, you will pay the full retail price.

Single-Source Brand Exclusions

Drug Class	Excluded Medications	Preferred Alternatives
Antiglaucoma Agents (Beta-Adrenergic Blockers)	BETIMOL	timolol drops, betaxolol drops, levobunolol drops, ALPHAGAN P 0.1%, COMBIGAN
Antiglaucoma Agents (Other)	RHOPRESSA, ROCKLATAN	betaxolol drops, bimatoprost drops, dorzolamide-timolol drops, latanoprost drops, levobunolol drops, timolol drops, travoprost drops
Antiparkinsonism Agents	APOKYN	KYNMOBI
Estrogen & Estrogen Modifiers for Vaginal Symptoms	ESTRING, IMVEXXY, INTRAROSA*, OSPHENA*	estradiol cream, estradiol vaginal tablets, yuvafem, PREMARIN CREAM
Estrogen/Progestin Combinations (Oral)	BIJUVA, PREMPHASE*, PREMPRO*	amabelt, estradiol/norethindrone acetate, tyavolv, jintel, mimvey, norethindrone/ethinyl estradiol
Estrogens (Oral)	MENEST, PREMARIN TABLETS*	estradiol tablets
Factor Deficiency Agents & Related Products	NOVOSEVEN RT	SEVENFACT
Immunosuppressant Agents	ENVARUS XR	tacrolimus
Miscellaneous Cardiovascular Agents	CORLANOR	atenolol, bisoprolol, carvedilol, metoprolol succinate, metoprolol tartrate, propranolol
Miscellaneous Topical Dermatological Agents	LIDOCAINE/TETRACAINE*, PLIAGLIS	lidocaine cream, lidocaine/prilocaine cream
Nasal Steroids	BECONASE AQ*, OMNARIS*, QNASL, ZETONNA*	flunisolide, fluticasone, mometasone
Ophthalmic Anti-Inflammatory	FLAREX, FML FORTE*, FML S.O.P.*, MAXIDEX*, PRED MILD*	dexamethasone drops, fluorometholone drops, loteprednol drops, prednisolone drops, INVELTYS, LOTEMAX GEL/OINTMENT
Ophthalmic Combinations	TOBRADEX ST, ZYLET	tobramycin/dexamethasone drops, TOBRADEX OINTMENT
Ophthalmic Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)	ACUVAIL*, BROMSITE, NEVANAC*	bromfenac drops, diclofenac drops, ketorolac drops
Ophthalmic Quinolone Antibiotics	BESIVANCE, CILOXAN OINTMENT*	ciprofloxacin drops, gatifloxacin drops, levofloxacin drops, moxifloxacin drops, ofloxacin drops

* Current 2021 exclusion in this class

2021 National Preferred Formulary Exclusion List Changes

Single-Source Brand Exclusions (Continued)

Drug Class	Excluded Medications	Preferred Alternatives
Pulmonary Anti-Inflammatory Inhalers	ARMONAIR DIGIHALER*, PULMICORT FLEXHALER	ARNUIITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, FLOVENT DISKUS, FLOVENT HFA, QVAR REDIHALER
Respiratory Agents - Other	DALIRESP	fluticasone/salmeterol (by Prasco, Proficient Rx), ADVAIR HFA, ANORO ELLIPTA, ARNUITY ELLIPTA, ASMANEX HFA, ASMANEX TWISTHALER, BEVESPI AEROSPHERE, BREO ELLIPTA, DULERA, FLOVENT DISKUS, FLOVENT HFA, INCRUSE ELLIPTA, PERFORMIST, QVAR REDIHALER, SEREVENT DISKUS, SPIRIVA HANDIHALER, SPIRIVA RESPIMAT, STIOLTO RESPIMAT, SYMBICORT
Thyroid Replacement Therapy	LEVOTHYROXINE CAPSULES*, THYQUIDITY* TIROSINT, TIROSINT-SOL	levothyroxine tablets
Topical Estrogen Agents	DIVIGEL, ELESTRIN*, ESTROGEL*, EVAMIST	estradiol patches

* Current 2021 exclusion in this class

Multi-Source Brand Exclusions

The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

CANASA	COLGRYS	COSOPT PF
NORTHERA	SAPHRIS	SUBOXONE
TRUVADA	WELCHOL TABLETS	ZYTIGA 500 MG TABLETS



Schools Health Insurance Fund
Board Meeting Summary
May 26, 2021



Referrals		3/3/21 through 5/9/21	3/3/20 through 5/9/20
Total Referrals		671	437
Total Referrals (ACUTE)		605 (includes 135 HSX)	389
Total Referrals (COMPLEX)		66	48
Hospitalizations			
Total Members Hospitalized		233 members/255 hospitalizations	97 members/102 hospitalizations
Members Requiring ICU Level Care		15 (engaged all)	6
Mobilizations—Acute		95	38
Inpatient Visits		80	14
Accompaniments		8	24
Home Visits		7	0
Mobilizations—Complex Program		29	11
Inpatient Visits		7	0
Accompaniments		16	10
Home Visits		6	1
Top 3 Diagnostic Categories		Cases	Cases
Nervous System		91	32
Digestive System		78	64
Cardiac		77	43
HealthShare Exchange (HSX)		Engaged 135 members	
High Claimant Report – Paid 7/1/2020-3/31/2021		Status	Insurer
High Claimant	Amount		
HC #1 <i>continue to rise</i>	\$751,438.60	Engaged; oncology 5/11 inpatient	Aetna
HC #2	\$584,213.16	Declined MCC assistance	Aetna
HC #3 <i>continue to rise</i>	\$561,573.18	Engaged; surgery in 4/2021	AHA
HC #4	\$559,266.99	Engaged; oncology	Aetna
HC #5 <i>continue to rise</i>	\$556,439.83	Engaged; stem cell transplant 5/2021	Aetna
HC #6 New BOE	\$471,881.26	Outreach	Aetna
HC #7	\$457,934.71	Termed	Aetna
HC #8	\$450,371.13	Declined MCC assistance	Aetna
HC #9 <i>should fall off</i>	\$447,143.28	Engaged; liver transplant 7/2020	Aetna
HC #10	\$439,768.19	Engaged; oncology in treatment	Aetna

Lighting Your Way Through the Healthcare Maze
GuardianNurses.com

SCHOOL HEALTH INSURANCE FUND

BILLS LIST

Confirmatoin of Payment

APRIL 2021

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

BE IT RESOLVED that the School 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 20-21

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002827	TIMBER CREEK H.S. CAFETERIA ACCT	VOID	-172.95
002875			
002875	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE - ACTUAL - 2019	1,977,530.00
			1,977,530.00
002876			
002876	STATE OF NJ HEALTH BENE FUND	STATE SURCHARGE - ACTUAL - 2020	2,580,684.00
			2,580,684.00
002877			
002877	R-HEALTH, INC.	R-HEALTH MEMBERS 4/21	4,908.12
			4,908.12
002878			
002878	DELTA DENTAL INSURANCE COMPANY	INV BE004367886 4/21	861.25
002878	DELTA DENTAL INSURANCE COMPANY	INV BE004367841 4/21	252.64
			1,113.89
002879			
002879	FLAGSHIP HEALTH SYSTEMS INC	DENTAL 4/21	4,202.66
			4,202.66
002880			
002880	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 4/21	14,370.72
			14,370.72
002881			
002881	HORIZON BCBSNJ	MEDICAL TPA 4/21	1,877.50
			1,877.50
002882			
002882	AETNA LIFE INSURANCE COMPANY	VISION 4/21	902.72
002882	AETNA LIFE INSURANCE COMPANY	MEDICAL 4/21	537,135.45
			538,038.17
002883			
002883	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 4/21	118,965.00
			118,965.00
002884			
002884	PAYFLEX	PAYFLEX 4/21	234.00
			234.00
002885			
002885	PERMA RISK MANAGEMENT SERVICES	POSTAGE 3/21	42.17
002885	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 4/21	142,224.86
			142,267.03
002886			
002886	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 2ND QTR 2021	7,287.50
			7,287.50
002887			
002887	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 4/21	207.00
002887	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEE 4/21	3,072.00
			3,279.00
002888			
002888	VERRILL & VERRILL, LLC	TREASURER FEE 4/11	1,708.33
			1,708.33
002889			
002889	ARTEMIS HEALTH	TERM 3 - Q1 2021	20,913.42
			20,913.42
002890			
002890	COURIER POST	ACCT: CHL-092208 - AD - 4.8.21	35.72
002890	COURIER POST	ACCT: CHL-092208 - AD - 3.27.21	44.96
			80.68

002891			
002891	CONNER STRONG & BUCKELEW	MEDICAL 4/21	315,572.63
002891	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 4/21	5,646.62
002891	CONNER STRONG & BUCKELEW	RX 4/21	47,541.23
002891	CONNER STRONG & BUCKELEW	BROKER FEE 4/21	403,665.94
002891	CONNER STRONG & BUCKELEW	DENTAL 4/21	12,191.25
			784,617.67
002892			
002892	CONNER STRONG & BUCKELEW	GUARDIAN NURSES 4/21	66,667.00
			66,667.00
002893			
002893	MEDICAL EVALUATION SPECIALISTS	MES# 1357397	225.00
			225.00
002894			
002894	RANCOAS VALLEY REG HSD	REIMB FOR STAFF LUNCHES 3.16.2021	605.00
			605.00
002895			
002895	US WELLNESS INC.	CSBBHP0221 3/21	1,515.00
002895	US WELLNESS INC.	BRLNGTWN0221 3/21	1,250.00
002895	US WELLNESS INC.	BRLNGTWN0321 4/21	3,250.00
			6,015.00
002896			
002896	TA VI HEALTH INC.	COLLINGSWOOD 4/21	600.00
			600.00
002897			
002897	TIMBER CREEK H.S. CAFETERIA ACCT	WELLNESS SNACK 1/21	172.95
			172.95
002898			
002898	DENNISE JONES	FITNESS FUSION 3/21	640.00
			640.00
002899			
002899	MEDFORD LAKES BOE EDUCATION FOUNDATI	REIMBURSE MEDFORD LAKES BOE 3/21	200.00
			200.00
002900			
002900	AETNA BEHAVIORAL HEALTH LLC	LEAP 4/21	470.00
			470.00
002901			
002901	RITA GENGARO	ORANGES FOR STAFF 4/21	18.36
002901	RITA GENGARO	RELAXING TEA 3.17.21	8.97
			27.33
002902			
002902	RIVERSIDE BOARD OF EDUCATION	REIMBURSE RIVERSIDE FOR WINNERS 3/21	200.00
			200.00
002903			
002903	NJ ADVANCE MEDIA	ACCT#1000890281 - AD - 3.30.21	20.01
002903	NJ ADVANCE MEDIA	ACCT#1000890210 - AD - 3.30.21	57.96
002903	NJ ADVANCE MEDIA	ACCT#1000890281 - AD - 11/21	19.14
002903	NJ ADVANCE MEDIA	ACCT#1000890281 - AD - 3.1.21	13.92
			111.03
002904			
002904	ADVANTA HEALTH SOLUTIONS INC	MANAGEMENT FEE 4/21	1,786.00
002904	ADVANTA HEALTH SOLUTIONS INC	PROGRAM INCENTIVE CREDITS 2/21	3,880.00
002904	ADVANTA HEALTH SOLUTIONS INC	DELSEA MANAGEMENT FEE 4/21	438.00
002904	ADVANTA HEALTH SOLUTIONS INC	DELSEA PROGRAM INCENTIVE CREDITS 4/21	580.00
			6,684.00
002905			
002905	HOPE TOWNSHIP BOARD OF EDUCATION	WELLNESS CHALLENGE 4/21	300.00
002905	HOPE TOWNSHIP BOARD OF EDUCATION	REIMBURSEMENT 3/21	179.68
			479.68
002906			
002906	STRETCH ME CHERRY HILL, LLC	STRETCH SESSIONS 4/21	400.00
			400.00
002907			
002907	VOORHEES TOWNSHIP BOARD OF EDUCATION	REIMBURSEMENT - WELLNESS 1.18.21	450.00
			450.00
002908			
002908	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 4/21	768,892.81
			768,892.81
		Total Payments FY 20-21	7,054,744.54
		TOTAL PAYMENTS ALL FUND YEARS	\$7,054,744.54

Chairperson

Attest:

Dated: _____

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

Treasurer

**SCHOOL HEALTH INSURANCE FUND
DIVIDEND BILLS LIST**

Confirmation of Payment

APRIL 2021

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

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

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

FUND YEAR CLOSED

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002909			
002909	MOORESTOWN BOE	DIVIDEND 2021	127,500.00
			127,500.00
002910			
002910	HARRISON TOWNSHIP BOE	DIVIDEND 2021	72,355.00
			72,355.00
002911			
002911	SPARTA TWP BOE	DIVIDEND 2021	178,011.62
			178,011.62
		Total Payments FY CLOSED	377,866.62
		TOTAL PAYMENTS ALL FUND YEARS	\$377,866.62

Chairperson

Attest:

Dated: _____

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

Treasurer

SCHOOL HEALTH INSURANCE FUND BILLS LIST

Resolution No. 17-21

MAY 2021

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

BE IT RESOLVED that the School 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 20-21

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002913			
002913	R-HEALTH, INC.	HEALTH MEMBERS & IMMUNIZATIONS 5/21	4,512.00
			4,512.00
002914			
002914	DELTA DENTAL INSURANCE COMPANY	BE004402200 & BE004402244 5/21	1,113.89
			1,113.89
002915			
002915	FLAGSHIP HEALTH SYSTEMS INC	INVOICE 134376, 134439, 134454	6,491.59
			6,491.59
002916			
002916	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 5/21	14,305.20
			14,305.20
002917			
002917	HORIZON BCBSNJ	MEDICAL TPA 5/21	2,537.50
			2,537.50
002918			
002918	AETNA LIFE INSURANCE COMPANY	MEDICAL 5/21	546,905.85
			546,905.85
002919			
002919	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 5/21	119,735.00
			119,735.00
002920			
002920	PERMA RISK MANAGEMENT SERVICES	ADMIN FEE 5/21	144,242.71
			144,242.71
002921			
002921	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCUMENT FEE 5/21	1,192.50
002921	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY 5/21	3,072.00
			4,264.50
002922			
002922	VERRILL & VERRILL, LLC	TREASURER FEE 5/21	1,708.33
			1,708.33
002923			
002923	CONNER STRONG & BUCKELEW	ARTEMIS HEALTH TERM - Q1 21	20,913.42
			20,913.42
002924			
002924	CONNER STRONG & BUCKELEW	GUARDIAN NURSES 5/21	66,667.00
			66,667.00
002925			
002925	ALLSTATE INFORMATION MANAGEMNT	ACCT#962 - ARC & STOR - 4.30.21	7.79
			7.79
002926			
002926	RANCOCAS VALLEY REG HSD	WELLNESS STAFF EVENT	1,750.00
002926	RANCOCAS VALLEY REG HSD	REIMBURSEMENT 5/21	741.93
			2,491.93
002927			
002927	TARA KERN	WELLNESS CHAMPION 5/21	1,000.00
			1,000.00
002928			
002928	CINDY MENDENHALL	WELLNESS CHAMPION 5/21	1,000.00
			1,000.00
002929			
002929	WELLNESS COACHES USA	SWEDESBORO 4/21	1,970.00
002929	WELLNESS COACHES USA	DELTRAN 4/21	1,667.00
			3,637.00
002930			
002930	JENNIFER A. BROWN	WELLNESS CHAMPION 5/21	2,000.00
			2,000.00
002931			
002931	DONNA AROMANDO	WELLNESS CHAMPION 5/21	1,600.00
			1,600.00
002932			
002932	TIMBER CREEK H.S. CAFETERIA ACCT	WELLNESS SNACKS 5/21	240.00
			240.00
002933			
002933	DENNISE JONES	FITNESS FUSION 4/21	420.00
			420.00
002934			
002934	AETNA BEHAVIORAL HEALTH LLC	LEAP 5/21	470.00
			470.00

002935			
002935	LEBANON TOWNSHIP BOE	WELLNESS REIMBURSEMENT 5/21	2,176.00
			2,176.00
002936			
002936	HIGHLAND HIGH SCHOOL CAFETERIA	REIMBURSEMENT 5/21	315.00
			315.00
002937			
002937	NJ ADVANCE MEDIA	ACCT#1000890210 - AD - 4.9.21	5.22
002937	NJ ADVANCE MEDIA	ACCT#1000890281 - AD - 4.9.21	5.22
			10.44
002938			
002938	JAMES FALLON	YOGA 4/21	470.00
002938	JAMES FALLON	YOGA 3/21	570.00
			1,040.00
002939			
002939	LISA CORSEY	WELLNESS CHAMPION 5/21	1,500.00
			1,500.00
002940			
002940	JAMES BOWMAN III	WELLNESS CHAMPION 5/21	500.00
			500.00
002941			
002941	ADVANTA HEALTH SOLUTIONS INC	MARCH ACTIVEFIT 3/21	4,740.00
002941	ADVANTA HEALTH SOLUTIONS INC	MAY ACTIVEFIT 5/11	1,786.00
002941	ADVANTA HEALTH SOLUTIONS INC	ACTIVEFIT MAY 5/21	438.00
002941	ADVANTA HEALTH SOLUTIONS INC	FEBRUARY ACTIVEFIT 2/21	580.00
			7,544.00
002942			
002942	SOUTHAMPTON SCHOOL DISTRICT	PPE REIMBURSEMENT 5/21	4,768.36
			4,768.36
002943			
002943	HOPE TOWNSHIP BOARD OF EDUCATION	WELLNESS REIMBURSEMENT 5/21	199.00
002943	HOPE TOWNSHIP BOARD OF EDUCATION	WELLNESS REIMBURSEMENT 5/21	389.95
			588.95
002944			
002944	BURLINGTON TOWNSHIP FOOD PANTRY	WELLNESS WINNER DONATIONS 5/21	2,000.00
			2,000.00
002945			
002945	VOORHEES TOWNSHIP BOARD OF EDUCATION	WELLNESS COACHES 5/21	1,750.00
002945	VOORHEES TOWNSHIP BOARD OF EDUCATION	WELLNESS REIMBURSEMENT 5/21	450.00
			2,200.00
002946			
002946	SCHOOL DISTRICT OF THE CHATHAMS	WELLNESS REIMBURSEMENT 2020	21,000.00
			21,000.00
002947			
002947	ROBIN T. LEVONDOSKY	WELLNESS CHAMPION 5/21	500.00
			500.00
002948			
002948	WHITE TOWNSHIP BOE	GRANT REIMBURSEMENT 4/21	1,874.95
			1,874.95
002949			
002949	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 5/21	780,822.84
			780,822.84
		Total Payments FY 2020-2021	1,773,104.25
		TOTAL PAYMENTS ALL FUND YEARS	\$1,773,104.25

Chairperson

Attest:

Dated:

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

Treasurer

**SCHOOL HEALTH INSURANCE FUND
DIVIDEND BILLS LIST**

Resolution No. 17-21

MAY 2021

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

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

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

FUND YEAR CLOSED

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002912	BYRAM TOWNSHIP BOE	DIVIDEND 2019	153,731.00
002912			153,731.00
Total Payments FY Closed			153,731.00
TOTAL PAYMENTS ALL FUND YEARS			\$153,731.00

Chairperson

Attest: _____ Dated: _____

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

Treasurer

**SCHOOL HEALTH INSURANCE FUND
SUPPLEMENTAL BILLS LIST**

Resolution No. 17-21

MAY 2021

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

BE IT RESOLVED that the School 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 20-21

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
002889	ARTEMIS HEALTH	VOID	-20,913.42
002950			
002950	CONNER STRONG & BUCKELEW	MEDICAL 5/21	320,469.02
002950	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 5/21	5,734.37
002950	CONNER STRONG & BUCKELEW	RX 5/21	47,044.43
002950	CONNER STRONG & BUCKELEW	DENTAL 5/21	12,135.63
			385,383.45
002951			
002951	CONNER STRONG & BUCKELEW	BROKER FEES 5/21	427,661.69
			427,661.69
		Total Payments FY 20-21	792,131.72
		TOTAL PAYMENTS ALL FUND YEARS	\$792,131.72

Chairperson

Attest:

Dated: _____

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

Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
SCHOOLS HEALTH INSURANCE FUND									
Month		March							
Current Fund Year		2021							
		1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Policy		Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
Year	Coverage	Last Month	March	March	March	March	Reconciled	Variance From	Month
2020	Medical	167,931,462.10	23,864,373.07	0.00	191,795,835.17	0.00	191,795,835.17	167,931,462.10	23,864,373.07
	Dental	2,261,844.95	365,800.59	0.00	2,627,645.54	0.00	2,627,645.54	2,261,844.95	365,800.59
	Rx	22,803,566.07	2,964,390.95	0.00	25,767,957.02	0.00	25,767,957.02	22,803,566.07	2,964,390.95
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	192,996,873.12	27,194,564.61	0.00	220,191,437.73	0.00	220,191,437.73	192,996,873.12	27,194,564.61

SCHOOLS HEALTH INSURANCE FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2021 Month Ending: March										
	Medical	Dental	Rx	Dividend Payable	Med.Adv	Reinsurance	abilization (BO	LFC	Admin	TOTAL
OPEN BALANCE	95,970,016.67	1,307,183.92	17,130,177.50	(627,097.08)	0.00	(853,975.42)	1,908,451.63	0.00	14,513,361.11	129,348,118.33
RECEIPTS										
Assessments	34,973,443.19	462,465.45	4,179,129.48	0.00	0.00	1,100,738.16	0.00	0.00	3,120,028.72	43,835,805.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	69,107.58	896.03	11,520.97	1,830.55	0.00	5.21	1,255.30	0.00	9,546.29	94,161.93
Invest Adj	(0.58)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.58)
Subtotal Invest	69,107.00	896.03	11,520.97	1,830.55	0.00	5.21	1,255.30	0.00	9,546.29	94,161.35
Other *	2,038,958.32	0.00	1,262,611.11	0.00	0.00	0.00	0.00	0.00	0.00	3,301,569.43
TOTAL	37,081,508.51	463,361.48	5,453,261.56	1,830.55	0.00	1,100,743.37	1,255.30	0.00	3,129,575.01	47,231,535.78
EXPENSES										
Claims Transfers	23,864,373.07	365,800.59	2,964,390.95	0.00	0.00	0.00	0.00	0.00	0.00	27,194,564.61
Expenses	0.00	3,323.59	0.00	254,487.00	0.00	756,915.25	0.00	0.00	1,768,876.44	2,783,602.28
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	23,864,373.07	369,124.18	2,964,390.95	254,487.00	0.00	756,915.25	0.00	0.00	1,768,876.44	29,978,166.89
END BALANCE	109,187,152.11	1,401,421.22	19,619,048.11	(879,753.53)	0.00	(510,147.30)	1,909,706.93	0.00	15,874,059.68	146,601,487.22

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS											
SCHOOLS HEALTH INSURANCE FUND											
ALL FUND YEARS COMBINED											
CURRENT MONTH	March										
CURRENT FUND YEAR	2021										
Description:	Republic Bank - General Account	Republic Bank - Expense Account	Republic Bank Investment Account	Ocean First Bank	Wilmington Trust Investment Account	New Jersey Cash Management Investment Account	Parke Bank Investment Account #8626	Parke Bank - Certificate of Deposit #9000618634	William Penn Bank - Money Market Account		
ID Number:											
Maturity (Yrs)								3/13/2022			
Purchase Yield:	0.75	0.75	0.75	0.25	0.01	0.05	0.80	0.90	0.50		
TOTAL for All Accts & instruments											
Opening Cash & Investment Balance	\$129,348,117.74	\$ 5,554,998.06	\$ 108,808.45	#####	\$ 1,087,847.80	\$ 894.80	\$ 88,464.83	\$ 12,036,363.12	\$5,000,000.00	\$ 253,392.20	
Opening Interest Accrual Balance	\$ 0.01	\$ -	\$ -	\$ -	\$ -	\$ 0.01	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
5 Interest Paid - Cash Instr.s	\$94,161.94	\$3,443.46	\$636.91	\$73,679.55	\$231.00	\$0.01	\$3.32	\$8,181.41	\$7,871.73	\$114.55	
6 Interest Paid - Term Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
7 Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8 Net Investment Income	\$94,161.94	\$3,443.46	\$636.91	\$73,679.55	\$231.00	\$0.01	\$3.32	\$8,181.41	\$7,871.73	\$114.55	
9 Deposits - Purchases	\$69,928,848.44	\$47,137,374.43	\$2,783,602.28	\$20,000,000.00	\$0.00	\$0.00	\$0.00	\$7,871.73	\$0.00	\$0.00	
10 (Withdrawals - Sales)	-\$52,769,640.90	-\$49,978,166.89	-\$2,783,602.28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$7,871.73	\$0.00	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$146,601,487.22	\$2,717,649.06	\$109,445.36	\$125,291,028.03	\$1,088,078.80	\$894.81	\$88,468.15	\$12,052,416.26	\$5,000,000.00	\$253,506.75	
Ending Interest Accrual Balance	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$251,081.80	\$0.00	\$251,081.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Balance per Bank	\$146,852,569.02	\$2,717,649.06	\$360,527.16	\$125,291,028.03	\$1,088,078.80	\$894.81	\$88,468.15	\$12,052,416.26	\$5,000,000.00	\$253,506.75	



SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

May 26, 2021



SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2019-2020	# OF EES	PER EE	MEDICAL CLAIMS PAID 2020-2021	# OF EES	PER EE
JULY	\$13,328,939	9,208	\$ 1,448	\$14,230,010	11,287	\$ 1,261
AUGUST	\$13,809,169	9,125	\$ 1,513	\$15,900,571	11,067	\$ 1,437
SEPTEMBER	\$12,760,915	9,314	\$ 1,370	\$18,681,552	11,211	\$ 1,666
OCTOBER	\$15,203,317	9,308	\$ 1,633	\$16,487,889	11,339	\$ 1,454
NOVEMBER	\$12,308,118	9,314	\$ 1,321	\$17,288,537	11,343	\$ 1,524
DECEMBER	\$13,518,336	9,334	\$ 1,448	\$16,700,894	11,329	\$ 1,474
JANUARY	\$13,470,288	9,469	\$ 1,423	\$17,448,884	12,718	\$ 1,372
FEBRUARY	\$12,973,048	9,520	\$ 1,363	\$18,244,698	12,802	\$ 1,425
MARCH	\$14,932,728	9,515	\$ 1,569	\$17,582,043	12,829	\$ 1,370
APRIL	\$10,118,416	9,513	\$ 1,064			
MAY	\$8,317,184	9,511	\$ 874			
JUNE	\$11,827,511	9,504	\$ 1,244			
TOTALS	\$152,567,970			\$152,565,080		
				2020-2021 Avg.	11,769	\$ 1,443
				2019-2020 Avg.	9,386	\$ 1,356

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

Plan Sponsor Unique ID : All
Customer: SCHOOLS HEALTH INSURANCE FUND
Group / Control: 00141839,00169659,00737392,00737419
Subgroup / Suffix: All

Paid Dates: 02/01/2021 - 02/28/2021
Service Dates: 01/01/2011 - 02/28/2021
Line of Business: All
Funding Category: All

Billed Amt	Paid Amt	Diagnosis/Treatment
\$1,652,184.99	\$489,508.05	HEART TRANSPLANT REJECTION
\$625,636.23	\$146,010.97	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
\$123,142.50	\$123,706.69	ANOREXIA NERVOSA, RESTRICTING TYPE
\$697,372.16	\$112,791.28	COVID-19
\$237,616.86	\$103,441.48	MALIGNANT NEOPLASM OF SCAPULA AND LONG BONES
\$473,447.65	\$101,483.37	THORACIC AORTIC ANEURYSM, WITHOUT
\$152,139.00	\$95,286.76	ENCOUNTER FOR ANTINEOPLASTIC
\$521,689.55	\$92,000.00	ENCOUNTER FOR ANTINEOPLASTIC
\$107,645.00	\$87,924.63	VENOUS INSUFFICIENCY (CHRONIC) (PERIPHERAL)
\$161,455.75	\$79,774.78	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
\$168,168.20	\$79,176.62	ACUTE TRANSVERSE MYELITIS IN DEMYELINATING
\$321,565.90	\$76,329.85	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
\$112,798.42	\$74,508.02	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE
\$120,149.00	\$73,233.41	INTERVERTEBRAL DISC DISORDERS WITH
\$230,975.00	\$70,788.03	SECONDARY MALIGNANT NEOPLASM OF BRAIN
\$99,249.24	\$69,868.60	MULTIPLE SCLEROSIS
\$111,795.09	\$69,627.18	BILATERAL PRIMARY OSTEOARTHRITIS OF KNEE
\$137,211.57	\$63,915.55	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
\$130,906.63	\$63,758.49	UNSPECIFIED ABDOMINAL HERNIA WITH OBSTRUCTION,
\$306,399.93	\$60,490.12	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
\$164,543.34	\$60,431.78	UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT HIP
\$86,610.00	\$56,551.76	HEMORRHAGE FROM OTHER SITES IN RESPIRATORY
\$73,112.75	\$53,457.22	DISPLACED TRANSVERSE FRACTURE OF SHAFT OF
\$118,326.49	\$52,386.83	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE
Subtotal:	\$6,934,141.25	\$2,356,451.47

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

Plan Sponsor Unique ID : All
Customer: SCHOOLS HEALTH INSURANCE FUND
Group / Control: 00141839,00169659,00737392,00737419
Subgroup / Suffix: All

Paid Dates: 03/01/2021 - 03/31/2021
Service Dates: 01/01/2011 - 03/31/2021
Line of Business: All
Funding Category: All

Billed Amt	Paid Amt	Diagnosis/Treatment
\$1,238,509.53	\$652,428.45	NONTRAUMATIC INTRACEREBRAL
\$289,703.40	\$183,204.57	NON-ST ELEVATION (NSTEMI) MYOCARDIAL INFARCTION
\$512,367.52	\$173,371.44	ACUTE AND SUBACUTE INFECTIVE ENDOCARDITIS
\$501,473.57	\$156,543.84	SEPSIS, UNSPECIFIED ORGANISM
\$432,076.03	\$151,734.26	SEPSIS, UNSPECIFIED ORGANISM
\$397,990.16	\$145,851.45	VENTRICULAR FIBRILLATION
\$272,754.01	\$119,673.46	INFECTION AND INFLAMMATORY REACTION
\$188,798.23	\$117,353.93	ACUTE MYELOID LEUKEMIA WITH MULTILINEAGE
\$437,143.64	\$106,237.97	COVID-19
\$149,999.00	\$96,454.18	ENCOUNTER FOR OTHER PROCEDURES FOR
\$165,074.84	\$95,615.36	INSTABILITY OF INTERNAL RIGHT KNEE PROSTHESIS,
\$77,433.62	\$71,912.54	AMYOTROPHIC LATERAL SCLEROSIS
\$349,568.26	\$66,364.18	BRACHIAL PLEXUS DISORDERS
\$214,362.55	\$63,800.64	SPINAL STENOSIS, CERVICAL REGION
\$301,001.72	\$63,608.07	COVID-19
\$143,967.41	\$62,566.45	MALIGNANT NEOPLASM OF TONGUE, UNSPECIFIED
\$244,586.55	\$62,525.18	DIVERTICULITIS OF LARGE INTESTINE WITH
\$108,728.80	\$61,391.20	MALIGNANT NEOPLASM OF BASE OF TONGUE
\$87,025.38	\$60,486.43	FEMALE INFERTILITY, UNSPECIFIED
\$97,014.53	\$57,496.27	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
\$60,926.00	\$57,321.50	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
\$87,061.88	\$56,021.00	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF RIGHT
\$382,078.05	\$52,267.78	ST ELEVATION (STEMI) MYOCARDIAL INFARCTION
\$138,358.67	\$50,821.94	POISONING BY 4-AMINOPHENOL
TOTAL:	\$6,878,003.35	\$2,785,052.09



Schools Health Insurance Fund

4/1/20 through 3/31/21 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee July 20 – March 2021

Total Medical Paid per Employee:
\$1,443

Network Discounts

Inpatient:	66.7%
Ambulatory:	67.9%
Physician/Other:	60.9%
TOTAL:	64.9%

Provider Network

% Admissions In-Network:	96.7%
% Physician Office:	96.3%

Aetna Book of Business:
Admissions 97.8%; Physician 91.8%

Top Facilities Utilized (by total Medical Spend)

- Virtua-West Jersey
- University of Pennsylvania
- Cooper
- CHOP
- Morristown Memorial

Claimants Over \$50,000 (January 2021 - March 2021)

Number of Claims Over \$50,000: **118**
Claimants per 1000 members: **3.4**
Avg. Paid per Claimant: **\$112,131**
Percent of Total Paid: **24.6%**

- Aetna BOB- HCC account for an average of 41.2% of total Medical Cost

Teladoc Activity: Jan 20221– March 2021

Total Registrations: **226**
Total Online Visits: **333**
Total Net Claims Savings: **\$56,580**
Total Visits w/ Rx: **197**

Utilization by Age

0-17: 3.6%
18-26: 12.6%
27-30: 11.7%
31-45: 39.0%
46-55: 17.7%
55-65: 12.9%
66+: 2.4%

Mental Health Visits: **46**
Dermatology Visits: **21**

New

Allentown Service Center Performance: Metrics thru April 2021

Customer Service Results

1 st Call Resolution:	95.1%
Abandonment Rate:	2.9%
Avg. Speed of Answer:	69.49 sec

Claims Performance Results

Financial Accuracy:	97.7%
---------------------	-------

(Q4 2020)

90% processed w/in:	5.0 days
95% processed w/in:	7.3 days

Performance Goals

Call Quality:	95%
1 st Call Resolution:	90%
Abandonment Rate less than:	2.5%
Average Speed of Answer:	30 sec

Financial Accuracy:	99%
---------------------	-----

Turnaround Time

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



AmeriHealth®
ADMINISTRATORS




Schools Health Insurance Fund

	Medical Claim 2020-2021	# of EE's 2020-2021	PER EE		Medical Claim 2019-2020	# OF EE'S 2019-2020	PER EE 2019
JULY	\$2,636,206.12	3104	\$849.29	JULY	\$2,243,876.00	3134	\$715.96
AUGUST	\$4,021,019.01	3093	\$1,300.03	AUGUST	\$5,606,458.00	3126	\$1,793.49
SEPTEMBER	\$3,662,263.71	3130	\$1,170.05	SEPTEMBER	\$3,462,796.00	3171	\$1,092.00
OCTOBER	\$5,400,921.75	3124	\$1,728.84	OCTOBER	\$4,764,536.00	3159	\$1,508.00
NOVEMBER	\$3,676,934.35	3113	\$1,181.15	NOVEMBER	\$3,460,031.00	3165	\$1,093.22
DECEMBER	\$5,111,087.09	3102	\$1,647.67	DECEMBER	\$3,045,874.00	3162	\$963.27
JANUARY	\$4,450,033.08	3108	\$1,431.79	JANUARY	\$5,952,694.48	3151	\$1,889.14
FEBRUARY	\$4,149,253.33	3108	\$1,335.02	FEBRUARY	\$4,906,818.27	3162	\$1,549.35
MARCH	\$4,428,494.29	3099	\$1,429.00	MARCH	\$3,426,454.40	3154	\$1,086.38
APRIL	\$5,398,104.55	3100	\$1,741.32	APRIL	\$4,036,179.58	3153	\$1,280.10
MAY				MAY	\$1,968,418.45	3152	\$624.49
JUNE				JUNE	\$6,531,932.47	3156	\$2,069.68
TOTALS	\$42,934,317.28			TOTAL	\$49,406,068.65		
	AVERAGE	3108	\$1,381.42		AVERAGE	3153.75	\$1,305.42



Claimant	Relationship	Paid Amount	Diagnosis
1	Employee	\$225,426	Diseases Of The Urinary System
2	Subscriber	\$127,471	Diseases Of Arteries; Arterioles; And Capillaries
3	Dependent	\$96,859	Anemia
4	Employee	\$84,507	Diseases Of The Heart
5	Dependent	\$78,702	Epilepsy; Convulsions
6	Spouse	\$73,267	Diseases Of The Heart
7	Dependent	\$61,496	Cancer Of Lymphatic And Hematopoietic Tissue
8	Subscriber	\$59,486	Maintenance Chemotherapy; Radiotherapy
9	Spouse	\$54,794	Biliary Tract Disease
10	Spouse	\$50,737	Diseases of the Heart
Total		\$909,173.34	

		<u>Schools HIF</u>					
		Paid Claims 7/1/20-6/30/21					
Average payment per member PMPM 7/1/20- 6/30/21	\$524.15	Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD	
Number of claimants with paid claims over \$50,000 for YTD	132	1st Call Resolution	83.70%	85.21%	85.62%	83.33%	
Total paid on those claimants:	\$16,068,557.99	ASA	124.60	27.06	93.05	47.19	
		Abandonment Rate	7.40%	1.99%	6.74%	2.97%	
Top Facilities Utilized based on paid claims:							
VIRTUA WEST JERSEY HEALTH SYSTEM INC, NJ							
KENNEDY UNIVERSITY HOSPITAL GAC, NJ							
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, PA							
CHILDRENS HOSPITAL OF PHILADELPHIA, PA							
COOPER UNIVERSITY HOSPITAL, NJ							
		Totals	2021 YTD				
		Total Inpatient Admissions	334				
		Total Inpatient Days	1,408				
		Total ER visits	870				
MD LIVE UTILIZATION							
Total Registrations 2021 YTD: 3							
Total Online Visits 2020 : 94							
Member Satisfaction YTD: 93%							
Provider Network							
% Inpatient In- Network: 99.3%							
% Professional providers In-Network: 94.6%							
% Outpatient providers In-Network- 96.1%							



SCHOOLS HEALTH INSURANCE FUND (SHIF) - 0001396696

Claims Incurred between 3/1/2020 and 5/17/2021 and Paid between 3/1/2020 and 5/17/2021

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A , 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, C9803, G2023, G2024, M0239, M0243, M0245, Q0239, Q0243, Q0245, U0001, U0002, U0003, U0004 or a Dx Code of B34.2, B97.29, U07.1, Z11.52, Z20.822

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	29	48	\$20,174.44	\$420.30	\$13.67
1-5	216	366	\$143,353.20	\$391.68	\$17.58
6-18	716	1319	\$241,811.82	\$183.33	\$8.93
19-25	480	1232	\$127,202.23	\$103.25	\$9.94
26-39	946	2297	\$512,137.35	\$222.96	\$22.38
40-64	2035	5305	\$1,576,363.44	\$297.15	\$33.13
65+	155	426	\$311,254.10	\$730.64	\$84.81
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	2049	5191	\$1,084,460.31	\$208.91	\$23.16
Spouse	1071	2766	\$992,426.55	\$358.79	\$36.12
Dependent	1410	3036	\$855,409.72	\$281.76	\$17.34

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	2597	6561	\$1,379,938.96	\$210.32	\$20.76
Male	1933	4432	\$1,552,357.62	\$350.26	\$27.16
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
DE	13	24	\$1,931.98	\$80.50	\$3.96
MA	1	1	\$42.13	\$42.13	\$3.24
NJ	4432	10790	\$2,861,232.38	\$265.17	\$23.77
NY	1	2	\$227.22	\$113.61	\$15.15
PA	83	176	\$68,862.87	\$391.27	\$25.95

Summary by Service Type - Outpatient and Professional Claims

Service Types are Limited to: Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Emergency Room, Pathology (Laboratory), Urgent Care, Retail Clinic, Telemedicine, Office Physician Visit, Other Physician Visit, Emergency Room With Observation Bed, and Observation Bed

SRVC TP DSC	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Emergency Room	161	217	\$221,772.74	\$1,021.99	\$1.79
Emergency Room With Observation Bed	57	60	\$95,947.80	\$1,599.13	\$0.78
Observation Bed	5	5	\$3,869.74	\$773.95	\$0.03
Office Physician Visit	229	261	\$29,298.70	\$112.26	\$0.24
Other Physician Visit	31	36	\$8,078.65	\$224.41	\$0.07
Pathology (Laboratory)	3647	7027	\$641,997.74	\$91.36	\$5.19
Retail Clinic	2	2	\$170.00	\$85.00	\$0.00
Telemedicine	214	271	\$30,271.39	\$111.70	\$0.24
Urgent Care	441	515	\$81,688.01	\$158.62	\$0.66

Inpatient Cost and Utilization by Age Band

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	2	2	2	\$11,668.96	16.80	\$5,834.48	\$7.91	2.00
1-5	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
6-18	2	2	2	\$66,328.57	1.20	\$33,164.29	\$2.45	4.00
19-25	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00
26-39	6	6	6	\$128,428.57	3.60	\$21,404.76	\$5.61	3.00
40-64	19	19	19	\$954,134.82	4.80	\$50,217.62	\$20.06	5.32
65+	4	4	4	\$239,402.35	13.20	\$59,850.59	\$65.23	5.75
Unknown	0	0	0	\$0.00	0.00	\$0.00	\$0.00	0.00

TOP PROVIDERS(TOP 25 BY NET PAYMENT)

PROVIDER NAME	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Virtua West Jersey Health System Inc	905	1646	\$830,469.12	\$504.54	\$6.72
KENNEDY UNIVERSITY HOSPITAL GAC	265	357	\$309,082.19	\$865.78	\$2.50
Labcorp Raritan	1901	2559	\$220,098.45	\$86.01	\$1.78
Childrens Hospital of Philadelphia	83	99	\$187,130.44	\$1,890.21	\$1.51
Inspira Medical Center Mullica Hill	319	488	\$160,192.57	\$328.26	\$1.30
Virtua-Memorial Hospital of Burlington	13	13	\$129,175.93	\$9,936.61	\$1.04
Cooper University Hospital	207	258	\$119,091.79	\$461.60	\$0.96
Virtua Our Lady of Lourdes Hospital	5	6	\$80,210.20	\$13,368.37	\$0.65
GENESIS LABORATORY MANAGEMENT	200	250	\$78,396.78	\$313.59	\$0.63
Quest Diagnostics Inc	622	760	\$71,783.46	\$94.45	\$0.58
Inspira Medical Center Vineland	107	151	\$63,119.83	\$418.01	\$0.51
Capital Health System	5	5	\$61,997.70	\$12,399.54	\$0.50
Hospital of the University of Pennsylvania	17	21	\$44,969.05	\$2,141.38	\$0.36
Virtua Primary Care Cinnaminson at Route 130	34	110	\$41,325.18	\$375.68	\$0.33
St Christopher's Hospital for Children	2	7	\$33,010.52	\$4,715.79	\$0.27
Hackensack University Medical Group	192	253	\$31,499.32	\$124.50	\$0.25
Capital Health System - Fuld	2	2	\$28,175.86	\$14,087.93	\$0.23
PROHEALTH CARE ASSOC LLP	110	121	\$23,650.01	\$195.45	\$0.19
EPA of South Jersey	26	31	\$19,674.39	\$634.66	\$0.16
Alfred I Dupont Institute	8	9	\$19,219.83	\$2,135.54	\$0.16
Minute Clinic Diagnostic of New Jersey LLC	632	833	\$17,786.55	\$21.35	\$0.14
Medical Diagnostic Laboratories LLC	7	77	\$17,451.00	\$226.64	\$0.14
Inspira Medical Center Elmer	9	10	\$15,596.51	\$1,559.65	\$0.13
PM Pediatrics of Livingston	73	83	\$13,560.00	\$163.37	\$0.11
Main Line Health INC	4	6	\$12,926.61	\$2,154.44	\$0.10

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0011A, 0012A, 0031A , 91300, 91301, 91303

AGE BAND	Single Dose Vaccines CLAIMANT COUNT	1st Dose Vaccine CLAIMANT COUNT	2nd Dose Vaccine CLAIMANT COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	0	\$0.00	
1-5	0	0	0	\$0.00	
6-18	1	47	24	\$4,858.27	\$67.48
19-25	0	80	45	\$8,121.34	\$64.97
26-39	3	317	215	\$35,701.83	\$66.73
40-64	10	765	552	\$86,677.53	\$65.32
65+	2	53	40	\$6,516.95	\$68.60
Unknown	0	0	0	\$0.00	

COVID19 Claims for Urgent Care and Retail Clinics Only

Urgent Care

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	1	1	\$165.00	\$165.00
1-5	31	32	\$4,609.00	\$148.68
6-18	77	88	\$13,814.17	\$179.40
19-25	67	92	\$14,476.41	\$216.07
26-39	97	113	\$17,756.91	\$183.06
40-64	164	184	\$30,499.04	\$185.97
65+	5	5	\$367.48	\$73.50
Unknown	0	0	\$0.00	\$0.00

Retail Clinic

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIMANT
<1	0	0	\$0.00	\$0.00
1-5	0	0	\$0.00	\$0.00
6-18	0	0	\$0.00	\$0.00
19-25	0	0	\$0.00	\$0.00
26-39	1	1	\$85.00	\$85.00
40-64	1	1	\$85.00	\$85.00
65+	0	0	\$0.00	\$0.00
Unknown	0	0	\$0.00	\$0.00



EXPRESS SCRIPTS®

School Health Insurance Fund

Total Component/Date of Service (Month)	2019Q7	2019Q8	2019Q9	2019Q3	2019Q10	2019Q11	2019Q12	2019Q4	2020Q1	2020Q2	2020Q3	2020Q1	2020Q4	2020Q5	2020Q6	2020Q2	Jul19-Jun20
Membership	17,109	17,119	17,405	17,251	17,376	17,405	17,171	17,317	17,015	17,220	17,273	17,389	17,288	17,264	17,251	17,267	17,241
Total Days	596,227	597,524	599,822	1,073,573	596,375	548,130	602,622	1,749,127	606,101	570,147	672,469	1,856,747	574,102	553,861	593,028	1,721,051	7,000,468
Total Patients	6,340	6,329	6,235	9,907	6,614	6,482	6,796	10,373	6,996	6,842	6,832	10,967	5,793	5,738	6,119	6,151	12,166
Total Plan Cost	\$2,302,563	\$2,161,544	\$2,212,705	\$6,676,812	\$2,356,577	\$2,240,172	\$2,496,480	\$7,060,229	\$2,397,904	\$2,222,058	\$2,707,223	\$7,327,185	\$2,421,657	\$2,270,596	\$2,463,382	\$7,185,414	\$28,255,640
Generic P/E Rate (SFR) - Total	81.9%	82.1%	82.2%	82.0%	81.5%	83.1%	83.5%	82.7%	84.4%	84.6%	83.1%	84.1%	82.8%	83.5%	83.7%	83.4%	83.1%
Plan Cost PMPM	\$134.58	\$126.27	\$127.11	\$129.31	\$135.62	\$128.88	\$143.64	\$136.01	\$140.90	\$129.04	\$156.73	\$142.25	\$140.09	\$131.52	\$144.52	\$136.71	\$136.57
Total Specialty Plan Cost	\$661,348	\$649,996	\$792,860	\$2,134,204	\$787,145	\$716,045	\$815,237	\$2,318,447	\$832,872	\$733,276	\$920,812	\$2,486,961	\$890,943	\$828,749	\$913,971	\$2,033,063	\$9,576,276
Specialty % of Total Specialty Plan Cost	30.0%	30.1%	35.8%	32.0%	33.4%	31.9%	33.1%	32.8%	34.7%	33.0%	34.1%	34.0%	36.8%	36.5%	36.7%	36.7%	33.9%

Total Component/Date of Service (Month)	2020Q7	2020Q8	2020Q9	2020Q3	2020Q10	2020Q11	2020Q12	2020Q4	2021Q1	2021Q2	2021Q3	2021Q1	2021Q4	2021Q5	2021Q6	2021Q2	Jul20-Jun21
Membership	18,915	18,770	18,990	18,892	19,733	19,723	19,888	19,714	20,884	21,174	21,272	21,343	21,235				
Total Days	646,762	642,853	615,656	1,905,271	673,374	648,751	710,470	2,033,595	685,712	648,068	787,172	2,120,892	502,448				
Total Patients	6,518	6,438	6,373	10,328	6,826	6,590	6,750	10,503	7,840	6,972	7,787	11,256	6,068				
Total Plan Cost	\$2,988,180	\$2,570,588	\$2,492,716	\$8,051,482	\$2,911,109	\$2,664,175	\$2,879,808	\$8,455,093	\$2,988,823	\$2,584,900	\$3,442,147	\$9,015,509	\$2,000,566				
Generic P/E Rate (SFR) - Total	83.9%	83.3%	82.2%	83.2%	81.2%	83.5%	83.8%	82.8%	84.7%	84.9%	83.8%	84.4%	83.8%				
Plan Cost PMPM	\$157.98	\$136.95	\$131.26	\$142.08	\$147.52	\$135.08	\$146.29	\$142.96	\$142.40	\$122.08	\$161.82	\$142.13	\$94.21				
% Change Plan Cost PMPM	16.7%	7.6%	2.8%	9.2%	8.3%	4.0%	1.7%	4.9%	0.4%	-5.4%	3.0%	-0.4%	-33.0%				
Total Specialty Plan Cost	\$1,115,455	\$849,837	\$897,512	\$2,862,904	\$918,749	\$901,580	\$925,305	\$2,745,695	\$973,599	\$850,403	\$1,239,991	\$3,003,992	\$475,358				
Specialty % of Total Specialty Plan Cost	37.3%	33.1%	36.0%	35.8%	31.6%	33.8%	32.1%	32.5%	32.6%	32.9%	36.0%	34.0%	23.8%				

Fiscal Year	PMPM
Jul 2019 - Mar 2020	\$142.25
Jul 2020 - Mar 2021	\$142.13
Trend: 2020 - Mar 2021	Jul -0.4%

Date Class: Confidential



Dental Action Report

Brian Remlinger
Account Manager
bremlinger@deltadentalnj.com

9,765 Members were
continuously enrolled
Q1 2020 - Q4 2020

National Benchmark
Your Oral Health Score:
63/100
78th Percentile
National benchmark data
comes from Healthentic's
database of over 50 million
members from all 50 states

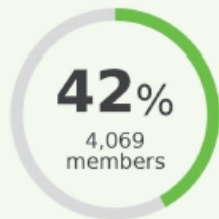
Peer Comparison

Your peers are 29 groups
similar to your own,
nationwide:

- Insurance Carriers and
Related Activities
- 2500+ members



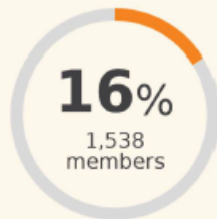
Healthy



Peers 40%
5% above peers

These members had
preventive care only

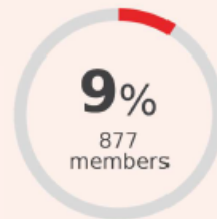
Moderate



Peers 15%
7% above peers

These members primarily had
preventive care and treatment

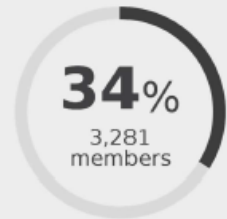
Serious



Peers 10%
10% below peers

These members had emergency
care only or extensive care

No Visit



Peers 33%
3% above peers

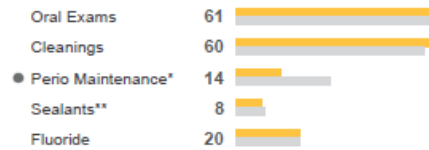
These members had no
dental claims

Oral Health Indicators

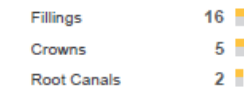
Type of Service

% of Members With Care

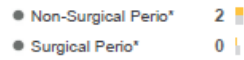
Healthy Behaviors



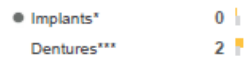
Tooth Decay



Gum Disease

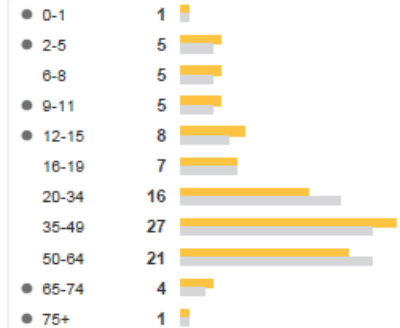


Tooth Loss



Age

% of Members



■ Your Group ■ Peers

● Indicates ≥ 20% above or below peers

*Age 20+ **Age 6-19 ***Age 50+

**SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
MAY 26, 2021**

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.

Motion _____ **Second** _____

Resolution 7-21: Professional Services Contract Award	Page 53
Resolution 8-21: EUS Contract Award	Page 55
Resolution 9-21: Appointing Agent for Process of Service.....	Page 57
Resolution 10-21: Appointing Fund Newspapers.....	Page 58
Resolution 11-21: 2021-2022 Meeting Dates	Page 59
Resolution 12-21: Cash Management Plan	Page 61
Resolution 13-21: Risk Management Plan	Page 65
Resolution 14-21: Compensating Producers	Page 77
Resolution 15-21: Authorizing Treasurer for Contracted Payments	Page 90
Resolution 16-21: New Member Approval.....	Page 91
Resolution 17-21: April and May 2021 Bills List.....	Page 92

RESOLUTION 7-21

RESOLUTION AUTHORIZING PROFESSIONAL SERVICES FOR ACTUARY, ATTORNEY, AUDITOR AND TREASURER

WHEREAS, the Schools 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 Board of Trustees has deemed it necessary and appropriate to obtain professional Actuary, Attorney, Auditor, and Treasurer services and issued a publicly advertised Request for Proposals for this purpose; and

WHEREAS, five proposals were received: Actuarial Solutions (Actuary), Ken Harris Law (Attorney), Bowman & Company (Auditor), Holman Frenia Allison PC (Auditor) , Verrill & Verrill LLC (Treasurer); and

WHEREAS, the Board of Trustees has reviewed the submissions in accordance with the advertised evaluation criteria and has determined that Actuarial Solutions, Ken Harris Law, Bowman & Company and Verrill & Verrill LLC best meet the advertised criteria and have the requisite experience and qualifications required by the Fund and recommends an award of contract be made to these professionals for a term of 24 Months commencing July 1, 2021 to June 30, 2023 and

WHEREAS, Actuarial Solutions is willing and able to provide said services for a term of 12 months at the rate of \$29,750 from July 1, 2021 – June 30, 2022,

WHEREAS, Ken Harris Law is willing and able to provide said services for a term of 12 months at the rate of \$37,233 from July 1, 2021 – June 30, 2022,

WHEREAS, Bowman & Company is willing and able to provide said services for a term of 12 months at the rate of \$19,800 from July 1, 2021 – June 30, 2022,

WHEREAS, Verrill & Verrill LLC is willing and able to provide said services for a term of 12 months at the rate of \$25,910 from July 1, 2021 – June 30, 2022,

WHEREAS, funding for this purpose will be made available and within future budgets established by the Fund for this purpose; and

WHEREAS, these professional services are authorized pursuant to the Local Public Contracts Law, N.J.S.A. 40A:11-5(1)(a)(i); now, therefore

BE IT RESOLVED by the Schools Health Insurance Fund that, contingent upon the funding as described herein, the proper Fund officials be and are hereby authorized to execute all documents necessary to affect an agreement with Actuarial Solutions, Ken Harris Law, Bowman & Company and Verrill & Verrill, LLC and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund's official newspapers in accordance with law and that notice of this action along with a completed contract shall be filed with the New Jersey Department of Banking and Insurance and the New Jersey Department of Community Affairs.

ADOPTED: MAY 26, 2021

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 8-21

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION AWARD OF CONTRACT
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

WHEREAS, the Schools 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 Board of Trustees of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

WHEREAS, the Board of Trustees resolves to award a contract for certain Fund services in accordance with N.J.S.A 18A:18A-5(a)(10) and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

NOW, THEREFORE, BE IT RESOLVED that the following insurance contracts be awarded for the periods of July 1, 2021 through June 30, 2024:

**PERMA Risk Management Services (a Subsidy of Conner Strong & Buckelew)
Fund Administrator / Executive Director**

July 1, 2021 – June 30, 2022 - \$8.67 per employee per month

**Conner Strong & Buckelew Companies, LLC
Fund Program Manager**

July 1, 2021 through June 30, 2022 - \$19.70 per employee per month for medical, \$.35 per employee per month for health care reform compliance, \$2.67 per employee per month for dental, \$5.97 per employee per month for Rx, \$.50 per employee per month for data warehousing

In addition to the above, the Program Manager shall be compensated at a rate of \$22.50 per employee for new member set up and \$550 per new plan document produced.

In addition, the Program Manager will be compensated for the Guardian Nurse Disease & Case Management Program at the rate of \$210,000 annual per nurse for the period of July 1, 2021 – June 30, 2022 and \$10,000 administrative expenses in relation to the Guardian Nurse program per annum.

BE IT FURTHER RESOLVED that contracts providing the specified services will be on file in the Fund’s office, located at 9 Campus Drive – Suite 216, Parsippany, NJ 07054; and

BE IT FURTHER RESOLVED that notice of this action shall be advertised in the Fund's official newspapers in accordance with law and notice of this action along with completed contracts shall be filed with the New Jersey Department of Banking and Insurance, the New Jersey Department of Community Affairs, and the New Jersey Office of the Comptroller.

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 9-21

**SCHOOLS HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2021-2022**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2021-2022 or until its successor has be appointed and qualified.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 10-21

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2021-2022**

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that the Courier Post, The Star Ledger, and the Trenton Times are hereby designated as the official newspapers for the Schools Health Insurance Fund for the year 2021-2022 and that all official notices required to be published shall be published in said newspapers and on the Fund Website (www.schoolshif.com)

BE IT FURTHER RESOLVED that in the case of special meetings or emergency meetings, the Secretary of the Schools Health Insurance Fund shall give notice of said meetings to these same outlets.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 11-21

**SCHOOLS HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2021-2022**

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

WHEREAS, pursuant to Executive Order Number 103 dated March 9, 2020, Governor Murphy declared a Public Health Emergency and a State of Emergency in New Jersey. On March 20, 2020 P.L. 2020 Chapter 11 amended the Open Public Meetings Act to allow local public bodies to conduct Remote Public Meetings by use of electronic communications technology during a period declared as a Public Health Emergency or a State of Emergency.

WHEREAS, a local public body may hold a remote public meeting to conduct public business during a declared emergency if the emergency reasonably prevents a local public body from safely conducting public business at a physical location with members of the public present.

WHEREAS, a declared State of Emergency currently exists which reasonably prevents the Schools Health Insurance Fund (the "Fund") from safely conducting public business at a physical location with members of the public present so until further notice is provided, and in lieu of the public meetings that would be held on the dates and locations set forth below, the Fund will conduct a remote public meeting on the dates and times set forth below and the public shall have the opportunity to participate in the meeting in the same capacities as members and staff of the Fund.

NOW THEREFORE BE IT RESOLVED, by the Board of Trustees of the Schools Health Insurance Fund, that the Fund shall hold remote public meetings during the year 2021-2022 while a declared State of Emergency exists on the dates and times set forth below and once State of Emergency no longer exists, at the following location:

July 28, 2021	12:00 PM	Moorestown Community House
September 22, 2021	12:00 PM	Moorestown Community House
December 1, 2021	12:00 PM	Moorestown Community House
January 26, 2022	12:00 PM	Moorestown Community House
February 23, 2022	12:00 PM	Moorestown Community House
March 30, 2022	12:00 PM	Moorestown Community House **5 th Wednesday
May 25, 2022	12:00 PM	Moorestown Community House

BE IT FURTHER RESOLVED that the public can find information about how to access the remote public meeting at the following link: <https://www.schoolshif.com/meeting-information/>

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Courier Post, the Times of Trenton and the Star Ledger and listed on the Fund Website (www.schoolshif.com)

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN**

2021/2022 CASH MANAGEMENT AND INVESTMENT POLICY

1.) **Cash Management and Investment Objectives**

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

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

2.) **Permissible Investments**

Investments shall be limited to the following:

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

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

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

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

3.) **Authorized Depositories**

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

TD Bank
Wells Fargo Bank
Investors Bank
Parke Bank
Republic Bank
William Penn Bank
Ocean First Bank
South Jersey Federal Credit Union

The FUND is also authorized to invest its assets in the New Jersey Cash Management Fund.

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) **Safekeeping**

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

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

Asset managers, custodial banks and operating banks shall be retained for contract periods of one (1) year. Additionally, the FUND shall maintain the ability to change asset managers and/or custodial banks more frequently based upon performance appraisals and upon reasonable notice, and based upon changes in policy or procedures.

8.) **Reporting**

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

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

9.) **Audit**

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

10.) **Cash Flow Projections**

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

11.) **Cash Management**

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

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

- a.) The Treasurer endorses the check to the Fund and deposits it into the Fund account.

- b.) The Treasurer notifies the payer and requests that in the future any check be made payable to the Fund.

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

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

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

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

The Treasurer will notify groups that are delinquent by more than 60 days via a letter including the Fund Year cash transactions and specify amount due.

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

If a group has a delinquent balance greater than 120 days, the Treasurer will notify the Executive Director who may reduce member's closed year balance account by the delinquency.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

SCHOOLS HEALTH INSURANCE FUND

2021/2022 RISK MANAGEMENT PLAN

Effective: July 1, 2021

Adopted: May 27, 2021

The **RISK MANAGEMENT PLAN** for the Schools Health Insurance Fund (the “SHIF”), for the SHIF Year beginning July 1, 2021 and ending on June 30, 2022 shall be as set forth below:

1.) COVERAGE OFFERED

- Medical

The medical plans offered by the SHIF include standard “preferred provider organization”, “traditional”, “point of services”, “tiered”, and “health maintenance organization” plan designs and such other plan designs as approved by the Board of Trustees and the Commissioner of the Department of Banking and Insurance. These plans have both in network and out of network benefits and are customized to the needs and specifications of the members. The SHIF also offers “low cost plans” to allow members options to comply with contribution requirements under Chapter 78. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program and a Consumer Directed Health Plan and those plans required under chapter 44. The SHIF will also offer Medicare Advantage programs for retirees.

- Dental

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

- Prescription

The SHIF offers customized prescription plans as required by the members including plans that are coordinated with the low cost medical plans.

- Vision

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

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and plan design.

3.) RISK RETAINED BY THE SHIF

Medical and Prescription

Specific Coverage: The fund self-insures for the first \$475,000 of any medical or Prescription Drug claim per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund "MRHIF" for claims in excess of its Self-Insured Retention "SIR" to an Unlimited maximum per contract year (Incurred in 12 months and Paid in 24 months)

Medical and Dental Aggregate Coverage-None- Self-Insured with Risk retained by SHIF

Dental Aggregate Retention: None - Self insured with risk retained by SHIF

Vision Aggregate Retention: None - Self insured with risk retained by SHIF

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The SHIF complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the SHIF Year. 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 SHIF Year. This accrual is periodically adjusted, but not less frequently than annually, in accordance with the actuary's certifications.

5.) METHODS OF ASSESSING CONTRIBUTIONS TO MEMBERS

At least one month before the end of the SHIF Year, the SHIF adopts a budget for the upcoming year based on the most recent census, the claims experience for the current SHIF Year and other applicable accounting and actuarial factors. Per employee rates are computed for each line of coverage for each SHIF member, and are approved by the SHIF as a part of the budget adoption process. These rates are used to compute the monthly assessment for each member of the SHIF members based on the updated census, and monthly billings are mailed to the SHIF members approximately 15 days before the beginning of the month. 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) are billed directly by the SHIF.

Members that renew on July 1 have the option of taking a payment deferment by paying their June assessment in the subsequent month of July. Members that renew on January 1 have the option of taking a payment deferment by paying their December assessment in the subsequent month of January. Members that choose to take such deferments shall advise the SHIF Executive Director's office in writing at least one month prior to taking the deferment

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

The SHIF provides coverage on a self-insured basis, and secures excess insurance to cap the SHIFs' specific (i.e. per enrolled covered person per policy year) retention. The SHIF is a member of the Municipal Reinsurance Health Insurance Fund (MRHIF). The MRHIF retains claims above the SHIF'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. The MRHIF also has the ability to purchase an aggregating specific excess insurance policy on behalf of the SHIF and the other members.

7.) REINSURANCE

SHIF provides for reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund.

8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES

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

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

The actuary then recommends a relativity factor to either the SHIF's base rates or to the rates being paid by the entity. The Board of Trustees of the SHIF must approve the rates recommended by the actuary before the prospective member is approved for membership in the SHIF.

In some cases, prospective members are offered entry rates of up to eighteen (18) months to allow for the alignment of renewals with the fiscal years of the SHIF or of the entity. In such cases, an additional reserve of surplus is considered as part of the dividend declaration process to provide additional protection for the SHIF.

To manage potential volatility that could result from rapid growth, the SHIF:

- limits growth in medical membership to 20% of the prior year's medical enrollment;
- limits growth in counties outside of its traditional footprint (Camden, Gloucester, and Burlington) and outside the counties of Sussex (9 current members), Hunterdon (5 current members), and Warren (7 current members) to 5% of the prior year's enrollment;
- prohibits cross subsidization of rates between new members; and
- requires new members to use all Rx utilization management standards adopted by the SHIF.

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

Rates for all members are adjusted at the beginning of each SHIF year to reflect the new budget. The adjustment reflects the overall cash flow needs of the SHIF, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The SHIF may implement individual entity loss ratio adjustments based upon recommendations from the SHIF actuary. The SHIF may also adopt mid-year rate changes to reflect changes in plan design, participation in lines of coverage, utilization management, or a budget amendment. Additionally, if a member terminates a line of coverage but continues membership for other lines of coverage, the rates for the other lines of coverage may be adjusted and the member shall not be eligible for membership in the dropped line of coverage for a three (3) year period.

Loss experience data used by the SHIF to determine loss ratio adjustments will be made available no more frequently than twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three (3) year period including de-identified specific claims at 50% of the SHIF's self-insured retention. Requests for additional claims data from SHIF members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the SHIF or its vendors for data extraction and formatting costs.

As part of the renewal process, the Board of Trustees shall, at least annually, review surplus retention objectives and status.

Additionally, claims agents shall formally report to the SHIF at least annually on network contract changes and the potential financial impact of such changes on the prospective charges and fees.

9.) RATING PERIODS

Rating periods for school board members generally coincide with the SHIF fiscal year but customized rating periods can be offered to members.

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

Unless otherwise authorized as part of the offer of membership, when a member joins during a SHIF year, the member's initial rates are only valid through the end of the then current SHIF year at which time the rates are adjusted for all members to reflect the new budget.

11.) TERMINATION OF MEMBERSHIP

Former members of the SHIF cannot rejoin the SHIF for a period of three (3) years after the date of the termination of their membership in the SHIF.

12.) PROVISION FOR PLAN ALTERNATIVES

The SHIF offers employees the option of selecting various PPO/POS, tiered option plans and other plan designs dependent upon the collective bargaining agreements applicable that member. Generally, it is the policy of the SHIF to encourage selection of POS and other cost saving plan

designs as opposed to traditional indemnity plans, and the SHIF provides promotional material to assist members in employee communication programs concerning optional plan designs.

13.) OPEN ENROLLMENT PROCEDURES

All members have an open enrollment period no later than the first month of their joining the SHIF. Participating employees also have an annual open enrollment with changes effective at the beginning of the SHIF Year.

14.) COBRA AND CONVERSION OPTIONS

The SHIF provides COBRA coverage at a rate equal to the member's current rate and benefit plan design, plus the appropriate administrative charge. The SHIF 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 SHIF provides a conversion option at rates established by the SHIF. Unless otherwise specified in the member's plan document, the conversion option duplicates the conversion option offered by the SEHBP. The SHIF's coverage for individuals covered under COBRA or conversion options shall terminate effective the date the member withdraws from the SHIF, or otherwise ceases to be a member of the SHIF or in the event of nonpayment of applicable charges.

15.) DISCLOSURE OF BENEFIT LIMITS

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

16.) 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 SHIF or confer any additional rights to the employees. Where the SHIF 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.

17.) RETIREES

The SHIF duplicates coverage for eligible retirees and uses the rates established by the SHIF actuary. The SHIF's coverage of a retiree shall terminate effective the date the member local unit withdraws from the SHIF, or otherwise ceases to be a member of the SHIF or in the event of nonpayment of applicable charges.

18.) 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 sixty (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).”

19.) PLAN DOCUMENT

The SHIF prepares a plan document and benefit plan booklets 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 coverage may be changed;
- When coverage ends;
- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

- Definitions;
- Description of each benefit, inclusive of;

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

C.) Claims Procedures

- Submission of claim. In accordance with plan document.
- Proof of loss. In accordance with plan document

- Appeal procedures. Shall be in accordance with applicable law. See Plan Document and SHIF Risk Management Plan and Bylaws

D.) Cost Containment Programs – In accordance with plan document.

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

20.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE SHIF.

PROVIDED IN EACH PLAN DOCUMENT

21.) PROCEDURES FOR THE CLOSURE OF SHIF FUND YEARS

Approximately six months after the end of a SHIF year, the SHIF 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 SHIF begins to consider closing the year, unless excess insurance recoveries are pending or litigation is likely. The SHIF has determined that maintaining and retaining a surplus equal to two and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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

- A reserve is established by the actuary to cover any unpaid claims or IBNR
- The SHIF decides on the final dividend or supplemental assessment.
- A closure resolution is adopted transferring all remaining assets and liabilities of that SHIF year to the “Closed SHIF Year/Contingency Account”.
- Each member’s pro rata share of the residual assets are computed and added to its existing balance in the Closed SHIF Year/Contingency Account.
- Any member that has withdrawn from the SHIF shall receive its remaining share of the Closed SHIF Year/Contingency Account on the following schedule:
 - 3rd year after withdrawal – 25% of balance
 - 4th year after withdrawal – 25% of balance
 - 5th year after withdrawal – 25% of balance

- 6th year after withdrawal – Remaining balance

22.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

1. The SHIF Treasurer may issue checks or initiate wire transfers in payment of medical, Rx, and dental claims, as submitted by the third party administrator responsible for handling the SHIF's claims, as necessary in order to fulfill the SHIF's claim funding obligations under the applicable service provider contract between the SHIF and the third party administrator. The certifying and approving officer shall prepare a report of all claims approved by him or her in aggregate by year and line of coverage. This report shall be submitted to the Board of Trustees of the SHIF at their next scheduled meeting. The Board of Trustees shall review and approve the actions of the certifying and approving officer. In the event claims approved and paid by the certifying and approving officer is not approved by the Board of Trustees, they shall direct appropriate action to be taken.

2. Delta Dental shall issue checks for the payment of dental claims in the amount of \$.0 to \$5,000 on the adjudication and signature solely of duly authorized Delta Dental personnel.

3. All dental claims, if any, in excess of \$5,000 shall require the approval, at a regularly scheduled meeting, of the Board of Trustees of the SHIF after obtaining appropriate certifications and making such other inquiries as are reasonable. Checks issued pursuant to any such approval shall be countersigned by a duly authorized representative of the Executive Director.

4. The terms "claims" as herein utilized shall refer to the issuance of any particular check, provided however that no bills shall be split for the purpose of avoiding the requirements hereof.

5. In addition to the claim payment procedure, Delta Dental shall also notify the Board of Trustees in writing whenever the cumulative payments to any covered person for a single illness or injury (including related illnesses and injuries) exceeds \$30,000.

23.) "RUN-IN" or "RUN-OUT" LIABILITY

The SHIF covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former SHIF member during the period it was a member. Upon approval of the Board of Trustees, the SHIF 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 SHIF). When the SHIF covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the SHIF's actuary and approved by the Board of Trustees. The assessment shall be paid entirely within the SHIF Year the member joined the SHIF.

24.) CLAIM AUDIT

The SHIF retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first SHIF Year after the SHIF's inception and at least once

every three (3) years thereafter. The SHIF can conduct this audit on its own, or in a cooperative effort with other health joint insurance funds through the Municipal Reinsurance Health Insurance Fund.

25.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
 - The TPA shall provide the Program Manager, Executive Director and the SHIF Attorney with a copy of the memo, which has been prepared concerning the appeal.
 - The TPA, Program Manager, Executive Director and SHIF Attorney shall confer concerning the merits of an appeal and they shall render a decision concerning the appeal provided that the appeal is
 - (a) In an amount not greater than \$5,000.00 and/or
 - (b) Has been reviewed and recommended for approval by an independent, third party medical review consultant.
- If the decision of the TPA, Program Manager, Executive Director and SHIF Attorney is to pay the claim, then the TPA is hereby authorized to issue the necessary check in payment of the claim.
- The Board of Trustees of the SHIF shall formally confirm the decision of the TPA, Program Manager, Executive Director and SHIF Attorney to pay the claim and ratify the payment issued pursuant to that decision at the next meeting of the Board of Trustees.
- If the decision of the TPA, Program Manager, Executive Director and SHIF Attorney is to deny the 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 SHIF'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 the 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 by the IRO if (i) the claimant is not 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 or (iii) the claimant is not eligible due to the benefit/coverage being an excluded benefit or not included as a covered benefit. 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 SHIF 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 SHIF subject to the claimant's right to seek judicial review of the same; and
- (vi) that the claimant may contract the New Jersey health insurance consumer assistance office at NJ Department of Banking and Insurance, 20 West State Street, PO Box 329, Trenton, NJ 08625, phone (800) 446-7467 or (888) 393-1062 (appeals) website: <http://www.state.nj.us/dobi/consumer.htm> e-mail address: ombudsman@dobi.state.nj.us/

26.) 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.

27.) 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 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th 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 16th and the 31st of the month.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

**SCHOOLS HEALTH INSURANCE FUND
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO
N.J.S.A. 17:22A-1 ET SEQ**

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

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

NOW THEREFORE BE IT RESOLVED, that the Schools Health Insurance Fund establishes the following producer plan for 2021-2022;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager using the form of contract promulgated by the Program Manager and is attached in hereto.
3. The following compensation levels are approved for 2021-2022 per entity:

MEMBER ENTITY	PER EMPLOYEE PER MONTH BROKER FEE
Woodbury Heights BOE	\$12.27
Moorestown Twp Public Schools	\$13.39
Swedesboro-Woolwich BOE	\$13.64
South Harrison BOE	\$14.77
Lenape Regional High School	\$17.22
Sparta BOE	\$17.79
Evesham Twp BOE	\$19.56
Woodbury City BOE	\$20.06
Burlington Township BOE	\$22.47
Glen Ridge Public Schools	\$22.58
Berlin Borough BOE	\$25.16
Burlington City BOE	\$25.82
MT. Holly Township BOE	\$27.74
Mount Laurel Township Schools	\$29.63
Logan Township BOE	\$35.41
Lumberton Township BOE	\$41.79
Cinnaminson Township BOE	\$45.38
East Greenwich BOE	\$45.38
Medford Lakes BOE	\$45.38
Riverside Township BOE	\$45.38
Southampton Township BOE	\$45.38
Blairstown BOE	\$46.08
Byram Township BOE	\$46.08
Clayton BOE	\$46.08
Fredon Township BOE	\$46.08
Frelinghuysen Township BOE	\$46.08
Greenwich Township BOE	\$46.08
Hardyston Township BOE	\$46.08
Harrison Township BOE	\$46.08
High Point Regional BOE	\$46.08
Jamesburg BOE	\$46.08
Lenape Valley Regional BOE	\$46.08
Mansfield Township BOE	\$46.08
Maple Township BOE	\$46.08
Newton BOE	\$46.08
Northern Burlington County Regional School Distr	\$46.08
Pohatcong Township BOE	\$46.08
Washington Borough BOE	\$46.08
White Township BOE	\$46.08
Glassboro BOE	\$46.30
Foundation Academy Charter School	\$47.79
Eastern Camden County School District	\$51.50
Franklin Township Public Schools (GC)	\$51.50
Mendham Township BOE	\$51.50
Oxford Central School	\$51.50
Alexandria Township BOE	\$53.01

Bethlehem Township School District	\$53.01
Chathams School District	\$53.01
Chesterfield BOE	\$53.01
Eatontown BOE	\$53.01
Franklin Township School District	\$53.01
Gloucester City BOE	\$53.01
Hope Township School District	\$53.01
Hunterdon Central Regional HS BOE	\$53.01
Lebanon Township BOE	\$53.01
Ogdensburgh Borough School District	\$53.01
Woodland Township BOE	\$46.08
Paulsboro Public Schools	\$53.39
Mantua Township BOE	\$55.12
Medford Township BOE	\$55.71
Sandyston-Walpack Consolidated School District	\$56.53
Florence Township BOE	\$57.61
Springfield Township BOE	\$57.78
Colts Neck Township BOE	\$58.06
Mendham Borough School District	\$60.83
Califon BOE	\$68.34
Pinelands Regional School District	\$70.72
Stillwater Township BOE	\$74.06
Shamong BOE	\$46.08
Ramapo Indian Hills BOE	\$16.08
Plumsted BOE	\$54.49
Hanover Park BOE	\$69.38
Lindenwold BOE	\$53.01
Clearview BOE	\$46.08
Pennsauken BOE	\$25.87

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

5.Monthly payments for sub-producers shall be made to the appointed Program Manager who shall in turn pay each sub-producer.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 26, 2021

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

**Benefit Risk Manager Agreement
Between
Conner Strong & Buckelew Companies, LLC**

and

This agreement is entered into between Connor Strong & Buckelew Companies, LLC. TRIAD1828 CENTRE 2 Cooper St Camden, NJ, PO Box 99106 Camden, NJ 08101 (“CSB”) and _____, _____, (“Benefits Risk Manager” or “BRM”), on this ____ day of _____, 2021.

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

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

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

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

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

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

I. SERVICES OF BENEFIT RISK MANAGER:

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

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

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

II. TERM

The term of this agreement shall commence on July 1, 2021, and shall continue through June 30, 2022, and shall renew in accordance with the terms and conditions of this Agreement unless terminated earlier in accordance with this Agreement, or if CSB has not been reappointed as Program Manager for the Fund or BRM has not been reappointed by the member.

III. COMPENSATION

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

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

in Exhibit C.

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

IV. RELATIONSHIP OF PARTIES

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

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

V. INSURANCE

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

1. Comprehensive General Liability: Minimum limit of liability per occurrence of \$1,000,000/2,000,000 CSL for bodily Injury, property damage, personal injury.
2. Professional Liability Insurance (Errors and Omissions): A minimum limit of liability of \$1,000,000/10,000,000 aggregate.
3. Workers' Compensation: Statutory - \$100,000/\$500,000/\$100,000 Employers' liability.
4. Automobile liability: \$1,000,000 covering all owned/non-owned, and hired automobiles per occurrence.

Copies of BRM's license and certificates of insurance shall be provided to CSB upon the execution of this Agreement, upon any renewals of this Agreement and at such times as requested. Failure by BRM to supply such written evidence shall be considered as a default of this Agreement. BRM shall name CSB as an "additional named insured" on any certificate of insurance.

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

VI. TERMINATION

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

B. CSB and the Fund shall have the right to terminate the Agreement immediately, without prior notice, in the event of any misconduct by BRM which CSB or the Fund determine, in their sole discretion, that

BRM has failed to comply with any by-law or other rule of the Fund or any term of this Agreement.

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

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

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

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

VII. CONFIDENTIAL INFORMATION

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

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

VIII. NON-DISPARAGEMENT

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

IX. INDEMNIFICATION

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

X. AFFIRMATIVE ACTION

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

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

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

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

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

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

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

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

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

XI. OWNERSHIP OF RECORDS

A. All records and data of any kind relating to the Fund shall belong to the Fund, and be surrendered to the Fund upon expiration or termination of this Agreement. Notwithstanding the foregoing, BRM shall be entitled to maintain one (1) copy of all files to the extent such retention is

required by law. For purposes of clarification, continued maintenance of any such records required by law shall also be subject to the confidentiality provisions of this Agreement.

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

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

XII. REMEDIES IN EVENT OF BREACH

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

XIII. MISCELLANEOUS

A. **Governing Law.** This Agreement shall be construed in accordance with and governed in all respects, whether as to validity, construction, capacity performance, or otherwise by the laws of the State of New Jersey. Any litigation arising out of and/or related to this Agreement shall be filed exclusively in the State and/or Federal Courts of Burlington County, New Jersey.

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

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

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

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

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

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

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

If to BRM, to:

If to CSB, to:
General Counsel
Conner Strong & Buckelew Companies, LLC.
TRIAD1828 CENTRE
2 Cooper St Camden NJ, 08101
PO BOX 99106
Camden NJ, 08101

and to such other or additional persons as either party shall have designated to the other party in writing by like notice.

H. **Entire Agreement** This Agreement constitutes the entire agreement and understanding of the parties and cannot be modified or changed unless both parties agree in writing. This Agreement supersedes and terminates any oral or written agreements which were in existence between the parties prior to the date of the Agreement.

I. **Captions.** The captions or paragraph headings contained in this Agreement are solely for purpose of convenience and shall not be deemed part of the Agreement for the purpose of construing the meaning thereof or for any other purpose.

J. **Modification.** No modification of this Agreement shall be valid or binding unless the modification be in writing and executed by CSB and BRM.

K. **Indemnity and Trust Agreement.** Each group must return a fully executed Indemnity and Trust Agreement to the Fund every three (3) years. In the event that this agreement is outstanding more than 60 days, CSB may withhold compensation to the BRM until the agreement is received.

IN WITNESS WHEREOF, this Agreement has been executed on this _____
_____ 2021 for the purposes and term specified herein.

Connor Strong & Buckelew Companies, LLC

Print Name

Print Name

Attest:_____

Attest:_____

EXHIBIT A

Member local governmental unit(s) Fund Member(s), desiring _____ to perform professional services as outlined in this Agreement: This fee is calculated on the aggregate membership of the group for the lines of coverage within the Fund as of July 1, 2021. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

RESOLUTION NO. 15-21

**SCHOOLS HEALTH INSURANCE FUND
AUTHORIZING FUND TREASURER TO PROCESS
CONTRACTED PAYMENTS AND EXPENSES**

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

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

BE IT RESOLVED by the Board of Trustees of the Schools Health Insurance Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2021-2022.

BE IT FURTHER RESOLVED that the Board of Trustees of the Schools Health Insurance Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

ADOPTED by Schools Health Insurance Fund at a properly noticed meeting held on May 26, 2021.

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 16-21

**SCHOOLS HEALTH INSURANCE FUND
RESOLUTION TO OFFER MEMBERSHIP**

WHEREAS, a number of local boards of education in the State of New Jersey have joined together to form a School Board Joint Insurance Fund, under the name of the Schools Health Insurance Fund (the "Fund"), as permitted by law; and

WHEREAS, the Fund held a Public Meeting on **May 26, 2021** 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 entities listed below and recommend offers of membership; and

WHEREAS, the Risk Management Plan includes a cap of new membership at 20% of the prior year's membership in one Fund Year;

WHEREAS, the Operations Committee has reviewed the following new member submissions and has approved membership to the School Boards that submit a fully executed Indemnity and Trust agreement to join the Fund.

Group	Employees
Hanover Park BOE	214
Pennsauken BOE	644
Gloucester Twp BOE	805
Lindenwold BOE	350
Plumsted BOE	138
Clearview BOE	215

BE IT RESOLVED, it has been determined that the admission to membership in the Fund of the above mentioned school boards 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 Schools Health Insurance Fund hereby offers membership to the above mentioned entity's for medical, prescription, and/or dental coverage, contingent upon receipt of the Fund's authorizing resolution to join the Fund and its executed Indemnity and Trust agreement.

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 17-21

**SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE APRIL AND MAY 2021 BILLS LIST AND TREASURERS REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **May 26, 2021**, 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 April and May 2021 for consideration and approval of the Board of Trustees; 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 March for all Fund Years for consideration and approval of the Board of Trustees; and

WHEREAS, a quorum of the Board of Trustees was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

NOW THEREFORE BE IT RESOLVED the Board of Trustees of the **Fund** hereby approves the Bills List for April and May 2021 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 School Board Joint Insurance Funds.

NOW, THEREFORE BE IT FURTHER RESOLVED, the Board of Trustees of the **Fund** hereby approves the Treasurer’s 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 School Board Joint Insurance Funds.

ADOPTED: MAY 26, 2021

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

APPENDIX I

**SCHOOLS HEALTH INSURANCE FUND
OPEN MINUTES
MARCH 24, 2021
ZOOM MEETING/CONFERENCE CALL
12:00 PM**

Meeting of Board of Trustees called to order by Chair Collins
Open Public Meetings notice read into record.

ROLL CALL 2020-2021 BOARD OF TRUSTEES

Trustee	BOE		
Joseph Collins	Delsea Regional BOE	Chairman	Present
Beth Ann Coleman	Collingswood BOE	Secretary	Present
Lisa Giovanelli	Rancocas Valley BOE		Present
Michael Colling	Medford Lakes BOE		Present
Christopher Lessard	Frankford Township BOE		Present
Evon Digangi	Mount Holly BOE		Absent
Nicholas Bice	Burlington Township BOE		Present
Marie Goodwin	Medford Township BOE		Absent
Jason Schimpf	Kingsway Regional School District		Present
Helen Haley	Voorhees Township BOE		Present
Jim Sekelsky	Newton BOE		Present

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR:

PERMA Risk Management

Emily Koval

Paul Laracy

Karen Kamprath

PROGRAM MANAGER:

Conner Strong & Buckelew

Jozsef Pfeiffer

FUND ATTORNEY:

Ken Harris

FUND TREASURER:

Lorraine Verrill

FUND ACTUARY:

Absent

FUND AUDITOR:

Absent

MEDICAL TPA AMERIHEALTH:

Kristina Strain

MEDICAL TPA AETNA:

Jason Silverstein

MEDICAL TPA HORIZON:

Michelle Witherspoon

EXPRESS SCRIPTS:

Kyle Colalillo

DELTA DENTAL

Brian Remlinger

GUARDIAN NURSES:

Robin Sambuco

ALSO PRESENT

John Recchinti

Ed O'Malley

Nancy DeRiso

Constance Stewart

Anthony Tonzini

Rene Metzgar

Rob Wachter

Susan Jarnagin

Gymlyn Corbin

Chuck Grande

Thomas Egan

Dina Murray

Carol Nash

Ken Verrill

Joe Madera
Kim Porter
James Heiser
Mary Muscarella
Joel Sand
Susan Morris
John Lajewski
Gene Mercoli
Robert Weil
Tracey Judge
Mario DeSantis
Greg D Orazio
Ken Duffy
Joe Colombo
Paul McGowan
Lynsey Eddy
Barbara Farquhar
Louis Moeller
Peter Daquila
Sarah Bell
Timothy Stys
Jim Finn
Donna Mosner
Carrie Specht
Brooke Frapwell
Ed Snyder
Marnie Briel
Marybeth Visconti
Beverly Vliestra
Brian Reilly
Jodi Lennon
Mike Blake

Fund Attorney swore in Trustee Sekelsky

MOTION TO APPROVE OPEN MINUTES OF FEBRUARY 24, 2021

Moved:	Secretary Coleman
Second:	Trustee Colling
Vote:	All in Favor

PUBLIC COMMENT - None

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK – Executive Director Koval said the Fast Track through January 31st shows a statutory surplus of \$103 million. Executive Director Laracy said the IBNR looks high so we will look into that and the Committee expect that to be reduced.

2021/2022 BUDGET ADOPTION

Executive Director Laracy said the introduced budget and the amended budget which includes two new members is included for adoption. The Census and assessments for 2 new members, Mendham Township BOE and Oxford BOE, is now included. These changes did not result in changes for the assessments of other members. He said there was also a slight change in the AHA fees due to the contract being finalized.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2021-2022 BUDGET

Moved:	Trustee Colling
Second:	Secretary Coleman
Vote:	All in Favor

MOTION TO CLOSE THE PUBLIC HEARING

Moved:	Trustee Colling
Second:	Trustee Sekelsky
Vote:	All in Favor

MOTION TO ADOPT RESOLUTION 4-21 ADOPTING THE 2021-2022 SCHOOLS HEALTH INSURANCE FUND BUDGET AS AMENDED

Moved:	Trustee Colling
Second:	Secretary Coleman
Vote:	All in Favor

SCHOOLS HEALTH INSURANCE FUND
2021-2022 Proposed Budget

	Census:	Monthly Census	Annual Census		
	Medical - Aetna	12,686	152,232		
	Medical - AmenHealth Admin	3,098	37,176		
	Medical - Horizon	35	420		
	Rx	7,886	94,632		
	Dental	4,595	55,140		
	Vision	1,018	12,216		
	Rx No Medical (Incl in Rx above)	11	132		
	Dental Only (Incl in Dental above)	354	4,248		
	DMO Only	3	36		
	LINE ITEMS	2020-2021 Annualized Budget	2021-2022 Proposed Budget	\$ Change	% Change
1	Claims				
2	Medical Claims	\$ 286,180,526	\$ 300,696,260	\$ 14,515,734	5.07%
3	Prescription Claims	\$ 33,834,912	\$ 31,678,271	\$ (2,156,641)	-6.37%
4	Dental Claims	\$ 3,787,074	\$ 3,768,139	\$ (18,935)	-0.50%
5	Subtotal	\$ 323,802,512	\$ 336,142,670	\$ 12,340,158	3.81%
6					
7	Rate Stabilization Reserve	\$ -	\$ -	\$ -	0.00%
8					
9	DMO Premiums	\$ 84,604	\$ 86,541	\$ 1,938	2.29%
10					
11	Reinsurance				
12	Specific	\$ 9,022,525	\$ 7,296,988	\$ (1,725,537)	-19.12%
13					
14	Total Loss Fund	\$ 332,909,641	\$ 343,526,200	\$ 10,616,559	3.19%
15					
16	Professional and Administrative Expenses				
17	Legal	\$ 36,864	\$ 37,601	\$ 737	2.00%
18	Treasurer	\$ 20,500	\$ 25,910	\$ 5,410	26.39%
19	Administrator	\$ 1,667,645	\$ 1,684,321	\$ 16,676	1.00%
20	Program Manager	\$ 4,474,841	\$ 4,519,589	\$ 44,748	1.00%
21	Local Entity Risk Management	\$ 4,618,776	\$ 4,744,134	\$ 125,358	2.71%
22	Program Manager - Guardian Nurses	\$ 810,000	\$ 810,000	\$ (0)	0.00%
23	TPA - Med Aetna	\$ 6,492,695	\$ 6,492,695	\$ -	0.00%
24	TPA - Med AmenHealth Admin	\$ 1,421,982	\$ 1,421,982	\$ -	0.00%
25	TPA - Med Horizon	\$ 23,100	\$ 23,100	\$ -	0.00%
26	TPA - Dental	\$ 172,037	\$ 172,037	\$ -	0.00%
27	TPA - Vision	\$ 11,117	\$ 11,117	\$ -	0.00%
28	Actuary	\$ 29,150	\$ 29,733	\$ 583	2.00%
29	Auditor	\$ 19,800	\$ 20,196	\$ 396	2.00%
30	Subtotal	\$ 19,798,507	\$ 19,992,415	\$ 193,909	0.98%
31					
32	Misc/Contingent Expenses	\$ 55,098	\$ 46,157	\$ (8,941)	-16.23%
33	Data Analysis System	\$ 65,000	\$ 119,829	\$ 54,829	84.35%
34	Wellness Program	\$ 483,454	\$ 483,454	\$ -	0.00%
35	Affordable Care Act Taxes	\$ 113,645	\$ 119,327	\$ 5,682	5.00%
36	A4 Retiree Surcharge	\$ 5,151,249	\$ 5,412,533	\$ 261,283	5.07%
37	Plan Documents	\$ 30,000	\$ 30,000	\$ -	0.00%
38					
39	Subtotal	\$ 5,898,446	\$ 6,211,299	\$ 312,853	5.30%
40					
41	Total Expenses	\$ 25,696,953	\$ 26,203,714	\$ 506,761	1.97%
42					
43	Total Budget	\$ 358,606,594	\$ 369,729,914	\$ 11,123,320	3.10%
44	Dividend Applied to rates		\$ 271,514		
45	Total Billing	\$ 358,440,168	\$ 369,458,400	\$ 11,018,232	3.07%

SCHOOLS HEALTH INSURANCE FUND
2021-2022 Proposed Budget

Census:		Monthly Census	Annual Census		
	Medical - Aetna	12,796	153,552		
	Medical - AmeriHealth Admin	3,096	37,152		
	Medical - Horizon	34	408		
	Rx	7,996	95,952		
	Dental	4,579	54,948		
	Vision	988	11,856		
	Rx No Medical (Incl in Rx above)	9	108		
	Dental Only (Incl in Dental above)	350	4,200		
	DMO Only	3	36		
	LINE ITEMS	2020-2021 Annualized Budget	2021-2022 Proposed Budget	\$ Change	% Change
1	Claims				
2	Medical Claims	\$ 288,216,025	\$ 302,890,600	\$ 14,674,575	5.09%
3	Prescription Claims	\$ 34,455,216	\$ 32,237,754	\$ (2,217,462)	-6.44%
4	Dental Claims	\$ 3,769,880	\$ 3,751,031	\$ (18,849)	-0.50%
5	Subtotal	\$ 326,441,121	\$ 338,879,385	\$ 12,438,264	3.81%
6					
7	Rate Stabilization Reserve	\$ -	\$ -	\$ -	0.00%
8					
9	DMO Premiums	\$ 84,669	\$ 86,618	\$ 1,950	2.30%
10					
11	Reinsurance				
12	Specific	\$ 9,083,553	\$ 7,346,345	\$ (1,737,208)	-19.12%
13					
14	Total Loss Fund	\$ 335,609,343	\$ 346,312,348	\$ 10,703,006	3.19%
15					
16	Professional and Administrative Expenses				
17	Legal	\$ 36,864	\$ 37,601	\$ 737	2.00%
18	Treasurer	\$ 20,500	\$ 25,910	\$ 5,410	26.39%
19	Administrator	\$ 1,678,052	\$ 1,694,833	\$ 16,781	1.00%
20	Program Manager	\$ 4,507,634	\$ 4,552,710	\$ 45,076	1.00%
21	Local Entity Risk Management	\$ 4,616,903	\$ 4,742,157	\$ 125,254	2.71%
22	Program Manager - Guardian Nurses	\$ 810,000	\$ 814,137	\$ 4,137	0.51%
23	TPA - Med Aetna	\$ 6,548,993	\$ 6,548,993	\$ -	0.00%
24	TPA - Med AmeriHealth Admin	\$ 1,421,064	\$ 1,439,640	\$ 18,576	1.31%
25	TPA - Med Horizon	\$ 22,440	\$ 22,440	\$ -	0.00%
26	TPA - Dental	\$ 171,438	\$ 171,438	\$ -	0.00%
27	TPA - Vision	\$ 10,789	\$ 10,789	\$ -	0.00%
28	Actuary	\$ 29,150	\$ 29,733	\$ 583	2.00%
29	Auditor	\$ 19,800	\$ 20,196	\$ 396	2.00%
30	Subtotal	\$ 19,893,627	\$ 20,110,577	\$ 216,950	1.09%
31					
32	Misc/Contingent Expenses	\$ 55,098	\$ 45,881	\$ (9,217)	-16.73%
33	Data Analysis System	\$ 65,000	\$ 120,369	\$ 55,369	85.18%
34	Wellness Program	\$ 486,724	\$ 486,724	\$ -	0.00%
35	Affordable Care Act Taxes	\$ 114,422	\$ 120,144	\$ 5,721	5.00%
36	A4 Retiree Surcharge	\$ 5,187,888	\$ 5,452,031	\$ 264,142	5.09%
37	Plan Documents	\$ 30,000	\$ 30,000	\$ -	0.00%
38					
39	Subtotal	\$ 5,939,133	\$ 6,255,149	\$ 316,016	5.32%
40					
41	Total Expenses	\$ 25,832,760	\$ 26,365,726	\$ 532,966	2.06%
42					
43	Total Budget	\$ 361,442,102	\$ 372,678,074	\$ 11,235,972	3.11%
44	Dividend Applied to rates		\$ 271,514		
45	Total Billing	\$ 361,313,796	\$ 372,406,560	\$ 11,092,764	3.07%

AMERIHEALTH (AHA) CONTRACT

Executive Director Laracy said the AHA contract with the SHIF has been updated with the most current public sector language requirements and to reflect more terms that are standard for AHA. There are also minor changes in compensation resulting in a return of fees for prior periods (\$27,102) and slightly higher fees for our next fiscal year (\$18,576). This new contract covers the period from 1/1/2019 to 12/31/2021. Going forward, our firm intention is to finalize the AHA contract at least 2 months prior to expiration for reasons of both efficiency and regulatory compliance. We will also explore making this contract, and the Aetna contract, coterminous with our fiscal year.

MOTION: MOTION TO AUTHORIZE FUND CHAIRMAN AND SECRETARY TO SIGN NEW AHA CONTRACT.

Moved:	Trustee Giovanelli
Second:	Trustee Schimpf
Vote:	All in Favor

RFP UPDATE

Executive Director Koval said the RFP's for Actuary, Auditor, Attorney, Treasurer, Executive Director and Program Manager were released on March 3rd, with responses due April 1st. The contracts committee will review the responses and provide a recommendation at the May meeting.

WEST DEPTFORD BOE

Executive Director Koval said in 2016, West Deptford BOE entered the Fund with a 2 month assessment deferral that was approved by the Executive Committee. The BOE is requesting to use some of its closed year balance to clear one month of the deferred bills. The district's closed year balance is approximately \$1.9 million and the one month payment would be approximately \$620,000. The remaining one month balance will be revisited within a year.

In response to Trustee Colling, Executive Director Koval said the group has had 1 or 2 dividends requested as a check so at this point they have enough surplus to pay that off. She said the new BA wants to clear this out as soon as possible. Trustee Colling says his concern is we have been floating them. Executive Director Koval said they are actually on a 2 month lag, so they are paid through January they owe their February and March assessments. In response to Trustee Giovanelli Executive Director Koval said this was agreed upon when they entered the Fund. Trustee Colling said they did not expect this to go on for 4 years. Trustee Giovanelli said she does not agree with giving another year to pay the remaining balance. Executive Director Laracy said we can suggest both be paid off now to put this behind us. Trustee Sekelsky said the motion is to allow them to use their surplus to clear the 1 month balance, which he is in agreement with, and he would like a discussion to happen where at the end of the fiscal year no entity can carry a balance with an outstanding premium due. Executive Director Laracy said we can go back to the Finance Committee to see where we can tighten up some policies. Secretary Coleman asked for the next meeting to have an aging report. Gene Mercoli who is the new West Deptford BA said this was addressed at the Audit exit conference at the end of March. He said he requested for half to be paid so he could address the issue of a \$1.1 million loss from the employee withholding. He said he was the one who asked the Fund about clearing this issue up.

MOTION: MOTION TO AUTHORIZE THE WEST DEPTFORD BOARD OF EDUCATION TO UTILIZE CLOSED YEAR BALANCE FUNDS IN THE AMOUNT OF APPROXIMATELY \$620,000 TO CLEAR A ONE MONTH PAYABLE TO THE FUND.

Moved:	Trustee Haley
Second:	Trustee Sekelsky
Vote:	8 Ayes, 1 Nay (Trustee Giovanelli)

NEW MEMBERSHIP APPROVAL

Executive Director Koval said the Fund received two new member submissions from Shamong BOE (5/1/2021) and Ramapo Indian Hills BOE (5/1/2021). The Operations Committee reviewed and have recommended membership. The Fund is still within the approved 35% growth cap. Resolution #5-21 ratifies the new membership.

MOTION: MOTION TO APPROVE RESOLUTION 5-21

Moved:	Secretary Coleman
Second:	Trustee Giovanelli
Vote:	All in Favor

MEL/MR-HIF/ CEL EDUCATIONAL SEMINAR

Executive Director Koval said the 2021 seminar will be held virtually on the mornings of Friday, May 14th and Friday, May 21st. The agenda includes two ethics courses, and presentations on implicit bias, insurance market conditions, proposals to change the Workers' Compensation law and a discussion of proposed changes to the Affordable Care Act.

FINANCIAL DISCLOSURE FILINGS

Executive Director Koval said Commissioners should anticipate the online filing of the Financial Disclosure forms as both a Schools Health Insurance Trustee, as well as any municipal related position that requires filing and Joint Insurance Fund. It is expected the Division of Local Government Services will distribute a notice in April and forms will need to be filed by April 30th.

INDEMNITY AND TRUST AGREEMENTS

Executive Director Koval said , In order to be in compliance with the Fund bylaws all members should have a current indemnity & trust agreement with the Fund that also needs to be filed with the State. An email was sent out to all Brokers and Consultants on March 16, 2021 with the Indemnity & Trust Agreement and resolution to renew membership to be distributed to their members. Please reach out to kkamprath@permainc.com for a blank form and resolution to renew membership to be executed if one was not received.

2021-2022 GRANT APPLICATIONS – Executive Director Koval said the Wellness Committee will meet in April to review the grant application process for next budget year. Applications will be sent to brokers by the end of April with a June submission date.

COBRA SUBSIDY LEGISLATION

Fund Attorney said the EBSA (Employee Benefit Security Administration) which is part of the department of labor who oversees COBRA compliance issues. In March 2020 they issued notice 2020-01 which said anytime there is a cobra notice timeline, that the timeline is automatically extended until 60 days after the covid medical emergency or if earlier 12 months. He said this is a delay in when individuals are required to receive notice of cobra rights and when they are required to respond to the notice. He said under the covid relief act, there is now a subsidy for people who lost coverage. The subsidy applies for the months of April 2021-September 2021. The employee can pay a former employee premiums and every dollar that they pay for that premium can be offset against the Medicare tax withholding that the employee would otherwise be obligated to pay.

In response to Commissioner Stys, Fund Attorney said the condition for the subsidy is that the employment has to have been terminated or hours reduced to the point they are not eligible for coverage. Fund Attorney said yes, the difference is whether or not the BOE is eligible for the subsidy.

PROGRAM MANAGER’S REPORT

Program Manager said he would like to highlight the Artemis reporting memo that was distributed. He said the goal was to dive into the utilization of telemedicine. He said the increase in telemedicine was roughly a 4,000% increase over 2019. He said this is something we would like to address and dig further into the data.

Online Enrollment System Training Schedule – 2021

PERMA offers a virtual training and a refresher class on the online enrollment system the third Wednesday of each month. The sessions provide an overview of the Fund’s enrollment system and shows users how to perform tasks in the system. To use the enrollment system, each HR user must complete a *system access form*. Please email Austin Flinn at aflinn@permainc.com and indicate which of the sessions below you would like to attend. Please include this information in the subject line:

Training - Fund Name and Client Name.

- Wednesday, April 21st 10:00 am - 11:00 am
- Wednesday, May 19th 10:00 am - 11:00 am
- Wednesday, June 16th 10:00 am - 11:00 am
- Wednesday, July 14th 10:00 am - 11:00 am
- Wednesday, August 18th 10:00 am - 11:00 am
- Wednesday, September 15th 10:00 am - 11:00 am
- Wednesday, October 20th 10:00 am - 11:00 am
- Wednesday, November 17th 10:00 am - 11:00 am

ANNUAL OPEN ENROLLMENT

The 7/1 annual Open Enrollment period is approaching. As in the past, this will be a passive Open Enrollment.

- only members who want to make a change need to complete an enrollment form
- unless a member elects a change, current elections will automatically rollover on July 1
- OE will **begin 4/26/21 and close on 5/14/21**
- deadline for entities to enter OE changes in Benefit Express is **5/21/21**
- All OE Communications will be distributed electronically to group enrollment contacts prior to the OE start date.

Please note that only members electing a change will receive new ID cards.

A sample copy of the Open Enrollment Guide will be distributed to all broker partners by end of week. If you do not wish your group to receive this communications, please let our office know.

JULY 1 PLAN CHANGES

Please note the cut off for plan additions and/or edits to existing plans is **Friday May 14**

GARDEN STATE EDUCATOR'S PLAN UPDATE

Program Manager said it appears the State is not going to be ready for a 7/1 implementation dated. He said there is a bill that defers the implementation to 1/1/2022. He said we are fully prepared with our TPA's in the event we need to offer this plan for 7/1.

COVID Resources

- Conner Strong & Buckelew has compiled a database of COVID-19 resources available to Fund members: <https://www.connerstrong.com/insights/covid-19-resource-center/>
- The State of NJ has a helpful COVID-19 website with up to date information including vaccine rollout: www.Covid19.nj.gov

COVID-19 VACCINATION BENCHMARKING

Program Manager said The results of a recent Employer Benchmarking Survey regarding employee vaccination policies/concerns was conducted by the Society for Human Resources Management (SHRM) were distributed via email with the SHIF Executive Committee, Member-Entities and Brokers. Many companies are encouraging their employees to get the vaccine, but are not planning to require workers vaccinations before returning to work. There is strong divide among employees who believe that any worker eligible for the vaccine should be required to get it and employees who reported that they will NOT get vaccinated even if their employment will be terminated.

Key points from the survey include:

- ✓ 60 percent of organizations say they will not require the vaccinations
- ✓ 60% of workers will probably or definitely get the vaccine once it becomes available to them.
- ✓ 24% of employees who are not planning to get vaccinated would change their minds if their employer offered incentives such as cash bonuses or stipends, paid time off (PTO) or gift cards

- ✓ 12% of employees would be willing to get vaccinated only if they might otherwise lose their job
- ✓ 77% of government, public administration or military organizations were more likely to encourage employees to get vaccine
- ✓ SHRM Information on making “mandating” the vaccine:
<https://www.shrm.org/ResourcesAndTools/legal-and-compliance/employment-law/Pages/coronavirus-different-approaches-vaccinations.aspx>
- ✓ CDC hub on vaccine policy and information: <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/essentialworker/workplace-vaccination-program.html>

The SHIF prepared a “COVID-19 Vaccine Flyer” which was distributed via email last week. A copy is also included in this agenda. Please distribute to your membership as you see fit.

AETNA NETWORK - NEGOTIATIONS WITH DEBORAH HEART AND LUNG CENTER

Program Manager said Aetna is currently in negotiations with Deborah Heart and Lung Center. He said about 42 members have utilized this facility. He said no letters have been issued to members and Aetna anticipates a resolution.

ALTERNATE AREA HOSPITALS

Virtua Health - Willingboro Hospital 218A Sunset Road Willingboro, NJ 08046 <i>Burlington County</i>	Virtua Health - Virtua Memorial Hospital 175 Madison Avenue Mount Holly, NJ 08060 <i>Burlington County</i>
Virtua Health- Marlton Hospital 90 Brick Road Marlton, NJ 08053 <i>Burlington County</i>	Hackensack Meridian Health-Southern Ocean Medical Center 1140 Route 72 West Manahawkin, NJ 08050 <i>Ocean County</i>
Community Medical Center- Toms River 99 NJ-37 Toms River, NJ 08755 <i>Ocean County</i>	RWJ Barnabas-Hamilton One Hamilton Health Place Hamilton, NJ 08690 <i>Mercer County</i>
Trinity Health-St. Francis Medical Center 601 Hamilton Ave Trenton, NJ 08629 <i>Mercer County</i>	Capital Health Regional Medical Center 750 Brunswick Avenue Trenton, NJ 08638 <i>Mercer County</i>
Cooper Health System- Cooper University One Cooper Plaza Camden, NJ 08103 <i>Camden County</i>	Kennedy Health- Stratford 18 East Laurel Road Stratford, NJ 08084 <i>Camden County</i>
Virtua Health- Voorhees Hospital 100 Bowman Drive Voorhees Township, NJ 08043 <i>Camden County</i>	Virtua Health- Our Lady of Lourdes 1600 Haddon Avenue Camden, NJ 08103 <i>Camden County</i>
CentraState Healthcare System	Inspira Medical Center- Mullica Hill

901 West Main St
Freehold, NJ 07728
Monmouth County

700 Mullica Hill Road
Mullica Hill, NJ 08062
Gloucester County

LEGISLATIVE UPDATE

American Rescue Plan COBRA Subsidies – The Federal Government recently passed a sweeping COVID relief package, which includes a provision regarding subsidies for COBRA premiums. Individuals eligible for COBRA due to involuntary employment termination or reduction in hours may receive an 85% reduction of COBRA premiums.

Key provisions include:

- Subsidies to become available to impacted workers beginning on the first of the month following enactment date and remain available through 9/30/2021.
- Extends COBRA election period to allow workers who previously had a Qualified Life Event (QLE) to enroll in coverage.
- Requires employers to provide clear, understandable, written notices to workers.
- Establishes expedited review process for workers denied premium assistance.
- Provides a payroll tax credit to reimburse employers and plans for the full cost of COBRA premiums not paid by workers.

Appeals:

Appeal Type	Decision
Medical	Benefit Application

GUARDIAN NURSES – Ms. Sambuco reviewed the reporting from January 1 through March 2nd.

TREASURER – Fund Treasurer reviewed the bills list and treasurers report.

CONFIRMATION OF PAYMENT – MARCH 2020 DIVIDEND

FUND YEAR	AMOUNT
FUND YEAR 2019/2020	\$254,487.00
TOTAL ALL FUND YEARS	\$2,430,218.09

RESOLUTION 6-21 – MARCH 2021

FUND YEAR	AMOUNT
FUND YEAR 2019/2020	\$4,059.24
FUND YEAR 2020/2021	\$2,525,056.04
TOTAL ALL FUND YEARS	\$2,529,115.28

MOTION TO APPROVE THE BILLS LIST AND TREASURERS REPORT AS PRESENTED:

MOTION:	Secretary Coleman
SECOND:	Trustee Sekelsky
VOTE:	All in Favor

FUND ATTORNEY - None

AETNA - Mr. Silverstein reviewed the claims for January 2021. He said there were 41 high claims for this reporting period.

AMERIHEALTH - Ms. Strain reviewed the claims for February 2021. She said there were 10 high claims for this reporting period.

HORIZON- None

EXPRESS SCRIPTS - Mr. Colalillo said the July 2020-February 2021 trend is at 5.5%. In response to Trustee Lessard, Mr. Colalillo said he is not aware of any significant issues with mailed prescriptions.

DELTA - None

OLD BUSINESS - None

NEW BUSINESS - None

PUBLIC COMMENT: None

MOTION TO ADJOURN:

MOTION:	Trustee Giovanelli
SECOND:	Secretary Coleman
VOTE:	Unanimous

MEETING ADJOURNED: 1:00 pm

NEXT MEETING: May 26, 2021
Zoom Meeting
12:00pm

Karen Kamprath, Assisting Secretary
Date Prepared: May 1, 2021

APPENDIX II

FINANCE/CONTRACTS COMMITTEE MINUTES

March 10, 2021

10:00 am

Attendees:

Michael Colling, Committee Chair
Nicholas Bice, Committee Member
Jason Schimpf, Committee Member
Joseph Collins, Fund Chair
Emily Koval, PERMA
Karen Kamprath, PERMA
Paul Laracy, PERMA
Brett Kerfoot, PERMA
Jozsef Pfeiffer, Conner Strong & Buckelew
Brandon Lodics, Conner Strong & Buckelew
Lorraine Verrill, Fund Treasurer
Angela Hutchinson, PERMA

The Committee met to review the RFP results. Ms. Koval said RFP's were released in early March with responses due on April 1. She said the only response that had competition was for the Auditor position. She said the Actuary requested a 3% increase for next year, and based on the new business reviewed we believe this is warranted. She said Auditor responses were received from Bowman & Company who is the incumbent, and Holman & Frenia who is the MRHIF auditor. Trustee Colling said he has no problem going to Holman & Frenia as he has worked with them in the past considering the cost difference. Chair Collins said he doesn't have an issue staying with Bowman & Company as its not a huge cost difference. Ms. Hutchinson said both Auditors are easy to work with. She said Bowman does have history with the Fund. Mr. Laracy said that we can complete an assessment that would rate the Auditors. The Committee went over each section and rated each Auditor. Bowman & Company was rated slightly higher based on experience with the HIF and References.

Mr. Laracy said there was an additional increased assed for the Treasurer position to allow for more attention to the accounts receivable process. He said the Fund also went from about 33 members to 95 currently. Mr. Laracy said the increase is accounted for in the budget.

Mr. Laracy said the Executive Director should be a 1% increase for 2021/2022 and then 2% in subsequent years.

Ms. Koval said the Program Manager response is also 1% for this year and then 2% for subsequent years. She said Guardian Nurses is also subcontracted through the Program Manager contract. She said GN did request an increase after the responses were received. She said they did ask for \$210,000 per nurse and then 3% thereafter in 2022 and 2023. She said they have not requested an increase for the time they have been with the Fund. She said we do feel this is a reasonable increase. Mr. Lodics said based on the expected growth for 7/1 the pepm allotted in the budget would allow for a 5th nurse as well. In response to Trustee Colling, Mr. Lodics said we did reduce the TPA fee for case and disease management to allow for the onboarding of Guardian Nurses.

Committee Rating and Points Assignment - Auditor			
		Bowman & Company LLP	Holman Frenia Allison
a.	Organizational Management, Stability and Ownership (10%)	10	10
b.	Expertise as an Auditor (25%)	25	25
c.	Experience in health joint insurance funds with similar services (10%)	10	6
d.	Ability to comply with the required standards of the RFP (15%)	15	15
e.	Results collected from provided references (10%)	10	8
f.	Fee Proposal (30%)	26	30
g.	Total	96	94

SCHOOLS HEALTH INSURANCE FUND
2021 RFQ RESPONSES
Responses Deadline 3pm, April 1, 2021

Position	Vendor	Proposed Fees	Notes
Executive Director	PERMA	July 1 2021 – June 30, 2022 - \$8.67 pepm (+1%) July 1, 2022 – June 30, 2023 – \$8.84 pepm (+1%) July 1, 2023 – June 30, 2024 - \$9.02 peom (+1%)	Incumbent
Attorney	J. Kenneth Harris Esq.	July 1 2021 – June 30, 2022 - \$37,233.00 Annual (+1%) July 1, 2022 – June 30, 2023 – \$37,978.00 Annual (+2%) \$230/hourly for plan document changes for the entire contract period The fee does not include compensation for extraordinary services such as arbitration, mediation, or litigation matters nor the preparation of opinion letters. Such services will be provided as and when requested and based upon a compensation structure agreed to at that point in time.	Incumbent
Actuary	Actuarial Solutions	July 1 2021 – June 30, 2022 - \$29,750 Annual (+2.06%) July 1, 2022 – June 30, 2023 – \$ 30,500 Annual (+3%) *If the SHIF requests services outside of the scope of service a workplan with associated fees will be presented to the executive committee for approval	Incumbent
Treasurer	Verrill & Verrill LLC	July 1 2021 – June 30, 2022 - \$25,910.00 (+26.39%) July 1, 2022 – June 30, 2023 – 2% increase in fee plus \$100 per new member per year prorated effective July 1, 2022.	Incumbent
Auditor	Bowman & Company LLP	July 1 2021 – June 30, 2022 - \$19,800 Annual (Flat) July 1, 2022 – June 30, 2023 – \$20,200 Annual (+2%) *fees are based on the time expended and the hourly rates of the staff necessary to perform an engagement. The firms blended hourly rate is approximately \$153.	Incumbent
Auditor	Holman Frenia & Allison, P.C.	July 1 2021 – June 30, 2022 - \$17,500 Annual July 1, 2022 – June 30, 2023 – \$17,850 Annual *for special projects or services the our rates are as follows:	MRHIF Auditor

		<table><tr><th colspan="2">Standard Hourly Rates</th></tr><tr><th>Role</th><th>Price</th></tr><tr><td>Engagement Partner</td><td>\$200.00</td></tr><tr><td>Quality Review Partner</td><td>200.00</td></tr><tr><td>Senior Manager</td><td>170.00</td></tr><tr><td>Manager</td><td>160.00</td></tr><tr><td>Supervisor</td><td>140.00</td></tr><tr><td>Senior</td><td>120.00</td></tr><tr><td>Staff II</td><td>110.00</td></tr><tr><td>Staff I</td><td>90.00</td></tr></table>	Standard Hourly Rates		Role	Price	Engagement Partner	\$200.00	Quality Review Partner	200.00	Senior Manager	170.00	Manager	160.00	Supervisor	140.00	Senior	120.00	Staff II	110.00	Staff I	90.00	
Standard Hourly Rates																							
Role	Price																						
Engagement Partner	\$200.00																						
Quality Review Partner	200.00																						
Senior Manager	170.00																						
Manager	160.00																						
Supervisor	140.00																						
Senior	120.00																						
Staff II	110.00																						
Staff I	90.00																						
Program Manager	Conner Strong & Buckelew	<table><tr><th>Description of Service</th><th>Fee</th></tr><tr><td>Medical Plan Participants</td><td>2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month</td></tr><tr><td>Prescription Plan Participants</td><td>2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month</td></tr><tr><td>Dental Plan Participants</td><td>2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month</td></tr><tr><td>Healthcare Reform Compliance/Updates (as applicable)</td><td>2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month</td></tr><tr><td>Data Warehousing</td><td>2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month</td></tr><tr><td>New Member Set Up</td><td>2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity</td></tr><tr><td>Plan Document Maintenance</td><td>2021 – 2023: \$550 Per Document</td></tr></table>	Description of Service	Fee	Medical Plan Participants	2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month	Prescription Plan Participants	2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month	Dental Plan Participants	2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month	Healthcare Reform Compliance/Updates (as applicable)	2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month	Data Warehousing	2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month	New Member Set Up	2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity	Plan Document Maintenance	2021 – 2023: \$550 Per Document	Incumbent. 2021:+1% 2022: +2% 2023: +2%				
Description of Service	Fee																						
Medical Plan Participants	2021: \$19.70 Per Participant Per Month 2022: \$20.09 Per Participant Per Month 2023: \$20.49 Per Participant Per Month																						
Prescription Plan Participants	2021: \$5.97 Per Participant Per Month 2022: \$6.09 Per Participant Per Month 2023: \$6.21 Per Participant Per Month																						
Dental Plan Participants	2021: \$2.67 Per Participant Per Month 2022: \$2.72 Per Participant Per Month 2023: \$2.77 Per Participant Per Month																						
Healthcare Reform Compliance/Updates (as applicable)	2021: \$0.35 Per Participant Per Month 2022: \$0.36 Per Participant Per Month 2023: \$0.37 Per Participant Per Month																						
Data Warehousing	2021: \$0.50 Per Participant Per Month 2022: \$0.52 Per Participant Per Month 2023: \$0.54 Per Participant Per Month																						
New Member Set Up	2021 – 2023 \$22.50 Per Participant / \$2000 Minimum per entity																						
Plan Document Maintenance	2021 – 2023: \$550 Per Document																						

		<table><tr><th>Description of Service</th><th>Third Party Fee</th></tr><tr><td rowspan="2">Medical Disease Management & Case Management</td><td>July 1, 2021- June 30, 2024</td></tr><tr><td>\$210,000 per nurse \$10,000 administrative expenses per annum</td></tr><tr><td>Notes/Clarifications:</td><td>1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.</td></tr></table>	Description of Service	Third Party Fee	Medical Disease Management & Case Management	July 1, 2021- June 30, 2024	\$210,000 per nurse \$10,000 administrative expenses per annum	Notes/Clarifications:	1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.	
Description of Service	Third Party Fee									
Medical Disease Management & Case Management	July 1, 2021- June 30, 2024									
	\$210,000 per nurse \$10,000 administrative expenses per annum									
Notes/Clarifications:	1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.									

** Program Manager Response Clarification



INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

BRANDON LODICS

Vice President, Consultant

P 856-552-4628 F 856-291-9615

E blodics@connerstrong.com

National Headquarters

TRIAD1828 CENTRE

2 Cooper Street | Camden, NJ 08102

Mailing Address

PO Box 99106 | Camden, NJ 08101

connerstrong.com

To: Karen Kamprath, SHIF Assistance Account Manager

From: Brandon Lodics, Conner Strong and Buckelew

Date: April 5, 2021

Re: SHIF Program Manager RFP Clarification

Thank you for the opportunity to clarify the 3 year fee schedule for the Subcontractor relationship outlined in our proposal for Medical Disease Management and Case Management. The below schedule should replace the proposal outlined in our previous response. All other responses remain the same. We apologize for the confusion.

Description of Service	Third Party Fee
Medical	2021: \$210,000 per nurse
Disease Management & Case Management	2022: \$216,300 per nurse
	2023: \$227,789 per nurse
	\$10,000 administrative expenses per annum
Notes/Clarifications:	1) One nurse per 4,000 subscribers 2) SHIF Enrollment as of July 1, 2021 supports five nurses, four acute and one chronic 3) Administrative expenses consist of operating expense pass through, such as vehicle lease renewal and marketing wraps.

NEW JERSEY PENNSYLVANIA NEW YORK DELAWARE FLORIDA MASSACHUSETTS GEORGIA

APPENDIX III

OPERATIONS COMMITTEE MINUTES

May 18, 2021

10:00 am

Attendees:

Bethann Coleman, Committee Member

Joe Collins, Committee Member

Evon Digangi, Committee Member *joined at 10:10 am

Paul Laracy, PERMA

Emily Koval, PERMA

Karen Kamprath, PERMA

Brandon Lodics, Conner Strong

Jozsef Pfeiffer, Conner Strong

Ms. Koval said the Fund received over 60 applications for July 1. She said they did release about 30 proposals and there are 6 that are committed to join. She said we do have the indemnity & trust agreements for all. She said there are 2 large groups Pennsauken and Gloucester Township. She said the carriers are ready for the influx of new lives. She said the Program Managers team will be adding an additional member to help with the onboarding of new members. She said we are starting back at 20% growth capacity for 7/1. Ms. Koval said there is also one group very interested for 8/1. She said they are about 200 lives. She said we do also have 2 current members coming in for Dental , Mendham BOE and North Hunterdon. She said Sparta BOE did send notice they are terminating and provided 60 day notice. She said we do require 90 day notice so we are pushing back.

GUARDIAN NURSES

Ms. Koval said the 2021-2022 Fund budget includes a per employee, per month (PEPM) fee for Guardian Nurses to allow for the Board to approve additional nurses as the population grows. The PEPM fee for Guardian Nurses is built in to the expense load on all new case proposals. The Fund will have over 16,000 lives by July 1, which warrants the addition of 5th nurse.

As the expense is supported by the new sold cases, there is no impact on the adopted budget or the rates of our existing population.

TELEMEDICINE REVIEW

Mr. Pfeiffer said 1 takeaway from the March meeting was what can we do about our massive increase in behavioral health spending that we are seeing through the telemedicine claims. He said he spoke with Betty at Guardian Nurses and she did confirm this is industry wide not just specific to the Fund. She said Guardian Nurses has a pilot program in another Fund where they have a behavioral health nurse which they are looking into. He said the easiest solution available to us is to expand our already existing telehealth program. They can add for no additional cost behavioral health services. He said we recommend to add this service with a \$0 copay beginning 9/1.

Memorandum

TO: SHIF Executive Committee
FROM: Office of the Program Manager
SUBJECT: Telemedicine Behavioral Health Enhancement
DATE: May 2021

As a follow up to the Telehealth in the Age of COVID reporting, we reviewed the results and opportunities for action with our carrier partners and Guardian Nurses. Below summary of results and recommendation for action.

1. Behavioral Health Telehealth Claims Key Observations:

- The average by claim paid amount was \$191 for Behavioral Health TeleHealth visits.
- In the first half of the 2020-2021 Fund year, **10,571** members of the SHIF had a behavioral health telehealth claim processed. With a head count of 40,600, that is **26%** of the membership. This is a **130%** increase from Q3 and Q4 of 2019.
- Behavioral health telehealth claims contributed **\$3.97MM** to the total net paid for the Fund in the first half of the 2020-2021 Fund year.
- The top diagnosis for **all behavioral health telehealth claims** was *anxiety and stress disorders*, with 2,594 members with this diagnosis code. This diagnosis also led the Fund for net paid amount, with \$1.18MM in paid claims.
- The top provider for

2. Guardian Nurses Observations:

- Guardian Nurses reviewed the utilization data and the claims spike is in line with their other clients.
- In their opinion, SHIF Mental and Behavioral Health claim trends will continue to remain increased for two to three years as a result of the COVID-19 Pandemic
- Behavioral Health Nurse Pilot Program – Operating in another Guardian client, we have asked for additional information and program outcomes for further review.

3. Carrier Telemedicine Solutions

- Members enrolled in non-HDHP plans currently have access to standard Telemedicine at \$0 copay.
- Both Aetna's TelaDoc and AmeriHealth's MD Live have the option of adding "Mental and Behavioral Health" services at no additional TPA Fee.
- Per visit fees charged by TelaDoc and MDLive are less than fund average per claim cost:

Telemedicine Individual Psychotherapy Charges			
	Aetna - Teladoc	AHA - MD Live	SHIF Average
Initial Consult	\$190	\$90	\$191
Ongoing Claims	\$90	\$90	\$191

Program Manager's Recommendation:

Based on the significant increase in mental and behavioral health claims expenditure in 2020, we recommend enhancing the TPA operated Telemedicine programs to include no cost mental health services. TelaDoc and MD Live are included in

the SHIF TPA fees, adding the mental health component would not increase TPA fees. Reducing the member cost share to \$0 through carrier telemedicine programs would steer membership lower cost, in-network providers.

HIF GROWTH CAPACTIY 2021-2022							
June 30, 2020 HIF Enrollment	16,483						
Growth Cap - 20%	3,297						
New Member Underwriting Status - FY 2020-2021							
Group	Employees	Carrier	Proposal Released	BOE Approval	Union Approval	Signed I&T	Effective Date
Hanover Park BOE	214	Aenta	Y	Y	Y	Y	7/1/2021
Pennsauken BOE	644	AHA	Y	Y	Y	Y	7/1/2021
Gloucester Twp BOE	805	Aetna/AHA	Y	Y	Y		7/1/2021
Lindenwold BOE	350	AHA	Y	Y	Y	Y	7/1/2021
Plumsted BOE	138	Aetna	Y	Y	Y		7/1/2021
Clearview BOE	215	Aetna	Y	Y	Y	Y	7/1/2021
Total Employees	2,366						
% Growth	14.35%						
Remaining	(2,366)						

Underwriting Factor	Hanover Park BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.883	1.160	162.31%
Enrollment	214	16,483	1.30%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,996.00	\$ 1,583.00	126.09%
Rx	\$ 499.00	\$ 441.00	
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	Yes		
Dental	No		
Anticipated Commissioner Involvement	TBD		

Underwriting Factor	Lindenwold BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	350	16,483	2.12%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,472.00	\$ 1,583.00	92.99%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3.59%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	None		

Underwriting Factor	Clearview BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	215	16,483	1.30%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,456.00	\$ 1,583.00	91.98%
Rx	\$ 432.00	\$ 441.00	97.96%
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	1.30%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	Yes		
Lines of Coverage to Fund			
Medical	Yes		
RX	Yes		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	Former Member that termed in 2013		

Underwriting Factor	Plumsted BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	138	16,483	0.84%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,747.00	\$ 1,583.00	110.36%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	3.00%		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies			

Underwriting Factor	Pennsauken BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Amerihealth	Amerihealth	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	644	16,483	3.91%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,575.00	\$ 1,583.00	99.49%
Rx			
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	\$100,000/ year		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	No		
Dental	No		
Anticipated Commissioner Involvement	TBD		

Underwriting Factor	Gloucester Twp BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.145	1.160	98.69%
Enrollment	805	16,483	4.88%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,739.00	\$ 1,583.00	109.85%
Rx	\$ 446.00	\$ 441.00	101.13%
Combined			
Trend + Margin Applied	10.25%	10.00%	102.50%
Risk Manager Fee Applied	None		
Rate Effective Date			
From	7/1/2021		
To	6/30/2022		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
RX	Yes		
Dental	Yes		
Anticipated Commissioner Involvement	TBD		

APPENDIX IV

WELLNESS COMMITTEE MINUTES

May 5, 2021

9:15 am

Attendees:

Christopher Lessard, Committee Chair

Lisa Giovanelli, Committee Member

Michael Colling Committee Member

Karen Kamprath , PERMA

Emily Koval, PERMA

Jozsef Pfeiffer, Conner Strong

Ms. Koval said currently based on the Fund census there is about \$486,000 available for Wellness Grants. She said it is set up as a pepm and as the Fund grows that budget will increase to allow new members to participate. She said the first item to discuss is the wellness grant application. She said no changes were made from last year. She said the next item is the tracking. She said one item for discussion is are we going to allow for roll-over for unused Funds. The Committee discussed and decided that it should be closed out at some point and to not allow roll-over into the 2021-2022 Fund year. The Committee recommended sending out a letter with the remaining balance and advising groups to try and use funds and submit by June 30, 2021, however we will accept reimbursements until September 30, 2021. The committee also discussed allowing reimbursement for PPE for 2021-2022 and decided not to allow for PPE reimbursements.

Ms. Koval said the last item to discuss is the wellness champion stipend. The group discussed and agreed to set up a scale based on the option chosen. The stipend cap would be as follows:

Option 1 - \$500 stipend cap

Option 2 - \$1,000 stipend cap

Option 3 - \$1,500 stipend cap

Option 4 - \$2,500 stipend cap – should be comparable to the amount of work involved by the wellness champion

The committee agreed to send out wellness balances through May and start with a June 30th due date for 2021-2022 grant application return date.