



www.schoolshif.com

AGENDA & REPORTS

MAY 25, 2022

12:00 PM

Moorestown Community House

SCHOOLS HEALTH INSURANCE FUND
MEETING: MAY 25, 2022
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY CHAIRMAN

Call to order

As Chairman of the Schools Health Insurance Fund, I hereby certify that all provisions of the "Open Public Meeting Law", P.L. 1975, Chapter 231 have been met. Notice of this meeting was given to The Star Ledger, Courier Post and the Times of Trenton as well as the Administrators of each member School Board. A posting of this meeting notice has been placed on the public bulletin Board of all member school boards

FLAG SALUTE

ROLL CALL OF 2021-2022 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 30, 2022 (**Appendix I**)

PUBLIC COMMENT: For Agenda Items Only

MOTION: *Motion to open the meeting to the public for agenda items only*

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 5

PROGRAM MANAGER- (Conner Strong & Buckelew)

Monthly Report.....Page 16

GUARDIAN NURSES -

Monthly Report	Page 23
----------------------	---------

TREASURER – (Verrill & Verrill)

April 2022 Voucher List.....	Page 26
April 2022 Dividend Payment.....	Page 27
April 2022 Supplemental List	Page 29
May 2022 Voucher List (Resolution 21-22).....	Page 31
May 2022 Dividend Payment	Page 34
May 2022 Supplemental Payment	Page 35
Monthly Report (March 2022)	Page 36

ATTORNEY – (J. Kenneth Harris.)

Monthly Report	
----------------	--

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna)

Monthly Report.....	Page 38
---------------------	---------

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth)

Monthly Report.....	Page 48
---------------------	---------

NETWORK & THIRD PARTY ADMINISTRATOR – (Horizon)

Monthly Report	
----------------	--

PRESCRIPTION ADMINISTRATOR – (Express Scripts)

Monthly Report	Page 57
----------------------	---------

DENTAL ADMINISTRATOR – (Delta Dental)

Monthly Report.....	Page 59
---------------------	---------

CONSENT AGENDA

Resolution 11-22: Professional Services Contract Award	Page 68
Resolution 12-22: EUS Contract Award	Page 70
Resolution 13-22: Appointing Agent for Process of Service.....	Page 72
Resolution 14-22: Appointing Fund Newspapers.....	Page 73
Resolution 15-22: 2022-2023 Meeting Dates	Page 74
Resolution 16-22: Cash Management Plan	Page 75
Resolution 17-22: Risk Management Plan	Page 79
Resolution 18-22: Compensating Producers	Page 90
Resolution 19-22: Authorizing Treasurer for Contracted Payments	Page 103
Resolution 20-22: New Member Approval.....	Page 104
Resolution 21-22: April and May 2022 Bills List.....	Page 105

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 25, 2022**

FINANCE & CONTRACTS COMMITTEE

PRO FORMA REPORTS

- **Fast Track Financial Reports** – SHIF – as of March 31, 2022 (page 10)

ORGANIZATIONAL RESOLUTIONS

As done in the past, the reorganization resolutions can be adopted at this meeting, establishing fundamental policies and procedures effective July 1, 2022.

Ballots for the 2022-2023 Board of Trustees will be sent prior to the meeting and the election will occur at the July meeting.

Resolution 15-22 sets the meeting dates, but omits the locations. With approximately 40% of the SHIF membership being in the northern part of the State, it has been suggested to have 2-3 meetings further north. We will work with the Operations Committee to develop a meeting location schedule.

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

ACTUARY INCURRED BUT NOT REPORTED (IBNR) Q1 2022 REVIEW:

As approved by the Executive Committee during the 2022/2023 Budget Development, the Fund Actuary reviewed the Medical, Prescription and Dental claims development through the first quarter of 2022.

The intent of the additional review:

- 1) Assure the Fund is carrying enough booked IBNR to support claims: **Confirmed**
 - a. The SHIF has \$39,577,000 booked for IBNR through 3/31/2022
 - b. The Actuary's recommended range based on claims data through 3/31/2022:
 - i. Low: \$36,999,000
 - ii. High: \$40,698,000
 - c. \$39,577,000 = 70th Percentile of range
- 2) Review Aetna's performance for improvement: **Confirmed**
 - a. The Actuary observed that Aetna Q1 2022 paid claims were \$65.7M vs. \$61M Q3 2021, \$64.9M Q4 2021
 - i. Aetna's self-reported Turnaround times and March's FFT confirms this.

Next Steps:

As a best practice we recommend booking the IBNR around the 50th percentile of the range. Based on the review through 3/31, we are booked above that point. The improvements in pay speed are being recognized. We have another scheduled IBNR review with the Actuary with claims through 6/30/2022. If continued improvements are recognized we can update the booked amount back towards the 50th percentile, moving the overage back to surplus. We would expect that review to be completed in September/October timeframe.

AMERIHEALTH PERFORMANCE GUARENTEE PAYOUT

The Fund received a performance guarantee payout in the amount of \$1,730,600 for missing the Average Speed of Answer metric in 2021.

We will have a Performance Guarantee reporting from Aetna mid year.

2020 MRHIF CLAIMS

In February, the MRHIF has paid the majority of its 2020 high claimant reimbursements in the amount of \$6,181,742.18, of which the SHIF received \$4,155,030.65. The MRHIF expects to close this year in June with no outstanding liabilities to the Funds.

A4 SURCHARGE

The A4 surcharge issued to School Boards outside of the State Health Benefits Fund has been paid on behalf of all members in April. The State's form can be completed with the following information:

Schools Health Insurance Fund

Contact: Emily Koval, Account Manager

Address: 9 Campus Drive, Suite 216, Parsippany, NJ

WELLNESS COMMITTEE

2022-2023 WELLNESS GRANTS

The Wellness Committee met last week 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 July 10, 2022.

OPERATIONS & NOMINATIONS COMMITTEE

MEMBERSHIP UPDATE

The Operations Committee reviewed the following groups for July 1 and are recommending membership approvals. Resolution 20-22 approves their membership. The growth capacity chart is

also included. In addition, 3 groups have submitted resolutions to terminate: Glen Ridge BOE and Evesham BOE are leaving the Fund on July 1 and Plumsted BOE will leave on August 1 – all three are transitioning to the State due to financial hardship.

Underwriting Factor	Roxbury BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Aetna	Aetna	
Age Sex Factor	1.210	1.160	104.30%
Enrollment	441	14,522	3.04%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,691.00	\$ 1,563.00	108.19%
Rx	\$ 382.00	\$ 293.00	130.38%
Combined	\$ 2,073.00	\$ 1,856.00	111.69%
Trend Applied	7.25%	7.25%	100.00%
Risk Manager Fee Applied	1%		
Rate Effective Date			
From	7/1/2022		
To	6/30/2023		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
Dental	No		
Rx	Yes		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	Indemnity and Trust Agreement received		

Underwriting Factor	Watchung BOE	Fund Average or Standard	Relativity
Current Carrier or Arrangement	Horizon	Aetna	
Age Sex Factor	1.246	1.160	107.40%
Enrollment	82	14,522	0.56%
Claims Pick (Per Employee Per Month)			
Medical	\$ 1,927.00	\$ 1,563.00	123.29%
Rx	\$ 481.00	\$ 293.00	164.16%
Combined	\$ 2,408.00	\$ 1,856.00	129.74%
Trend Applied	7.25%	7.25%	100.00%
Risk Manager Fee Applied	2%		
Rate Effective Date			
From	7/1/2022		
To	6/30/2023		
Prior Fund Member?	No		
Lines of Coverage to Fund			
Medical	Yes		
Dental	No		
Rx	Yes		
Anticipated Commissioner Involvement	TBD		
Explanatory Notes or Contingencies	Additional margin included for no claims		

HIF GROWTH CAPACITY 2022-2023								
March 31, 2022 HIF Enrollment	18,744							
Growth Cap - 20%	3,749							
New Member Underwriting Status - FY 2022-2023								
Group	Employees	Lines of Coverage	Proposal Released	BOE Approval	Union Approval	Signed I&T	Effective Date	SHIF Approved Date
Lawrence BOE	479	Med & Rx	Y	Y	Y	N	7/1/2022	3/30/2022
ESC of Morris County	43	Medical	Y	Y	Y	N	7/1/2022	3/30/2022
Summit BOE	443	Med & Rx	Y	N	N	N	7/1/2022	3/30/2022
Roxbury BOE	441	Med & Rx	Y	Y	N	N	7/1/2022	
Watchung BOE	82	Med & Rx	Y	Y	Y	Y	8/1/2022	
Total Employees	1,488							
% Growth	7.94%							
Remaining	2,261							
Terminating Membership						Existing Medical adding Rx		
Glen Ridge BOE	189					Fredon BOE	7/1/2022	
Evesham BOE	493							
Plumsted BOE	123							
Growth (net of terminating membership)	3.64%							

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 2022 notice with instructions has been released. The deadline to file was April 30, 2022. Commissioners that have not yet filed will receive an email notification.

PERMA EMAILS

PERMA has created two new emails that we will be utilizing for different means:

HIFAdmin@permainc.com will be used for agendas and large distribution emails.

HIFFinance@permainc.com will be used for vouchers and invoices. Please send your invoices by the 5th of the month to assure it is paid in the most current month's Bills List.

Members will begin to see communications from these emails soon.

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF March 31, 2022

	THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1. UNDERWRITING INCOME	35,973,762	324,694,373	1,267,419,165	1,592,113,538
2. CLAIM EXPENSES				
Paid Claims	34,179,106	287,762,934	1,009,591,556	1,297,354,490
IBNR	(177,619)	8,704,019	31,677,000	40,381,019
Less Specific Excess	(886,291)	(2,654,207)	(14,465,335)	(17,119,542)
Less Aggregate Excess	-	-	-	-
TOTAL CLAIMS	33,115,195	293,812,746	1,026,803,221	1,320,615,968
3. EXPENSES				
MA & HMO Premiums	5,823	73,331	470,915	544,246
Excess Premiums	719,789	6,452,615	37,493,770	43,946,385
Administrative	2,472,785	22,785,760	95,807,230	118,592,990
TOTAL EXPENSES	3,198,397	29,311,706	133,771,915	163,083,621
4. UNDERWRITING PROFIT/(LOSS) (1-2-3)	(339,831)	1,569,921	106,844,029	108,413,950
5. INVESTMENT INCOME	70,604	713,696	6,435,736	7,149,432
6. DIVIDEND INCOME	0	0	7,505,955	7,505,955
7. STATUTORY PROFIT/(LOSS) (4+5+6)	(269,226)	2,283,617	120,785,720	123,069,337
8. DIVIDEND	0	2,790,296	38,894,640	41,684,936
9. TRANSFERRED SURPLUS			28,079,045	28,079,045
10 STATUTORY SURPLUS (7-8)	(269,226)	(506,679)	109,970,125	109,463,446

SURPLUS (DEFICITS) BY FUND YEAR

Closed	Surplus	39,807	(3,526,746)	100,503,177	96,976,431
	Cash	(133,797)	1,433,145	116,807,277	118,240,422
2020/2021	Surplus	612,852	(832,224)	9,466,948	8,634,724
	Cash	(357,744)	(18,169,948)	27,316,927	9,146,979
2021/2022	Surplus	(921,885)	3,852,291		3,852,291
	Cash	10,598,084	21,021,944		21,021,944
TOTAL SURPLUS (DEFICITS)		(269,226)	(506,679)	109,970,125	109,463,446
TOTAL CASH		10,106,544	4,285,141	144,124,203	148,409,345

CLAIM ANALYSIS BY FUND YEAR

TOTAL CLOSED YEAR CLAIMS	14,112	1,268,930	722,037,252	723,306,182
FUND YEAR 2020/2021				
Paid Claims	362,938	34,026,667	277,786,858	311,813,526
IBNR	(443,478)	(30,873,140)	31,677,000	803,860
Less Specific Excess	(527,118)	(2,266,939)	(4,697,889)	(6,964,828)
Less Aggregate Excess	0	0	0	0
TOTAL	(607,657)	886,589	304,765,969	305,652,558
FUND YEAR 2021/2022				
Paid Claims	33,802,056	252,439,242		252,439,242
IBNR	265,859	39,577,159		39,577,159
Less Specific Excess	(359,174)	(359,174)		(359,174)
Less Aggregate Excess	0	0		0
TOTAL	33,708,741	291,657,227	0	291,657,227
COMBINED TOTAL CLAIMS	33,115,195	293,812,746	1,026,803,221	1,320,615,968

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

9

AS OF MARCH 31, 2022

BY FUND YEAR

	SHIF 2021/2022	SHIF 2020/2021	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	21,021,944	9,146,979	118,240,422	148,409,345
Assessments Receivable (Prepaid)	22,644,263	(52,128)	-	22,592,136
Interest Receivable	-	-	0	0
Specific Excess Receivable	359,174	2,772,751	12,295	3,144,220
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	-	-	-	-
Other Assets	4,558,163	0	-	4,558,163
Total Assets	48,583,544	11,867,603	118,252,717	178,703,863
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	39,577,159	803,860	-	40,381,019
A4 Retiree Surcharge	4,737,661	2,418,530	-	7,156,191
Dividends Payable	-	-	1,653,239	1,653,239
Retained Dividends	-	-	19,623,046	19,623,046
Accrued/Other Liabilities	416,433	10,488	-	426,921
Total Liabilities	44,731,253	3,232,879	21,276,285	69,240,417
EQUITY				
Surplus / (Deficit)	3,852,291	8,634,724	96,976,432	109,463,446
Total Equity	3,852,291	8,634,724	96,976,432	109,463,446
Total Liabilities & Equity	48,583,544	11,867,603	118,252,717	178,703,863
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										
	FY 2020-21	2021-2022								
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Cash Position	\$ 144,124,203	\$ 142,115,684	\$ 145,590,556	\$ 143,043,017	\$ 149,232,883	\$ 156,264,306	\$ 157,356,722	\$ 144,803,751	\$ 138,302,801	\$ 148,409,345
IBNR	\$ 31,677,000	\$ 31,441,599	\$ 31,081,424	\$ 31,343,484	\$ 31,372,818	\$ 31,441,934	\$ 40,784,198	\$ 40,793,133	\$ 40,558,638	\$ 40,381,019
Assets	\$ 163,633,320	\$ 169,324,994	\$ 171,782,828	\$ 171,197,371	\$ 172,074,983	\$ 177,169,193	\$ 175,849,981	\$ 178,112,144	\$ 178,795,660	\$ 178,703,863
Liabilities	\$ 53,663,195	\$ 53,598,144	\$ 53,826,832	\$ 54,679,625	\$ 55,156,800	\$ 55,796,610	\$ 65,692,840	\$ 66,243,715	\$ 69,062,988	\$ 69,240,417
Surplus	\$ 109,970,125	\$ 115,726,850	\$ 117,955,997	\$ 116,517,746	\$ 116,918,183	\$ 121,372,584	\$ 110,157,141	\$ 111,868,429	\$ 109,732,673	\$ 109,463,446
Claims Paid -- Month	\$ 28,236,885	\$ 27,642,900	\$ 30,127,380	\$ 34,175,131	\$ 33,009,496	\$ 28,385,021	\$ 36,161,894	\$ 31,394,025	\$ 32,687,981	\$ 34,179,106
Claims Budget -- Month	\$ 27,204,781	\$ 32,990,253	\$ 32,227,563	\$ 32,911,475	\$ 32,820,505	\$ 32,902,980	\$ 32,875,319	\$ 32,873,741	\$ 32,806,413	\$ 32,798,159
Claims Paid -- YTD	\$ 294,183,014	\$ 27,642,900	\$ 57,770,280	\$ 91,945,411	\$ 124,954,907	\$ 153,339,928	\$ 189,501,822	\$ 220,895,847	\$ 253,583,828	\$ 287,762,934
Claims Budget -- YTD	\$ 311,809,085	\$ 32,990,253	\$ 65,217,816	\$ 98,129,291	\$ 130,949,796	\$ 163,852,776	\$ 196,728,095	\$ 229,601,836	\$ 262,408,249	\$ 295,206,408
RATIOS										
Cash Position to Claims Paid	5.1	5.14	4.83	4.19	4.52	5.51	4.35	4.61	4.23	4.34
Claims Paid to Claims Budget -- Month	1.04	0.84	0.93	1.04	1.01	0.86	1.10	0.95	1	1.04
Claims Paid to Claims Budget -- YTD	0.94	0.84	0.89	0.94	0.95	0.94	0.96	0.96	0.97	0.97
Cash Position to IBNR	4.55	4.52	4.68	4.56	4.76	4.97	3.86	3.55	3.41	3.68
Assets to Liabilities	3.05	3.16	3.19	3.13	3.12	3.18	2.68	2.69	2.59	2.58
Surplus as Months of Claims	4.04	3.51	3.66	3.54	3.56	3.69	3.35	3.4	3.34	3.34
IBNR to Claims Budget -- Month	1.16	0.95	0.96	0.95	0.96	0.96	1.24	1.24	1.24	1.23

Schools Health Insurance Fund						
2021/2022 Budget Status Report						
as of March 31, 2022						
	Actual	Annualized	Certified	Actual	\$ Variance	% Variance
Expected Losses	Budget	Budget	as of 7/1/21	Expensed		
Medical Claims	263,427,562	351,144,659	302,890,600	261,137,587	2,289,975	1%
Prescription Claims	28,135,856	37,501,513	32,237,754	27,210,058	925,798	3%
Dental Claims	3,642,990	4,859,637	3,751,031	3,309,582	333,408	9%
Subtotal Claims	295,206,408	393,505,809	338,879,385	291,657,227	3,549,181	1%
Rate Stabilization Reserve	0	0	0	0	0	0%
DMO Premiums	59,458	79,982	86,618	73,331	(13,873)	-23%
Reinsurance						
Specific	6,448,887	8,605,447	7,346,345	6,452,615	(3,729)	0%
Total Loss Fund	301,714,753	402,191,238	346,312,349	298,183,173	3,531,579	1%
Expenses						
Legal	28,201	37,601	37,601	28,212	(11)	0%
Treasurer	19,433	25,910	25,910	19,432	0	0%
Administrator	1,494,847	1,994,850	1,694,833	1,495,931	(1,084)	0%
Program Manager	3,993,864	5,329,975	4,552,710	4,094,321	(100,456)	-3%
Local Entity Risk Management	4,430,420	5,913,599	4,742,157	4,434,344	(3,924)	0%
TPA - Med Aetna	5,105,619	6,641,522	6,548,993	5,120,572	(6,847)	0%
Program Manager - Guardian Nurses	714,679	953,673	814,137	791,000	(76,321)	-11%
TPA - Med AmeriHealth Admin	1,401,842	1,849,304	1,439,640	1,401,553	290	0%
TPA - Med Horizon	20,573	26,570	22,440	20,532	41	0%
TPA - Vision	8,106	10,715	10,789	Included above in Med Aetna		
TPA - Dental	166,639	222,531	171,438	166,702	(62)	0%
Actuary	22,300	29,733	29,733	22,009	291	1%
Auditor	15,147	20,196	20,196	15,147	0	0%
Subtotal Expenses	17,421,671	23,056,179	20,110,577	17,609,755	(188,084)	-1%
Misc/Contingenct Expenses	34,411	45,881	45,881	8,654	25,757	75%
Data Analysis System	90,277	120,369	120,369	90,277	0	0%
Wellness Program	427,264	570,144	486,724	207,491	219,773	51%
Affordable Care Act Taxes	105,446	140,718	120,144	105,530	(84)	0%
A4 Retiree Surcharge	4,741,696	6,320,604	5,452,031	4,737,661	4,035	0%
Plan Documents	22,500	30,000	30,000	22,500	-	0%
Enrollment Audits	0	0	0	0	-	0%
Total Expenses	22,843,265	30,283,896	26,365,726	22,781,868	61,397	0%
Total Budget	324,558,018	432,475,135	372,678,075	320,965,041	3,592,976	1%

REGULATORY
SCHOOLS HEALTH INSURANCE FUND
YEAR: 2021/2022 AS OF MAY 17, 2022

<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
New Members	Filed
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	Q4 filed
Annual Audit	June 30, 2021 - 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

INDEMNITY AND TRUST AGREEMENT COMPLIANCE LISTING

Agreements expiring as of 6/30/2022 or earlier.

Sandyston-Walpack Consolidated School District	12/31/2021
Deptford Township BOE	6/30/2022
Hanover Park BOE	6/30/2022
Eastern Camden County BOE	6/30/2022
Hope Township School District	6/30/2022
Kingsway Regional School District	6/30/2022
Mansfield Township BOE	6/30/2022
Northern Burlington County Regional School District	6/30/2022
Oxford BOE	6/30/2022
Paulsboro Public Schools	6/30/2022
Wallkill Valley BOE	6/30/2022
Ramapo Indian Hills BOE	6/30/2022
Robbinsville BOE	7/1/2022

School's Health Insurance Fund

Program Manager's Report

May 2022

Program Manager: Conner Strong & Buckelew

Online Enrollment Training: shif_enrollments@permainc.com

Enrollments/Eligibility/Billing: shif_enrollments@permainc.com

Brokers: brokerservice@permainc.com

COVERAGE UPDATES:

Covid-19 Oral Prescriptions:

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications are to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

1- Pfizer- Paxlovid

2- Merck- Molnupiravir

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - o Member - \$0 copay
 - o Program Fee- \$2.50 per prescription
 - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - o Addition of medications to covered Formulary
 - o Member educational pieces (included in agenda)
 - o Quantity Limit – 1 course of treatment every 180 days

EXPRESS-SCRIPTS UPDATE

National Preferred Formulary Update (NPF) - ESI announced their formulary changes effective July 1, 2022. There are 21 SHIF members impacted by the changes. Impacted members will receive notification from ESI in early June that include equivalent alternatives and are encouraged to discuss them with their physician. Prior authorization approval will be needed in order to remain on the excluded covered drug after July 1, 2022. Please reference Formulary Changes List and updated National Preferred Formulary that will take effect July 1, 2022, provided with PM report. Email notification was sent to brokers on April 14th.

OPERATIONAL UPDATES:

Open Enrollment – 7/1/22 (Passive)

1. SHIF OE held April 25th through May 13th

2. All OE updates should be completed in Benefit Express by May 20th to allow time for ID cards to be delivered to members by 7/1/22
3. Garden State Plan will be added to all groups that did not add the plan in January
4. OE guides were distributed to brokers and group contacts

2021 PCORI Fees – Due August 1, 2022

Form 720 Reporting – Plan sponsors of applicable self-insured health plans are responsible for reporting and paying the PCORI annual fee by filing Form 720, Quarterly Federal Excise Tax Return. The Form 720 will be due on July 31 of the year following the last day of the plan year.

The HIFs will handle the submission of the form and payment for all groups with medical coverage in the HIFs.

2022 LEGISLATIVE REVIEW

COVID -19

1. National Emergency Declaration - Extended through July 15, 2022. The extension is in effect for 90 days. A decision to terminate the declaration or let it expire will be provided with a 60 days' notice prior to termination.
 - Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
 - Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period

2. At Home COVID-19 Testing - On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- Date- Starting on January 15, 2022, going forward
- Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- Dollar Limit- Up to \$12 per test
- Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government:

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

UPDATE: The 3rd round of free at-home tests are now available, each household is eligible to receive 8 tests which will come in 2 separate packages (4 tests in each package).

ESI Highlights:

- Point of service option is now available for members to get tests at the pharmacy counter.
- Mail order options is also available through ESI.
 - Ordering for more than one participant must be done separately.

- ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

3. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13, 2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Mental Health Parity and Addiction Equity Act (MHPAE)

In December of 2020 Congress passed into Law the Consolidated Appropriateness Act. The Law addresses how the DOL, HHS and IRS will assess how well plan sponsors and insured plans are keeping up with compliance requirements under MHPAE (passed in 2008).

Plans and plans sponsors will be required to complete a detailed analysis of the plan, confirming compliance.

On behalf of all self-insured groups, Conner Strong & Buckelew, is working with our TPA and PBM partners to request assistance for our clients in providing the analysis. We will continue to keep you updated on the progress and efforts on the Fund’s next steps.

<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/mental-health-parity/self-compliance-tool.pdf>

Surprise Billing and Transparency – Continued Delays

UPDATE

Aetna and Amerihealth will provide the HIF with a unique URL/hyperlink to post to the Fund’s public website. The URL/hyperlink will need to be posted to the site by July 1, 2022, or upon the group’s renewal date, whichever comes first. The link will automatically refresh each month with any updated information.

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

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

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

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

Artemis Data Warehouse Reporting

Follow Ups:

- Continue to promote \$0 Copay Telemedicine Behavioral Health Program
- Working with Guardian Nurses to develop a list of service and diagnosis codes that the Carriers can implement into their data reporting in 2022. Our new Carrier contracts include an allotment for technical enhancements that would moderate the cost.

Recommended Upcoming 2022 Reports and Reviews:

Q1 – Inflammatory Conditions – Specifically MSK (10/19 – 9/20 vs. 10/20 – 9/21)

- There were 15,253 distinct members who had MSK Episodes, representing 29% of the total SHIF enrollment, increase of 31.5% over the previous period.
 - Percentage makes up 16% of the total spend, medical and Rx.
 - MSK pharmacy spend is 4% of the total pharmacy budget.
- Total cost of MSK Episodes grew to \$41,800,495, an increase of 23.4% which is in line with the general population rise of the SHIF.
- Please reference MSK report included with February 2022 agenda.

Q2 – Women’s Health and Gaps in Care

Q3 – Men’s Health and Gaps in Care

Q4 – TBD

Appeals

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
3/26/22	Medical/ Aetna	SHIF-2022-03-08	Benefit Application	Denial Upheld	4/8/2022
3/26/22	Medical/ Aetna	SHIF-2022-03-09	Pre-service	Denial Overturned	3/30/22
3/31/22	Medical/ Aetna	SHIF-2022-03-10	Benefit Application	Denial Upheld	4/8/2022
4/4/22	Medical/ Aetna	SHIF-2022-04-01	Benefit Application	Denial Upheld	4/8/2022
4/4/22	Medical/ Aetna	SHIF-2022-04-02	Benefit Application	Denial Upheld	4/8/2022
4/4/22	Medical/ Aetna	SHIF-2022-04-03	Medical Necessity	Denial Overturned	4/26/2022
4/4/22	Medical/ Aetna	SHIF-2022-04-04	Medical Necessity	Denial Overturned	4/26/2022

4/14/22	Medical/ Aetna	SHIF-2022-04-05	Medical Necessity	Denial Overturned	4/27/2022
4/19/22	Medical/ Aetna	SHIF-2022-04-06	Benefit Application	Denial Upheld	5/2/2022
4/22/22	Medical/ Aetna	SHIF-2022-04-07	Medical Necessity	Denial Overturned	5/2/2022
4/28/22	Medical/ Aetna	SHIF-2022-04-08	Experimental	Denial Upheld	5/10/2022

IRO Submissions:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
3/26/22	Medical/ Aetna	SHIF-2022-03-09	Pre-service	Denial Overturned	3/30/22
4/4/22	Medical/ Aetna	SHIF-2022-04-03	Medical Necessity	Denial Overturned	4/26/2022
4/4/22	Medical/ Aetna	SHIF-2022-04-04	Medical Necessity	Denial Overturned	4/26/2022
4/14/22	Medical/ Aetna	SHIF-2022-04-05	Medical Necessity	Denial Overturned	4/27/2022
4/22/22	Medical/ Aetna	SHIF-2022-04-07	Medical Necessity	Denial Overturned	5/2/2022

Small Claim Committee Appeals: None

2022 National Preferred Formulary Exclusion List Changes

The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 1, 2022, 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
ANTIINFECTIVES Antivirals (Oral)	SITAVIG*, XERESE	acyclovir oral or cream, famciclovir, valacyclovir
AUTONOMIC & CENTRAL NERVOUS SYSTEM Miscellaneous Antidepressants	BUPROPION XL 450MG, FORFIVO XL	bupropion xl 150 mg or 300 mg
CARDIOVASCULAR Beta Blockers & Combinations	HEMANGEOL	propranolol solution
Diuretics	CAROSPIR	spironolactone
Fenofibrates	ANTARA	fenofibrate, fenofibric acid
DERMATOLOGICAL Agents for Hyperhidrosis	DRYSOL*, QBREXZA	Over-the-Counter aluminum chloride containing products
Oral Agents for Acne	ABSORICA LD	Isotretinoin capsules
Rosacea Agents (Oral)	DOXYCYCLINE 40 MG CAPSULES*, ORACEA	Oral: doxycycline hyclate, doxycycline monohydrate Topical: azelaic acid, ivermectin, metronidazole
Rosacea Agents (Topical)	NORITATE	metronidazole
Topical Agents for Acne	FABIOR, TAZAROTENE FOAM*	tazarotene cream, tretinoin
Topical Antifungals	ECOZA*, ERTACZO, LULICONAZOLE*, SULCONAZOLE*, XOLEGEL*	ciclopirox, clotrimazole, econazole, ketoconazole, naftifine, oxiconazole
Topical Corticosteroids	IMPEKLO*, HALOBETASOL 0.05% FOAM, IMPOYZ, LEXETTE, SERNIVO, ULTRAVATE	betamethasone, clobetasol, desoximetasone, diflorasone, fluocinonide, fluocinolone, halcinonide, halobetasol, mometasone, triamcinolone
Miscellaneous Topical Dermatological Agents	TAZORAC 0.05% CREAM	tazarotene 0.1% cream
	TAZORAC GEL	tazarotene 0.1% cream, tretinoin
	VEREGEN	imiquimod 5% cream, podofilox solution
GASTROINTESTINAL Antiemetics (Oral)	BONJESTA	doxylamine-pyridoxine hcl

* Current 2022 exclusion in this class

2022 National Preferred Formulary Exclusion List Changes

Drug Class	Excluded Medications	Preferred Alternatives
MUSCULOSKELETAL & RHEUMATOLOGY Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)	INDOCIN SUPPOSITORIES	etodolac, flurbiprofen, ibuprofen, indomethacin, ketoprofen, meloxicam, nabumetone, naproxen
	INDOCIN SUSPENSION	ibuprofen suspension, naproxen suspension

* Current 2022 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.

AFINITOR, AFINITOR DISPERZ

DUREZOL

Executive Summary
Year 4 Quarter 1
January 1, 2022- March 31, 2022

In January 2022, thanks to the Omicron variant, another cycle of increased COVID-19 infections occurred resulting in patients deciding to delay their care. As a result, the SHIF Mobile Care Coordinator team again pivoted to meet the clinical and emotional needs of the membership. Continuing to visit inpatients, reaching out to patients who had been precerted for studies, and identifying patients with gaps in care required more time with each patient whether telephonically or in person. In March 2022, as the world opened again, healthcare—particularly outpatient—continued to struggle to accommodate patients' needs.

Looking as a whole at this quarter's data, there were 453 referrals. Of those referrals, 395 were in the acute program; 8 were designated for the complex program. While inpatient admissions decreased from last quarter by 8%, and ICU admissions decreased by 50%, the MCC team focused on the "live" HealthShare Exchange (HSX) emergency room utilization to assist members with outpatient specialist appointments and provide education on the Omicron variant. As of this report, there are 73 engaged members in the Complex Care Program with five admissions involving our members. Of the 45 diabetic patients, 43 remained hospital-free this quarter resulting in a possible savings of \$94,532.00.

After living through the COVID pandemic, GN leadership added a social worker to our team to support our nurses in their work with our MCC patients. Damali N. Stansbury, LSW, MSW, assisted the SHIF team with four cases, in which she mobilized to meet the families in their homes. Three of the patients were pediatric; resources for triplets, Medicaid application and mental health resources. The last patient needed assistance with resources prior to a surgery and rehabilitation stay.

Year 4 Quarter 1 Acute Care Program:

Total Referrals: 395

1. 199 hospital admissions (8% decrease from last quarter)
 - a. HSX: 165
 - b. Aetna: 6
 - c. Amerihealth: 7
 - d. Direct Calls: 21
2. COVID inpatients: 9 (4.5%)
3. ICU Admissions: 13 (6.5%)
 - a. 8 were admitted to Centers of Excellence
 - b. 5 were not able to be visited due to COVID restrictions
4. 30 Day Readmissions: 14 (3 were pediatric readmits)
5. Mobilizations: 190 (includes hospitals, homes and physician offices)
6. Precerts: 145 precerts; 41% engaged and were supported

Oncology Diagnosis Data:

23 engaged members are receiving education on their disease and management of medications, as well as physical and emotional support.

Pediatric Population Data:

1. 38 engaged (21 chronic, 17 acute)
2. 12 were hospitalized this quarter



3. 1 required an ICU admission
4. 1 is receiving treatment for oncology diagnosis

Year 4 Quarter 1 Complex Care Program:

1. 73 actively engaged members; additional 16 members in outreach stage
2. 5 hospitalized this quarter; 1 admitted twice (6.8% admission rate)
3. 45 are diabetic members
 - 2 hospitalized this quarter, admission not related to diagnosis
 - 43 NOT hospitalized this quarter. Potential savings \$495,532.00 (<https://care.diabetesjournals.org>).
4. 19 mobilizations to home visits and physician offices

Current Diabetic Data:

1. 45 engaged members
2. 22 with decreased (and improved) HbA1c results. See table below.
3. 9 with increased HbA1c results
4. 13 waiting on follow-up labs, 1 member with unchanged HbA1C

Highlighted Story #1

MCC engaged 68-year-old spouse during hospitalization for small bowel obstruction. Patient with multiple hospitalizations for the same medical issue. MCC communicated with the surgeon and discussed the need for second opinion at a higher-level facility, then coordinated second opinion with GI surgeon at a Center of Excellence. Member currently receiving testing that would not have been available at previous facility. Consulting GI surgeon believes they will be able to treat this issue, decrease number of hospitalizations and improve member's quality of life. MCC continues to work closely with member on plan of care.

Highlighted Story #2

MCC engaged 74-year-old, primarily Greek-speaking spouse, during post-operative admission for bladder cancer. During inpatient visit, MCC met with the clinical team and member's daughter to discuss Stage IV diagnosis and treatment plan. Member's daughter upset, yet grateful for support. MCC mobilized several times to patient's home post discharge, to assess wounds, pain and provide education; coordinate specialist appointments, nutrition and palliative care consults. Patient was hospitalized week prior to start of treatment for fevers and infection. During that admission, it was noted on CT scan that the cancer had spread. MCC was able to help the family understand all of the results. Knowing this would change the plan of care, MCC called oncologist, who was also not aware of results. Patient is currently receiving hospice care and we continue to support member and family during this vulnerable period.

Highlighted Story #3

Received a direct call on a Friday at 4:30pm from Aetna Case Manager regarding a 59-year-old spouse discharged from hospital with multiple complex needs. Patient had past medical history of stroke and weakness. Patient was taking two antibiotics for a urinary tract infection and a dermatology issue which led to an allergic reaction called bullous pemphigoid; open blisters on her entire body resulting in admission. Patient refused acute rehabilitation to continue care. MCC mobilized to their home on Monday morning. Husband and wife team are Hispanic and have no other support system. MCC spent multiple hours coordinating care to ensure safety and prevent readmission. Homecare was scheduled to visit in a week, MCC expedited the nurse, physical therapy and case management to arrive the next day. MCC was able to coordinate a schedule in which the homecare nurse would visit opposite days of physical therapy, so someone would lay eyes on the patient every day. In addition, MCC organized Meals on



Wheels, Friendly Visitor (volunteer organization), grant for transportation to and from specialist appointments and the Hispanic Society will be paying the families electric bill starting October 2022. Guardian Nurses Social Worker mobilized to the home prior to the husband leaving for work to directly assist him in filing for Medicaid. Patient has remained hospital free since engaged with MCC.

MEMBER	Initial	Current	Delta	% Reduction
Member 1	13.3	5.2	-8.1	-61%
Member 2	11.6	5.4	-6.2	-53%
Member 3	11.3	6.1	-5.2	-46%
Member 4	10.6	7.2	-3.4	-32%
Member 5	10.6	7.3	-3.3	-31%
Member 6	10.2	7.3	-2.9	-28%
Member 7	9.6	7	-2.6	-27%
Member 8	10.6	8.1	-2.5	-24%
Member 9	9.3	7	-2.3	-25%
Member 10	8.4	6.3	-2.1	-25%
Member 11	10	8.1	-1.9	-19%
Member 12	9.9	8	-1.9	-19%
Member 13	8.1	6.9	-1.2	-15%
Member 14	8.6	7.4	-1.2	-14%
Member 15	12	11.1	-0.9	-8%
Member 16	9.3	8.5	-0.8	-9%
Member 17	9.2	8.5	-0.7	-8%
Member 18	8.9	8.3	-0.6	-7%
Member 19	8.1	7.5	-0.6	-7%
Member 20	9.6	9.4	-0.2	-2%
Member 21	6.1	5.9	-0.2	-3%
Member 22	7.2	7	-0.2	-3%

Discussion and follow ups:

1. How can GN obtain monthly labs from AmeriHealth?
2. Member flyers to any new BOE's coming on board to SHIF in July, need to be dropped off to the schools' front office by June 1st to be distributed into the teachers' mailboxes.
3. Presentations continue at Clearview Schools.
4. Welcome Jennifer White, RN, BSN, Acute MCC for SHIF Program started 4/1/2022.

Respectfully submitted,

Robin Sambuco

Robin Sambuco, RN, BSN
Vice President of Operations

SCHOOL HEALTH INSURANCE FUND BILLS LIST

Confirmation of Payment

APRIL 2022

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>
003292			
003292	STATE OF NJ HEALTH BENEFITS FUND	STATE SURCHARGE - ACTUAL - 2021	2,661,873.00
			2,661,873.00
		Total Payments FY 20-21	2,661,873.00

FUND YEAR 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003293			
003293	STATE OF NJ HEALTH BENEFITS FUND	STATE SURCHARGE - ESTIMATED - 2022	2,988,936.00
			2,988,936.00
003294			
003294	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 4/22	54,048.54
003294	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MANAGER FEES 4/22	367,551.32
003294	CONNER STRONG & BUCKELEW	TREADSTONE CREDIT 4/22	-2,888.34
003294	CONNER STRONG & BUCKELEW	BROKER FEES 4/22	492,786.35
003294	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 4/22	15,914.05
003294	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 4/22	6,576.90
			933,988.82
		Total Payments FY 21-22	3,922,924.82
		TOTAL PAYMENTS ALL FUND YEARS	6,584,797.82

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 2022

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>
003323			
003323	FREDON TOWNSHIP BOE	DIVIDEND 4/22	5,483.22
			5,483.22
003324			
003324	LEBANON TOWNSHIP BOE	DIVIDEND 4/22	21,382.48
			21,382.48
003325			
003325	BURLINGTON TOWNSHIP BOE	RETAINED DIVIDEND 4/22	266,773.22
003325	BURLINGTON TOWNSHIP BOE	DIVIDEND 4/22	113,921.26
			380,694.48
003326			
003326	LEAP ACADEMY UNIVERSITY CHARTER SCHOOL	DIVIDEND 4/22	34,652.23
			34,652.23
003327			
003327	TABERNACLE BOE	DIVIDEND 4/22	29,484.36
			29,484.36
003328			
003328	DELSEA REGIONAL BOE	DIVIDEND 4/22	103,168.37
			103,168.37
003329			
003329	CITY OF BURLINGTON BOE	DIVIDEND 4/22	58,765.80
			58,765.80
003330			
003330	MEDFORD TOWNSHIP BOE	DIVIDEND 4/22	86,616.46
			86,616.46
003331			
003331	WEST DEPTFORD BOE	DIVIDEND 4/22	55,496.65
			55,496.65
003332			
003332	LOGAN TOWNSHIP BOE	DIVIDEND 4/22	30,986.88
			30,986.88
003333			
003333	SWEDESBORO-WOOLWICH BOE	RETAINED DIVIDEND 4/22	114,289.80
003333	SWEDESBORO-WOOLWICH BOE	DIVIDEND 4/22	49,983.20
			164,273.00
003334			
003334	HAINESPORT TOWNSHIP BOE	DIVIDEND 4/22	1,651.24
			1,651.24
003335			
003335	EDUCATION INFORMATION & RESOURCE CENTER	DIVIDEND 4/22	6,050.87
			6,050.87
003336			
003336	FRANKLIN TOWNSHIP SCHOOL DISTRICT	DIVIDEND 4/22	5,766.26
			5,766.26
003337			
003337	FRELINGHUYSEN TOWNSHIP BOE	DIVIDEND 4/22	1,932.89
			1,932.89
003338			
003338	STILLWATER TOWNSHIP BOE	DIVIDEND 4/22	8,818.74
			8,818.74
003339			
003339	GLEN RIDGE PUBLIC SCHOOLS	27 DIVIDEND 4/22	13,525.92
			13,525.92

003340	CHESTERFIELD BOE	DIVIDEND 4/22	1,811.77
003340			1,811.77
003341	BASS RIVER TOWNSHIP BOE	DIVIDEND 4/22	447.31
003341			447.31
003342	RAHWAY BOE	DIVIDEND 4/22	29,966.65
003342			29,966.65
003343	TOWNSHIP OF FRANKLIN PUBLIC SCHOOLS (GC)	DIVIDEND 4/22	21,370.52
003343			21,370.52
003344	SPARTA BOE	DIVIDEND 4/22	19,752.04
003344			19,752.04
003345	EVESHAM TOWNSHIP BOE	DIVIDEND 4/22	87,133.29
003345			87,133.29
Total Payments FY CLOSED			1,169,231.43
TOTAL PAYMENTS ALL FUND YEARS			1,169,231.43

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

Confirmation of Payment

APRIL 2022

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 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003295			
003295	R-HEALTH, INC.	R-HEALTH MEMBERS 4/22	6,113.00
			6,113.00
003296			
003296	DELTA CARE DMO	GLOUCESTER SSSD 4/22	714.78
003296	DELTA CARE DMO	GLOUCESTER COUNTY IOT 4/22	190.41
			905.19
003297			
003297	FLAGSHIP DENTAL PLANS	DMO PREMIUMS 4/22	3,565.74
003297	FLAGSHIP DENTAL PLANS	DMO PREMIUMS 4/22	444.04
003297	FLAGSHIP DENTAL PLANS	DMO PREMIUMS 4/22	1,426.99
			5,436.77
003298			
003298	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 4/22	18,573.36
			18,573.36
003299			
003299	HORIZON BCBSNJ	MEDICAL TPA 4/22	1,995.50
			1,995.50
003300			
003300	AETNA LIFE INSURANCE COMPANY	VISION TPA 4/22	865.41
003300	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 4/22	509,715.25
			510,580.66
003301			
003301	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 4/22	149,646.67
			149,646.67
003302			
003302	PERMA RISK MANAGEMENT SERVICES	POSTAGE 3/22	62.70
003302	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 4/22	166,074.79
			166,137.49
003303			
003303	J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCUMENT FEE 4/22	5,198.00
003303	J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY FEES 4/22	3,102.75
			8,300.75
003304			
003304	VERRILL & VERRILL, LLC	TREASURER FEE 4/22	2,159.16
			2,159.16
003305			
003305	MEDICAL EVALUATION SPECIALISTS	MES CASE #1669940 - 3/22	306.25
003305	MEDICAL EVALUATION SPECIALISTS	MES CASE #1651640 - 3/22	245.00
003305	MEDICAL EVALUATION SPECIALISTS	MES CASE #1656531 - 3/22	331.25
			882.50
003306			
003306	RANOCAS VALLEY REG HSD	STAFF WELLNESS & SNEAKER REIM. 4/22	260.00
003306	RANOCAS VALLEY REG HSD	STAFF REIM. - DONNA A. - POWERLFT 4/22	145.00
003306	RANOCAS VALLEY REG HSD	WELL. - DAVE WRIGHT - POTTERY CLASS 4/22	180.00
003306	RANOCAS VALLEY REG HSD	WELLNESS REIM. - SNEAKERS 12/21	100.00
003306	RANOCAS VALLEY REG HSD	WELL. REIM. - DONNA A. - HONEY POST 4/22	450.00
			1,135.00
003307			
003307	WATCHUNG HILLS REGIONAL HS DISTRICT	WALKING CHALLENGE - PART 2 2/22	1,536.00
003307	WATCHUNG HILLS REGIONAL HS DISTRICT	OPENING DAY PROF. DAY SPEAKERS 9/21	4,725.00
003307	WATCHUNG HILLS REGIONAL HS DISTRICT	WALKING CHALLENGE - PART 1 10/21	2,543.00
			8,804.00

003308			
003308	WELLNESS COACHING	WELLNESS COACHING - DELRAN 4/22	1,667.00
003308	WELLNESS COACHING	WELLNESS COACHING - SWEDESBORO 4/22	1,970.00
			3,637.00
003309			
003309	US WELLNESS INC.	ON-SITE BIOMETRIC SCREENING 1/22	2,381.18
003309	US WELLNESS INC.	BURLINGTON TOWNSHIP 3/22	1,890.00
003309	US WELLNESS INC.	BURLINGTON TOWNSHIP 12/21	1,600.00
			5,871.18
003310			
003310	HEALTH FITNESS CONCEPTS RN, LLC	WALKING CHALLENGE INCENTIVE 2/22&4/22	1,150.00
			1,150.00
003311			
003311	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 4/22	470.00
			470.00
003312			
003312	RIVERSIDE TOWNSHIP BOARD OF EDUCATION	REIM. - TAVI HEALTH STEP CHALLENGE 12/21	400.00
003312	RIVERSIDE TOWNSHIP BOARD OF EDUCATION	REIM. FOR TEACHER WELLNESS AWARD 4/22	42.04
			442.04
003313			
003313	ADVANTA HEALTH SOLUTIONS INC	2/22 ACTIVEFIT+ PROGRAM INC. CREDITS	3,980.00
003313	ADVANTA HEALTH SOLUTIONS INC	4/22 ACTIVEFIT+ MANAGEMENT FEE	1,723.00
003313	ADVANTA HEALTH SOLUTIONS INC	4/22 ACTIVEFIT+ MANAGEMENT FEE	321.20
003313	ADVANTA HEALTH SOLUTIONS INC	2/22 ACTIVEFIT+ PROGRAM INC. CREDITS	80.00
			6,104.20
003314			
003314	DARCY LUCIA	APRIL FOOL'S WELLNESS SNACKS 4/22	39.98
003314	DARCY LUCIA	ITEMS FOR WELLNESS APRIL FOOL'S DAY 4/22	27.45
			67.43
003315			
003315	XL FITNESS	MAY 2022 BILLING	360.00
			360.00
003316			
003316	DAVID G. WRIGHT	WHEEL THROWING CLASS 4/22	180.00
003316	DAVID G. WRIGHT	TEACHER POTTERY CLASS 4/22	60.00
			240.00
003317			
003317	SHARON L. TUSCANO	FRAZZLED TO FOCUSED WELLNESS CLASS 4/22	500.00
			500.00
003318			
003318	COLLINGSWOOD BOARD OF EDUCATION	INFINITE MESSAGES 5/22	2,925.00
			2,925.00
003319			
003319	CONNER STRONG & BUCKELEW	ARTEMIS HEALTH Q2 PAYMENT	125.00
003319	CONNER STRONG & BUCKELEW	GUARDIAN NURSES FEE 4/22	87,500.00
			87,625.00
003320			
003320	FOODWERX FT. NICHOLAS CATERERS	SHIF MEETING 3/22	702.66
			702.66
003321			
003321	TAMAR DILEO	YOGA IN COLOR SESSIONS 4/22	360.00
			360.00
003322			
003322	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 4/22	717,098.20
			717,098.20
		Total Payments FY 21-22	1,708,222.76
		TOTAL PAYMENTS ALL FUND YEARS	1,708,222.76

Chairperson

Attest:

Dated:

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

30
Treasurer

SCHOOL HEALTH INSURANCE FUND

BILLS LIST

Resolution No. 21-22

MAY 2022

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 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003348			
003348	R-HEALTH, INC.	R-HEALTH MEMBERS 5/22	6,113.00
			6,113.00
003349			
003349	DELTACARE DMO	GLOUCESTER SSSD 5/22	714.78
003349	DELTACARE DMO	GLOUCESTER COUNTY IOT 5/22	207.14
			921.92
003350			
003350	FLAGSHIP DENTAL PLANS	DEPTFORD TWP - DMO PREMIUMS - 5/22	1,704.26
003350	FLAGSHIP DENTAL PLANS	LEAP - DMO PREMIUMS - 5/22	3,677.52
003350	FLAGSHIP DENTAL PLANS	CINNAMINSON - DMO PREMIUMS - 5/22	470.95
003350	FLAGSHIP DENTAL PLANS	CINNAMINSON (COMP) - DMO PREMIUMS - 5/22	1,579.43
			7,432.16
003351			
003351	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 5/22	18,638.88
			18,638.88
003352			
003352	HORIZON BCBSNJ	MEDICAL TPA 5/22	1,995.50
			1,995.50
003353			
003353	AETNA LIFE INSURANCE COMPANY	VISION TPA 5/22	869.05
003353	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 5/22	510,580.00
			511,449.05
003354			
003354	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 5/22	149,213.46
			149,213.46
003355			
003355	PAYFLEX	CHATHAMS 4/22	24.00
003355	PAYFLEX	CHATHAMS 3/22	24.00
003355	PAYFLEX	TABERNACLE 4/22	6.00
003355	PAYFLEX	MOORESTOWN 1/22	57.00
003355	PAYFLEX	MOORESTOWN 3/22	57.00
003355	PAYFLEX	CHATHAMS 1/22	24.00
003355	PAYFLEX	MOORESTOWN 4/22	57.00
			249.00
003356			
003356	PERMA RISK MANAGEMENT SERVICES	POSTAGE 4/22	264.61
003356	PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 5/22	166,309.07
			166,573.68
003357			
003357	ACTUARIAL SOLUTIONS, LLC	INCREMENT FEE PER AC FOR QTRLY IBNR 2022	3,000.00
003357	ACTUARIAL SOLUTIONS, LLC	2ND QUARTER 2022 FUND ACTUARY FEES	7,433.50
			10,433.50
003358			
003358	J. KENNETH HARRIS, ATTORNEY AT LAW	PLAN DOCUMENT FEE 5/22	6,624.00
003358	J. KENNETH HARRIS, ATTORNEY AT LAW	ATTORNEY FEES 5/22	3,102.75
			9,726.75
003359			
003359	VERRILL & VERRILL, LLC	TREASURER FEE 5/22	2,159.16
			2,159.16
003360			
003360	COURIER POST	ACCT.#CHL-092208 - SHIF AD - 4.18.22	41.44
003360	COURIER POST	ACCT.#CHL-092208 - JULY NOTICE - 3.10.22	57.60
			99.04

003361			
003361	CONNER STRONG & BUCKELEW	RX - PROGRAM MANAGER FEES 5/22	54,203.83
003361	CONNER STRONG & BUCKELEW	MEDICAL - PROGRAM MANAGER FEES 5/22	367,787.76
003361	CONNER STRONG & BUCKELEW	TREADSTONE CREDIT 5/22	-2,888.34
003361	CONNER STRONG & BUCKELEW	BROKER FEES 5/22	492,714.30
003361	CONNER STRONG & BUCKELEW	DENTAL - PROGRAM MANAGER FEES 5/22	15,970.20
003361	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 5/22	6,581.03
			934,368.78
003362			
003362	MEDICAL EVALUATION SPECIALISTS	MES CASE #1696445 - 4/22	225.00
003362	MEDICAL EVALUATION SPECIALISTS	MES CASE #1682658 - 4/22	225.00
			450.00
003363			
003363	RANOCAS VALLEY REG HS	CPR/FIRST AID CERT - DONNA AROMONDO 5/22	59.00
003363	RANOCAS VALLEY REG HS	BROAD STREET RUN - JEREMY ADAMIAK 5/22	63.42
003363	RANOCAS VALLEY REG HS	POTTERY CLASS - DAVID WRIGHT 4/22-5/22	180.00
003363	RANOCAS VALLEY REG HS	REIMBURSEMENT FOR WELLNESS PURCHASE 5/22	848.00
003363	RANOCAS VALLEY REG HS	REIMBURSEMENT - DANET POLEAT 5/22	100.00
003363	RANOCAS VALLEY REG HS	BROAD STREET RUN - BRIGHID MARQUESS 5/22	63.42
			1,313.84
003364			
003364	WELLNESS COACHES	WELL. COACHES - DELRAN & BIOMETRICS 5/22	3,092.00
003364	WELLNESS COACHES	WELLNESS COACHES - SWEDESBORO 5/22	1,970.00
			5,062.00
003365			
003365	DONNA AROMONDO	CPR/FIRST AID CERTIFICATION 5/22	59.00
			59.00
003366			
003366	TIMBER CREEK H.S. CAFE ACCT	WELLNESS DAY BEVERAGES & SUPPLIES 2/22	56.25
			56.25
003367			
003367	AETNA BEHAVIORAL HEALTH LLC	LEAP ACADEMY 5/22	470.00
			470.00
003368			
003368	RITA GENGARO	MISC. GIVEAWAYS 5/22	120.93
003368	RITA GENGARO	WELLNESS COORDINATOR STIPEND 5/22	750.00
003368	RITA GENGARO	TREATS AND TEA FOR STAFF 5/22	105.07
003368	RITA GENGARO	SUNSCREEN & LIP BALM 5/22	213.00
			1,189.00
003369			
003369	NJ ADVANCE MEDIA	ACCT #1000890281 - 22-23 BDGT - 4.16.22	14.79
003369	NJ ADVANCE MEDIA	ACCT #1000890210 - 22-23 BDGT - 4.16.22	44.77
			59.56
003370			
003370	ADVANTA HEALTH SOLUTIONS INC	5/22 ACTIVEFIT+ PROGRAM INC. CREDITS	4,480.00
003370	ADVANTA HEALTH SOLUTIONS INC	5/22 ACTIVEFIT+ MANAGEMENT FEE	1,729.00
003370	ADVANTA HEALTH SOLUTIONS INC	5/22 ACTIVEFIT+ MANAGEMENT FEE	321.20
003370	ADVANTA HEALTH SOLUTIONS INC	3/22 ACTIVEFIT+ PROGRAM INC. CREDITS	100.00
			6,630.20
003371			
003371	SOUTHAMPTON SCHOOL DISTRICT	WELLNESS REIMBURSEMENTS 5/22	6,798.01
			6,798.01
003372			
003372	MT. HOLLY PUBLIC SCHOOLS	SESSIONS 4/22	8,020.00
			8,020.00

003373			
003373	SOUTH HARRISON TOWNSHIP BOE	AMAZON GIFT CARDS 9/21	200.00
			200.00
003374			
003374	VOORHEES TOWNSHIP BOARD OF EDUCATION	MARLKRESS A WARDS WELLNESS GIVEAWAY 3/22	510.00
003374	VOORHEES TOWNSHIP BOARD OF EDUCATION	TAVI CHALLENGE WINNERS 3/22	500.00
			1,010.00
003375			
003375	DAVID G. WRIGHT	POTTERY CLASS 4/22-5/22	180.00
			180.00
003376			
003376	OPENHOUSE DIRECT, INC.	MASSAGE THERAPY 3/22	1,200.00
003376	OPENHOUSE DIRECT, INC.	BIOMETRIC & PRIVACY SCREENINGS 3/22	4,350.00
			5,550.00
003377			
003377	CONNER STRONG & BUCKELEW	GUARDIAN NURSES FEE 5/22	87,500.00
			87,500.00
003378			
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 3.31.22	11.32
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 2.28.22	11.56
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 4.30.22	11.56
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 3.31.20	6.65
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 5.31.20	6.65
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 1.31.22	10.86
003378	ACCESS	ACCT #962 - ARC. AND STOR. - 3.31.21	7.79
			66.39
003379			
003379	AMANDA M. PARISI	WELLNESS SUPPLIES - ACME & BJ'S 4/22	31.73
			31.73
003380			
003380	MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 5/22	717,559.48
			717,559.48
		Total Payments FY 21-22	2,661,579.34
		TOTAL PAYMENTS ALL FUND YEARS	2,661,579.34

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

MAY 2022

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>
003324			
003324	LEBANON TOWNSHIP BOE	VOID	-21,382.48
			-21,382.48
003327			
003327	TABERNACLE BOE	VOID	-29,484.36
			-29,484.36
003346			
003346	SPRINGFIELD TOWNSHIP BOE	MAY 2022 DIVIDEND	4,118.83
			4,118.83
003347			
003347	RANOCAS VALLEY REGIONAL BOE	MAY 2022 RETAINED DIVIDEND	250,000.00
			250,000.00
		Total Payments FY CLOSED	203,251.99
		TOTAL PAYMENTS ALL FUND YEARS	203,251.99

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

Confirmation of Payment

MAY 2022

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 21-22

<u>CheckNumber</u>	<u>Vendor Name</u>	<u>Comment</u>	<u>InvoiceAmount</u>
003381	KATHRYN HALLINAN	WELL REIM - AMAZON GIFT CARDS X8 3/22	200.00
			200.00
		Total Payments FY 21-22	200.00
		TOTAL PAYMENTS ALL FUND YEARS	200.00

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		2022							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid March	Monthly Recoveries March	Calc. Net Paid Thru March	TPA Net Paid Thru March	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2021	Medical	224,661,254.41	33,283,235.62	0.00	257,944,490.03	0.00	257,944,490.03	224,661,254.41	33,283,235.62
	Dental	2,849,978.17	383,402.74	0.00	3,233,380.91	0.00	3,233,380.91	2,849,978.17	383,402.74
	Rx	29,134,234.03	3,606,018.20	0.00	32,740,252.23	0.00	32,740,252.23	29,134,234.03	3,606,018.20
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	256,645,466.61	37,272,656.56	0.00	293,918,123.17	0.00	293,918,123.17	256,645,466.61	37,272,656.56

SCHOOLS HEALTH INSURANCE FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
Current Fund Year: 2022										
Month Ending: March										
	Medical	Dental	Rx	Dividend Payable	Med.Adv	Reinsurance	Stabilization (BOE	LFC	Admin	TOTAL
OPEN BALANCE	126,491,027.40	967,652.00	1,279,513.39	(1,752,941.20)	0.00	(1,010,021.48)	888,447.60	0.00	11,439,123.10	138,302,800.81
RECEIPTS										
Assessments	38,879,258.55	541,877.67	4,158,643.18	0.00	0.00	955,751.78	0.00	0.00	3,421,773.46	47,957,304.64
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	70,936.82	497.59	3,215.83	0.00	0.00	3.88	432.43	0.00	5,567.76	80,654.31
Invest Adj	(0.05)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.05)
Subtotal Invest	70,936.77	497.59	3,215.83	0.00	0.00	3.88	432.43	0.00	5,567.76	80,654.26
Other *	113,315.00	0.00	2,009,982.94	0.00	0.00	0.00	0.00	0.00	0.00	2,123,297.94
TOTAL	39,063,510.32	542,375.26	6,171,841.95	0.00	0.00	955,755.66	432.43	0.00	3,427,341.22	50,161,256.84
EXPENSES										
Claims Transfers	33,283,235.62	383,402.74	3,606,018.20	0.00	0.00	0.00	0.00	0.00	0.00	37,272,656.56
Expenses	0.00	5,823.47	0.00	114,788.44	0.00	719,789.00	0.00	0.00	1,941,655.72	2,782,056.63
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	33,283,235.62	389,226.21	3,606,018.20	114,788.44	0.00	719,789.00	0.00	0.00	1,941,655.72	40,054,713.19
END BALANCE	132,271,302.10	1,120,801.05	3,845,337.14	(1,867,729.64)	0.00	(774,054.82)	888,880.03	0.00	12,924,808.60	148,409,344.46

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS												
SCHOOLS HEALTH INSURANCE FUND												
ALL FUND YEARS COMBINED												
CURRENT MONTH	March											
CURRENT FUND YEAR	2022											
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	Parke Bank – Certificate of Deposit #9000742721	
ID Number:												
Maturity (Yrs)									3/13/2022			4/12/2022
Purchase Yield:		0.65	0.65	0.65	0.15	0.01	0.22	0.50	0.90	0.50		1.00
TOTAL for All Accts & instruments												
Opening Cash & Investment Balance	\$ 138,302,800.74	\$ 8,464,487.85	\$ 116,551.48	\$ 106,117,016.61	\$ 38,781.15	\$ 894.48	\$ 88,504.95	\$ 12,221,895.18	\$ 5,000,000.00	\$ 254,669.04	\$ 6,000,000.00	
Opening Interest Accrual Balance	\$ 0.01	\$ -	\$ -	\$ -	\$ -	\$ 0.01	\$ -	\$ -	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$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	\$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	\$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	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$80,654.32	\$4,532.80	\$545.30	\$61,022.14	\$4.46	\$0.00	\$16.32	\$5,945.69	\$3,876.72	\$108.15	\$4,602.74	
6 Interest Paid - Term Instr.s	\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.01	\$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	\$0.00	\$0.00
8 Net Investment Income	\$80,654.34	\$4,532.80	\$545.30	\$61,022.14	\$4.46	\$0.02	\$16.32	\$5,945.69	\$3,876.72	\$108.15	\$4,602.74	
9 Deposits - Purchases	\$71,871,138.67	\$50,080,602.58	\$2,782,056.63	\$14,000,000.00	\$0.00	\$0.00	\$0.00	\$5,008,479.46	\$0.00	\$0.00	\$0.00	\$0.00
10 (Withdrawals - Sales)	-\$61,845,249.28	-\$54,054,713.19	-\$2,782,056.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	-\$5,003,876.72	\$0.00	-\$4,602.74	
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
Ending Cash & Investment Balance	\$148,409,344.46	\$4,494,910.04	\$117,096.78	\$120,178,038.75	\$38,785.61	\$894.49	\$88,521.27	\$17,236,320.33	\$0.00	\$254,777.19	\$6,000,000.00	
Ending Interest Accrual Balance	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.02	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Plus Outstanding Checks	\$2,841,050.53	\$40,000.00	\$2,801,050.53	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
(Less Deposits in Transit)	-\$40,000.00	\$0.00	-\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Balance per Bank	\$151,210,394.99	\$4,534,910.04	\$2,878,147.31	\$120,178,038.75	\$38,785.61	\$894.49	\$88,521.27	\$17,236,320.33	\$0.00	\$254,777.19	\$6,000,000.00	



SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

May 25, 2022



SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2020-2021	# OF EES	PER EE	MEDICAL CLAIMS PAID 2021-2022	# OF EES	PER EE
JULY	\$14,230,010	11,287	\$ 1,261	\$18,771,219	14,784	\$1,270
AUGUST	\$15,900,571	11,067	\$ 1,437	\$23,959,789	14,129	\$1,696
SEPTEMBER	\$18,681,552	11,211	\$ 1,666	\$22,312,790	14,558	\$1,533
OCTOBER	\$16,487,889	11,339	\$ 1,454	\$22,038,722	14,518	\$1,518
NOVEMBER	\$17,288,537	11,343	\$ 1,524	\$21,948,287	14,542	\$1,509
DECEMBER	\$16,700,894	11,329	\$ 1,474	\$24,408,315	14,547	\$1,678
JANUARY	\$17,448,884	12,718	\$ 1,372	\$21,020,119	14,545	\$1,445
FEBRUARY	\$18,244,698	12,802	\$ 1,425	\$22,435,741	14,552	\$1,542
MARCH	\$17,582,043	12,829	\$ 1,370	\$26,092,101	14,523	\$1,797
APRIL	\$17,585,584	13,025	\$ 1,350			
MAY	\$18,916,886	13,363	\$ 1,416			
JUNE	\$23,389,400	13,376	\$ 1,749			
TOTALS	\$212,456,950			\$202,987,084		
				2021-2022 Avg.	14,522	\$ 1,554
				2020-2021 Avg.	12,141	\$ 1,458

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

Plan Sponsor Unique ID : All
Customer: SCHOOLS HEALTH INSURANCE FUND
Group / Control: 00141839,00169498,00169659,00737392,00737419

Paid Dates: 02/01/2022 - 02/28/2022
Service Dates: 01/01/2011 - 02/28/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$703,907.06	\$343,203.10	TWIN LIVEBORN INFANT,
	\$539,575.67	\$308,267.34	TOXIC LIVER DISEASE WITH
	\$164,900.40	\$114,684.75	NONRHEUMATIC MITRAL (VALVE)
	\$209,743.06	\$113,819.25	STEM CELLS TRANSPLANT
	\$223,902.93	\$112,611.11	COVID-19
	\$36,446.72	\$104,177.80	ATHEROSCLEROTIC HEART
	\$205,051.63	\$103,019.49	MALIGNANT NEOPLASM OF
	\$203,488.88	\$102,939.39	MALIGNANT NEOPLASM OF LEFT
Total:	\$2,287,016.35	\$1,302,722.23	

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

Plan Sponsor Unique ID : All
Customer: SCHOOLS HEALTH INSURANCE FUND
Group / Control: 00141839,00169498,00169659,00737392,00737419

Paid Dates: 03/01/2022 - 03/31/2022
Service Dates: 01/01/2011 - 03/31/2022
Line of Business: All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$957,393.68	\$298,600.35	COVID-19
	\$1,575,860.29	\$287,273.47	INFECTION AND INFLAMMATORY REACTION
	\$231,271.31	\$162,754.12	SPONDYLOLISTHESIS, LUMBOSACRAL
	\$250,662.03	\$145,096.91	NONRHEUMATIC MITRAL (VALVE)
	\$137,118.60	\$141,050.92	OTHER SPECIFIC ARTHROPATHIES, NOT
	\$254,713.60	\$115,137.09	ENCOUNTER FOR ADJUSTMENT AND
	\$130,850.00	\$108,815.00	ALCOHOL DEPENDENCE, UNCOMPLICATED
	\$122,903.57	\$107,909.21	SEPSIS, UNSPECIFIED ORGANISM
	\$145,954.65	\$106,955.14	SEPSIS, UNSPECIFIED ORGANISM
	\$113,295.79	\$104,711.15	AMYOTROPHIC LATERAL SCLEROSIS
Subtotal:	\$3,920,023.52	\$1,578,303.36	



Schools Health Insurance Fund

4/1/21 through 3/31/22 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee

July 2021 – March 2022

Total Medical Paid per Employee:
\$1,554

Network Discounts

Inpatient:	68.0%
Ambulatory:	67.2%
Physician/Other:	61.9%
TOTAL:	65.3%

Provider Network

% Admissions In-Network:	97.7%
% Physician Office:	95.8%

Aetna Book of Business:
Admissions 97.9%; Physician 91.5%

Top Facilities Utilized

(by total Medical Spend)

- Virtua-West Jersey
- CHOP
- University of Pennsylvania
- Cooper
- Morristown Medical Center

Claimants Over \$50,000 (January 2022 – March 2022)

Number of Claims Over \$50,000: 147
Claimants per 1000 members: 3.7
Avg. Paid per Claimant: \$105,760
Percent of Total Paid: 23.7%
• Aetna BOB- HCC account for an average of 39.8% of total Medical Cost

Teladoc Activity: January 2022– March 2022

Total Registrations: 328
Total Online Visits: 619
Total Net Claims Savings: \$292,224
Total Visits w/ Rx: 515

Utilization by Age

0-17: 8.2%
18-26: 10.7%
27-30: 7.9%
31-45: 45.9%
46-55: 17.9%
55-65: 8.1%
66+: 1.3%

Mental Health Visits: 232
Dermatology Visits: 22

Allentown Service Center Performance Goal Metrics YTD 2022

Customer Service Performance (Q1 2022)

1st Call Resolution:	94.2%
Abandonment Rate:	2.6%
Avg. Speed of Answer:	56.2 sec

Claims Performance (Q4 2021)

Financial Accuracy:	98.78%
(Q1 2022)	
90% processed w/in:	20.3 days
95% processed w/in:	45.0 days

Claims Performance (Monthly) (March 2022)

90% processed w/in:	14.2 days
95% processed w/in:	24.5 days

(Note: This is not a PG metric)

Performance Goals

1st Call Resolution:	90%
Abandonment Rate less than:	3.0%
Average Speed of Answer:	30 sec

Financial Accuracy: 99%

Turnaround Time

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

COVID-19 population alerts

Hot Spots in the United States - Map (to the right)

The map shows how the number of new cases have CHANGED in the last two weeks across the U.S. (not plan sponsor-specific). This provides an indication of which direction the level of new cases is trending.

County Alerts (below)

The tables below show the average daily new cases per 100,000 individuals by county over the past 7 days. These rates are reflective of the overall population of the county, not of your specific membership. We are providing this information to inform you where you have membership in counties that are experiencing a high or emerging rate of new cases.

The CDC collects new case counts at the county level. We are using this information to calculate a "7 day average new case count." This data is then normalized for population size (new cases per 100,000 individuals) to smooth unusual daily highs or lows, often caused by data collection fluctuations.

The county information below is for your top 25 counties (by membership) which have been identified as having either a high (>25) or emerging (10-24) average daily case rate. Note: There could be less than 25 counties in the tables or none at all if the alert criteria is not met in counties where you have membership.



Legend: -25.01% or less, -25% - -10.01%, -10% - 0.01%, 0% - 10%, 10.01% - 25%, 25.01% or more, No Data

Heat map of recent growth by county: This map shows the percentage change in cases between the last seven days and the previous seven days. Darker colors indicate an increasing trend while lighter colors indicate a decreasing trend. Last Updated: 05/17/2022 | Source: CDC

High risk counties (red) had greater than 25 daily new cases per 100,000 people last week
 Emerging risk counties (orange) had between 10 and 25 daily new cases per 100,000 people last week

Scroll to the end of this report for a list of the top 50 counties with the highest average daily new case counts where you have membership

High Risk (>25 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Burlington	445,349	10,751	47.0
NJ, Camden	506,471	6,628	43.6
NJ, Gloucester	291,636	5,825	37.3
NJ, Morris	491,845	2,156	52.4
NJ, Sussex	140,488	1,772	41.3
NJ, Hunterdon	124,371	1,739	43.5
NJ, Mercer	367,430	1,366	46.6
NJ, Warren	105,267	1,203	33.4
NJ, Ocean	607,186	1,142	34.5
NJ, Monmouth	618,795	950	45.2
NJ, Somerset	328,934	688	51.6
NJ, Essex	798,975	534	44.6
NJ, Bergen	932,202	484	58.7
NJ, Union	556,341	468	41.7
PA, Northampton	305,285	434	35.3
NJ, Middlesex	825,062	381	46.8
NJ, Atlantic	263,670	363	31.8
NJ, Passaic	501,826	337	38.3
PA, Delaware	566,747	107	27.0
PA, Montgomery	830,915	79	32.7
NJ, Cape May	92,039	70	37.7
PA, Monroe	170,271	56	25.2
PA, Lehigh	369,318	51	29.5
DE, New Castle	558,753	34	44.2
PA, Pike	55,809	30	26.6

Emerging Risk (10-24 new cases per 100,000 individuals)*

State, County	County population	Your members	Avg daily new cases per 100K
NJ, Salem	62,385	742	24.0
PA, Bucks	628,270	554	24.6
NJ, Cumberland	149,527	251	23.9
PA, Philadelphia	1,584,064	138	19.8
PA, Berks	421,164	7	17.4
SC, Horry	354,081	3	19.7
PA, Lancaster	545,724	3	17.3
TN, Davidson	694,144	1	22.8
SC, Charleston	411,406	1	13.3
TX, Fort Bend	811,688	1	19.2
SC, Greenville	523,542	1	10.0
AZ, Maricopa	4,485,414	1	11.8

* Counties with less than 20 new cases in the prior week will not appear in this report. New case data is not available for approximately thirty counties. County population is based on 2010 Census data. "Your members" represents your total Aetna self-insured membership.







COVID-19 Claims Activity

What claims have been adjudicated for COVID-19 related diagnoses and/or testing?

Use these insights to:

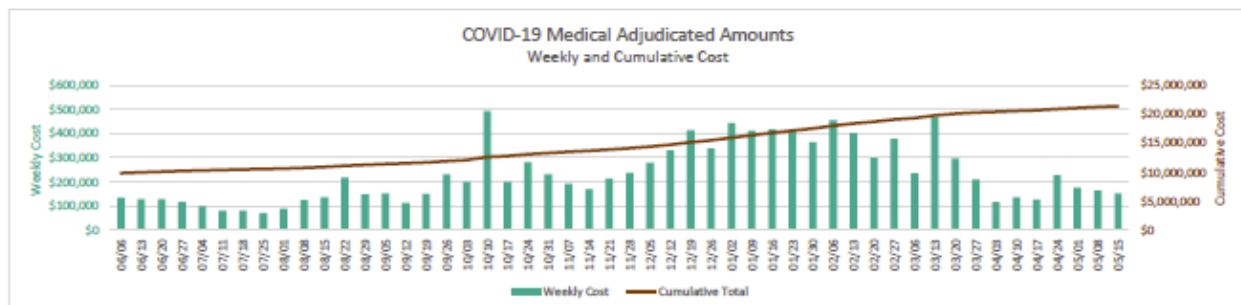
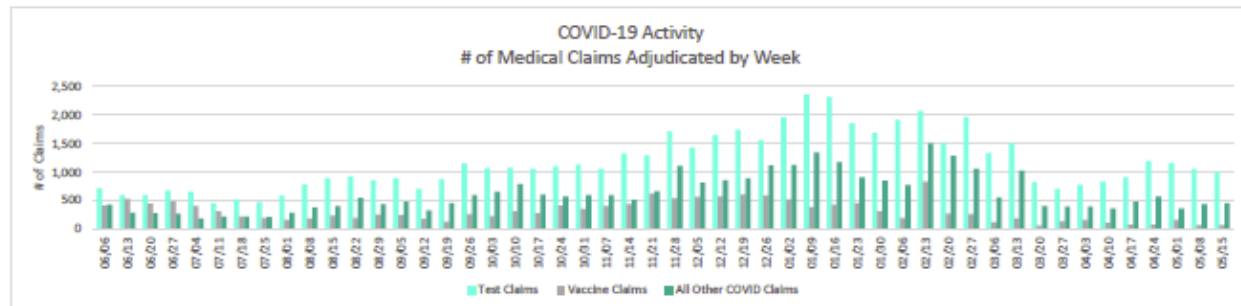
- ✓ Monitor estimated weekly plan expenses associated with COVID-19
- ✓ Understand the relative impact on overall claim spend

At a glance

	 COVID-19 paid	Number of Claims		Unique Claimants (claimants may be counted in each category)		
		 Tests	 Vaccine	 Tests	 Vaccine Administration*	 All Other Claims
Current Week	\$152,334	997	64	860	64	424
3/01/20 - 5/15/22	\$21,429,600	100,524	34,599	32,124	18,502	22,195

*Vaccine data includes medical and pharmacy for Aetna administered plans

How does this week compare to previous weeks?







Telemedicine Monitor

What is the recent Telemedicine claims activity?

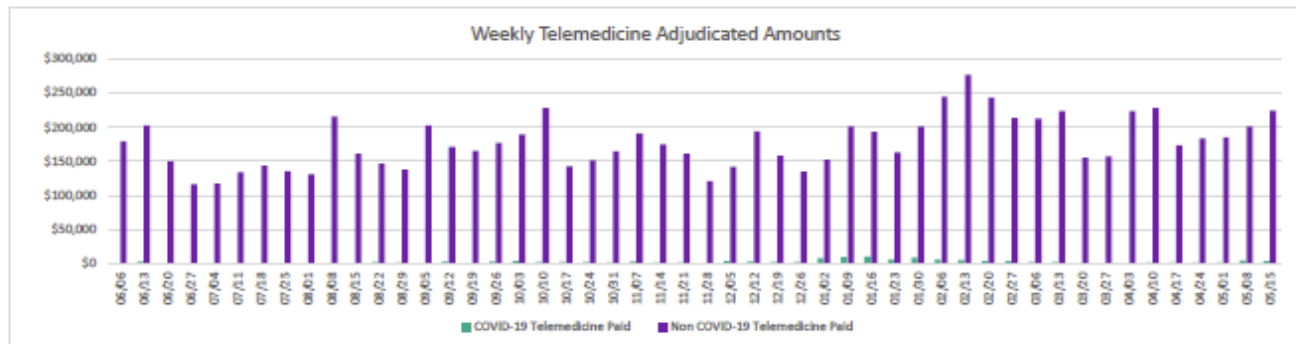
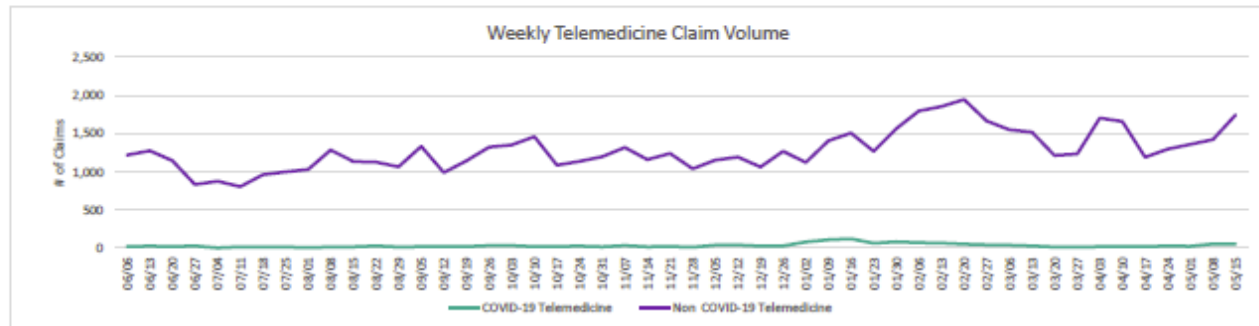
Use these insights to

- ✓ Review monthly growth of both Teladoc and community based providers providing approved telemedicine services
- ✓ Understand trends driven by COVID-19 related claims versus overall utilization for non-virus related conditions

At a glance

	 COVID-19 telemedicine paid	 Non COVID-19 telemedicine paid	 COVID-19 telemedicine claims	 Non COVID-19 telemedicine claims
Current Week	\$3,857	\$223,584	54	1,744
3/01/20 - 5/15/22	\$400,759	\$19,471,020	4,623	153,800

How is Telemedicine changing over time?



Total Weekly Adjudicated Medical Claims

What is the overall adjudicated claim activity on a weekly basis?

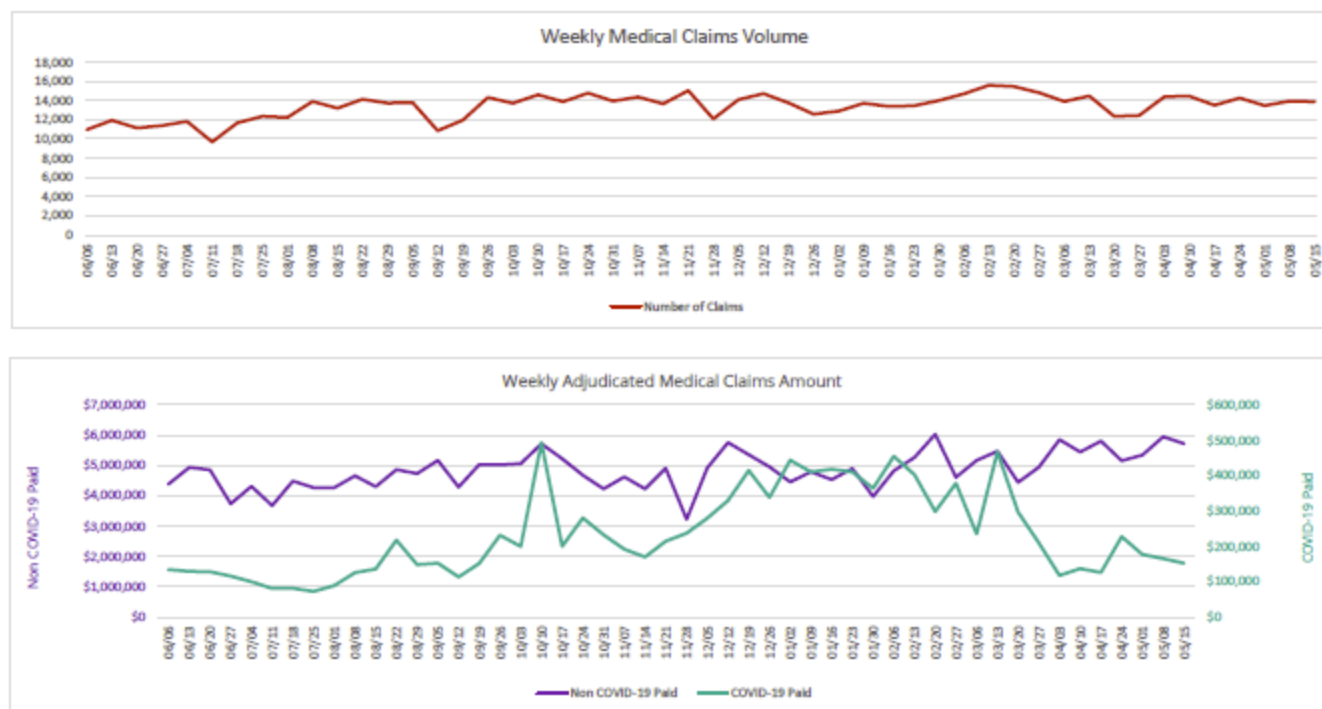
Use these insights to:

- ✓ Monitor weekly changes in claim levels for COVID-19 vs. other claim expenses
- ✓ Review how weekly claims are trending compared to anticipated levels or prior year experience

At a glance



How does this week compare to previous weeks?



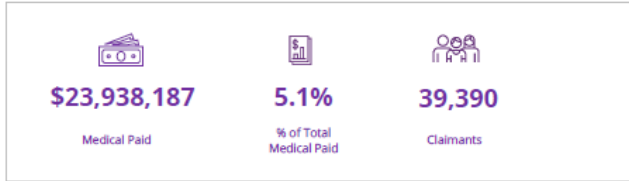
At a glance

COVID-19 All-time experience

Average Members: 33,757

Time period: Jan 2020 - Apr 2022, paid through April 2022

Key Statistics (Medical Claims Only)



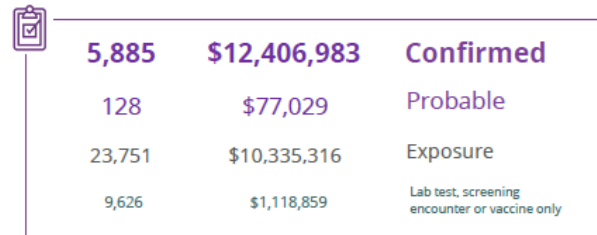
More detailed information is found on the next page to help you answer critical questions:

- ✓ How is COVID-19 impacting our health care spend? What is the context of trends and spend distribution across cost categories?
- ✓ How many members are affected?
- ✓ How many claims-based tests have been conducted for the virus and antibodies?
- ✓ How many individuals have received vaccinations?
- ✓ How is COVID spend trending in 2021 compared to 2020?

Additional views and detailed data tables following the main report also provide specific cost and utilization metrics across age band categories as well as service categories

Claimant Distribution*

How your total claimants break down based on diagnosis code information



*refer to Report terms on page 1

COVID-19 population risk*

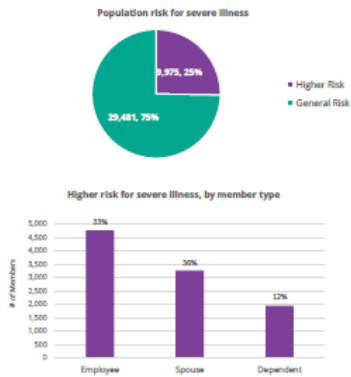


General risk for contracting COVID-19 exists across the population. Age and underlying health conditions are associated with higher risk for severe illness with the potential for severe symptoms, hospitalizations, ICU services, and poorer outcomes.

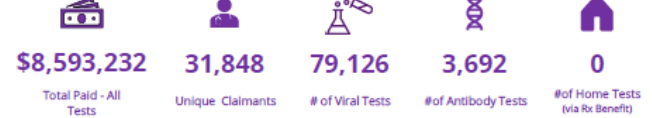
The pie chart shows the number and percent of your population with CDC-identified "higher risk for severe illness" [link](#).

The bar chart displays this information by member type.

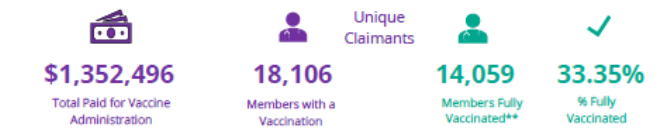
* See page one for High Risk definition.



Testing



Vaccine Administration (Medical & Pharmacy)*



*Includes claims paid under the Aetna Pharmacy benefit plan if applicable

**The unique count of members >= 5 years of age who have received all of the required doses based on claims received




AmeriHealth[®]

A D M I N I S T R A T O R S



Schools Health Insurance Fund

	Medical Claim 2020-2021	# of EE's 2020-2021	PER EE		Medical Claim 2021-2022	# OF EE'S 2021-2022	PER EE
JULY	\$2,636,206.12	3104	\$849.29	JULY	\$3,858,683.06	4034	\$956.54
AUGUST	\$4,021,019.01	3093	\$1,300.03	AUGUST	\$5,584,516.80	4025	\$1,387.45
SEPTEMBER	\$3,662,263.71	3130	\$1,170.05	SEPTEMBER	\$6,769,899.69	4142	\$1,634.45
OCTOBER	\$5,400,921.75	3124	\$1,728.84	OCTOBER	\$7,019,506.38	4146	\$1,693.07
NOVEMBER	\$3,676,934.35	3113	\$1,181.15	NOVEMBER	\$4,682,432.58	4157	\$1,126.39
DECEMBER	\$5,111,087.09	3102	\$1,647.67	DECEMBER	\$8,045,911.93	4156	\$1,935.97
JANUARY	\$4,450,033.08	3108	\$1,431.79	JANUARY	\$5,567,232.87	4179	\$1,332.19
FEBRUARY	\$4,149,253.33	3108	\$1,335.02	FEBRUARY	\$6,735,737.90	4177	\$1,612.57
MARCH	\$4,428,494.29	3099	\$1,429.00	MARCH	\$7,822,592.71	4173	\$1,874.57
APRIL	\$5,398,104.55	3100	\$1,741.32	APRIL	\$6,219,973.54	4165	\$1,493.39
MAY	\$4,412,902.85	3091	\$1,427.66	MAY			
JUNE	\$6,340,904.60	3088	\$2,053.40	JUNE			
TOTALS	\$53,688,124.73			TOTAL	\$62,306,487.46		
AVERAGE		3105	\$1,441.27	AVERAGE		4135.40	\$1,504.66

	Schools HIF					
	Paid Claims 7/1/21-6/30/22					
Average payment per member PMPM 7/1/21- 6/30/22	\$570.31	Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD
Number of claimants with paid claims over \$100,000 for YTD	77	1st Call Resolution	84.12%	83.64%	81.83%	82.63%
Total paid on those claimants:	\$14,749,752.54	ASA	140.07	178.91	163.63	229.57
		Abandonment Rate	7.15%	7.46%	7.20%	8.87%
Top Facilities Utilized based on paid claims:						
VIRTUA WEST JERSEY HEALTH SYSTEM INC, NJ						
HOSPITAL OF THE UNIV OF PENNSYLVANIA, PA		Totals	2021 YTD			
KENNEDY UNIVERSITY HOSPITAL GAC, NJ		Total Inpatient Admissions	484			
COOPER UNIVERSITY HOSPITAL, NJ		Total Inpatient Days	1,922			
CHILDRENS HOSPITAL OF PHILADELPHIA, PA		Total ER visits	1,484			
MD LIVE UTILIZATION						
Total Registrations 2021 YTD: 7						
Total Online Visits 2020 : 94						
Member Satisfaction YTD: 93%						
Provider Network						
% Inpatient In- Network: 96.3%						
% Professional providers In-Network: 95.2%						
% Outpatient providers In-Network- 93.3%						

**SCHOOLS HEALTH INSURANCE FUND (SHIF) - 0001396696**

Claims Incurred between 3/1/2020 and 5/13/2022 and Paid between 3/1/2020 and 5/13/2022

COVID19 Claims currently are consider to be claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0041A, 0042A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 0202U, 0223U, 0224U, 0225U, 0226U, 0240U, 0241U, 86328, 86408, 86409, 86413, 86769, 87426, 87428, 87635, 87636, 87637, 87811, 91300, 91301, 91303, 91304, 91305, 91306, 91307, C9803, G2023, G2024, J0248 , M0201, M0220, M0221, M0222, M0223,

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	103	217	\$109,580.47	\$504.98	\$37.30
1-5	596	1960	\$606,564.20	\$309.47	\$37.14
6-18	1891	5827	\$1,299,927.59	\$223.09	\$23.12
19-25	844	2838	\$1,088,864.13	\$383.67	\$41.87
26-39	1604	5501	\$1,433,445.71	\$260.58	\$31.41
40-64	3294	12003	\$4,411,341.99	\$367.52	\$45.38
65+	295	989	\$722,045.15	\$730.08	\$90.57
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	3311	12537	\$3,556,546.41	\$283.68	\$37.27
Spouse	1766	5926	\$2,708,607.54	\$457.07	\$48.70
Dependent	3257	10872	\$3,406,615.29	\$313.34	\$33.65

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	4678	17178	\$4,702,864.58	\$273.77	\$34.56
Male	3656	12157	\$4,968,904.66	\$408.73	\$42.76
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
DE	22	56	\$11,329.74	\$202.32	\$12.90
MA	1	1	\$42.13	\$42.13	\$3.24
MD	3	4	\$255.76	\$63.94	\$3.16
NJ	8111	28677	\$9,406,395.84	\$328.01	\$38.36
NY	2	7	\$544.48	\$77.78	\$12.96
PA	195	590	\$253,201.29	\$429.15	\$42.37

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	468	702	\$1,000,308.78	\$1,424.94	\$3.96
Emergency Room With Observation Bed	209	233	\$784,462.09	\$3,366.79	\$3.11
Observation Bed	11	11	\$15,526.21	\$1,411.47	\$0.06
Office Physician Visit	1354	1823	\$155,664.90	\$85.39	\$0.62
Other Physician Visit	122	138	\$26,297.12	\$190.56	\$0.10
Pathology (Laboratory)	6758	17840	\$1,871,592.23	\$104.91	\$7.42
Retail Clinic	13	13	\$1,450.00	\$111.54	\$0.01
Telemedicine	617	761	\$85,155.13	\$111.90	\$0.34
Urgent Care	1984	2879	\$503,921.89	\$175.03	\$2.00

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	4	4	4	\$35,182.02	16.80	\$8,795.51	\$11.97	2.75
1-5	4	4	4	\$122,562.05	2.40	\$30,640.51	\$7.50	3.25
6-18	7	8	7	\$119,721.90	1.20	\$17,103.13	\$2.13	4.29
19-25	9	9	9	\$482,741.28	3.60	\$53,637.92	\$18.56	10.22
26-39	21	24	22	\$377,795.09	6.00	\$17,172.50	\$8.28	3.05
40-64	50	51	51	\$2,173,258.42	6.00	\$42,612.91	\$22.36	5.78
65+	10	12	10	\$470,987.06	15.60	\$47,098.71	\$59.08	4.60
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	1406	2550	\$1,585,499.45	\$621.76	\$6.28
KENNEDY UNIVERSITY HOSPITAL GAC	477	695	\$986,057.33	\$1,418.79	\$3.91
Childrens Hospital of Philadelphia	220	323	\$737,795.38	\$2,284.20	\$2.92
Inspira Medical Center Mullica Hill	812	1452	\$602,534.97	\$414.97	\$2.39
Labcorp Raritan	3182	5125	\$489,201.71	\$95.45	\$1.94
Cooper University Hospital	594	808	\$424,137.52	\$524.92	\$1.68
Virtua-Memorial Hospital of Burlington	55	63	\$399,447.66	\$6,340.44	\$1.58
Presbyterian Medical Center	89	126	\$353,617.66	\$2,806.49	\$1.40
Thomas Jefferson University Hospital Inc	48	62	\$252,904.92	\$4,079.11	\$1.00
GENESIS LABORATORY MANAGEMENT	514	759	\$251,860.78	\$331.83	\$1.00
Hospital of the Univ of Pennsylvania	39	60	\$233,568.39	\$3,892.81	\$0.93
Capital Health System	20	24	\$201,160.51	\$8,381.69	\$0.80
Quest Diagnostics Inc	1223	1734	\$166,435.69	\$95.98	\$0.66
Virtua Our Lady of Lourdes Hospital	27	30	\$151,493.72	\$5,049.79	\$0.60
PROHEALTH CARE ASSOC LLP	482	759	\$131,231.39	\$172.90	\$0.52
Alfred I Dupont Institute	23	30	\$127,061.37	\$4,235.38	\$0.50
RIDGEWOOD DIAGNOSTIC LABORATORY LLC	98	258	\$119,378.39	\$462.71	\$0.47
St Christopher's Hospital for Children	4	14	\$113,790.69	\$8,127.91	\$0.45
University Medical Center of Princeton at Plainsboro	19	29	\$109,875.65	\$3,788.82	\$0.44
Pennsylvania Hospital of the University of Pennsylvania Health System	19	20	\$101,926.72	\$5,096.34	\$0.40
MD MEDICAL GROUP LLC	482	625	\$94,897.64	\$151.84	\$0.38
Virtua Post Acute Services	158	304	\$89,978.85	\$295.98	\$0.36
FORT WALTON BEACH MEDICAL CENTER, INC.	1	1	\$89,578.22	\$89,578.22	\$0.36
Inspira Medical Center Vineland	159	263	\$89,547.82	\$340.49	\$0.35
TJUH - Methodist Hospital	4	5	\$83,945.97	\$16,789.19	\$0.33

COVID19 Vaccine Claims with Procedure codes 0001A, 0002A, 0003A, 0004A, 0011A, 0012A, 0013A, 0031A , 0034A, 0051A, 0052A, 0053A, 0054A, 0064A, 0071A, 0072A, 91300, 91301, 91303, 91305, 91306, 91307

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	46	\$4,396.05	\$95.57
6-18	1	297	590	\$69,485.06	\$78.25
19-25	3	144	174	\$20,974.13	\$65.34
26-39	8	384	442	\$55,414.05	\$66.44
40-64	21	946	1176	\$141,465.73	\$66.01
65+	3	68	95	\$11,083.73	\$66.77
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	9	9	\$1,630.23	\$181.14
1-5	121	155	\$27,627.94	\$228.33
6-18	417	566	\$100,591.52	\$241.23
19-25	256	383	\$62,263.25	\$243.22
26-39	421	607	\$108,112.51	\$256.80
40-64	727	1055	\$184,392.14	\$253.63
65+	50	104	\$19,304.30	\$386.09
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	2	2	\$285.00	\$142.50
26-39	3	3	\$495.00	\$165.00
40-64	7	7	\$630.00	\$90.00
65+	1	1	\$40.00	\$40.00
Unknown	0	0	\$0.00	\$0.00



EXPRESS SCRIPTS®

School Health Insurance Fund

Total Component/Date of Service (Month)	2021 01	2021 02	2021 03	2021 Q1	2021 04	2021 05	2021 06	2021 Q2	2021 07	2021 08	2021 09	2021 Q3	2021 10	2021 11	2021 12	2021 Q4	2021 YTD
Membership	20,984	21,174	21,272	21,143	21,235	21,220	21,263	21,239	23,938	23,930	24,428	24,099	24,440	24,494	24,440	24,458	22,735
Total Days	685,776	648,595	788,157	2,122,528	727,167	779,854	759,939	2,266,960	815,987	874,051	802,870	2,492,908	841,751	869,004	858,000	2,568,755	9,451,151
Total Patients	7,369	7,345	8,341	11,676	8,222	8,570	8,657	12,599	9,512	9,783	9,497	14,535	10,150	10,653	10,951	15,916	20,509
Total Plan Cost	\$3,000,563	\$2,586,555	\$3,454,644	\$9,041,762	\$3,134,021	\$3,066,489	\$3,204,949	\$9,405,460	\$3,669,534	\$3,722,443	\$3,418,101	\$10,810,078	\$3,785,539	\$3,594,498	\$3,839,264	\$11,219,300	\$40,476,600
Generic Fill Rate (GFR) - Total	84.7%	84.6%	81.6%	83.5%	81.4%	81.2%	82.3%	81.6%	84.3%	83.3%	82.8%	83.4%	79.7%	78.8%	77.9%	78.8%	81.6%
Plan Cost PMPM	\$142.99	\$122.16	\$162.40	\$142.55	\$147.59	\$144.51	\$150.73	\$147.61	\$153.29	\$155.56	\$139.93	\$149.53	\$154.89	\$146.75	\$157.09	\$152.91	\$148.36
Total Specialty Plan Cost	\$1,051,820	\$887,136	\$1,345,066	\$3,284,021	\$998,752	\$1,009,174	\$1,157,417	\$3,165,343	\$1,190,143	\$1,362,459	\$1,286,261	\$3,838,862	\$1,372,699	\$1,397,072	\$1,520,022	\$4,289,793	\$14,578,019
Specialty % of Total Specialty Plan Cost	35.1%	34.3%	38.9%	36.3%	31.9%	32.9%	36.1%	33.7%	32.4%	36.6%	37.6%	35.5%	36.3%	38.9%	39.6%	38.2%	36.0%

Total Component/Date of Service (Month)	2022 01	2022 02	2022 03	2022 Q1	2022 04	2022 05	2022 06	2022 Q2	2022 07	2022 08	2022 09	2022 Q3	2022 10	2022 11	2022 12	2022 Q4	2022 YTD
Membership	24,262	24,219	24,281	24,254													
Total Days	868,743	799,047	897,998	2,565,788													
Total Patients	10,199	9,281	9,869	14,727													
Total Plan Cost	\$3,886,477	\$3,242,923	\$4,005,458	\$11,134,857													
Generic Fill Rate (GFR) - Total	81.8%	84.2%	86.3%	84.1%													
Plan Cost PMPM	\$160.19	\$133.90	\$164.96	\$153.03													
% Change Plan Cost PMPM	12.0%	9.6%	1.6%	7.4%													
Total Specialty Plan Cost	\$1,478,566	\$1,228,221	\$1,667,748	\$4,374,535													
Specialty % of Total Specialty Plan Cost	38.0%	37.9%	41.6%	39.3%													

PMPM	
Q1 2021	\$142.55
Q1 2022	\$153.03
Trend - 2022 YTD	7.4%



Claims Summary

Cost Containment

Claims	Dollars	Definition
Submitted Claims	\$9,886,925	Claims submitted by participating and non-participating dentists
(-) Savings		
(-)Network Discount	\$2,629,397	Savings from network participating dentist discounts
(-)Administrative	\$1,029,043	Contract limits, non-covered, non-billable services, optional services
(-)Dental Consultant	\$60,669	Clinical claim review by dental consultants
(-)Eligibility Verification	\$60,452	Claims for in-eligible members
(-)COB	\$406,626	Coordination of benefits
(-)Other	\$1,841,736	Deductibles, non-covered services, patient copay
(=)Total Savings	\$6,027,922	
Delta Dental Paid	\$3,859,002	Amount paid by Delta Dental

Network Discount

Network	Submitted Claims	Paid Claims	Network Discount	Network Discount / Submitted Claims	Contribution To Network Savings = Network Discount/Total In-Network Savings
Delta Dental Premier	\$2,715,121	\$1,380,833	\$617,714	22.75%	23.49%
Delta Dental PPO	\$5,892,638	\$1,970,066	\$1,773,126	30.09%	67.43%
Delta Dental Advantage	\$841,877	\$407,142	\$238,556	28.34%	9.07%
Total Network Discount	\$9,449,636	\$3,758,041	\$2,629,397	27.83%	100.00%
Out of Network	\$437,288	\$100,961		0%	0%
Total	\$9,886,925	\$3,859,002	\$2,629,397	26.59%	

Everyone Deserves a Healthy Smile

Member Benefits Summary

SCHOOLS HEALTH INSURANCE FUND - 09475

January 2021 - December 2021

Member Summary

Enrollment Summary	2020	2021	Percent Change	Book of Business
Average Number of Members	11,046	13,498	22.2%	
Average Number of Subscribers	4,273	5,200	21.7%	
Ratio of Members to Subscribers	2.6	2.6	0.0%	2.1
Incurred Claims per Member by Class Of Service	2020	2021	Percent Change	Book of Business
Preventive and Diagnostic Services	\$133	\$151	13.4%	\$147
Basic Services	\$69	\$74	6.5%	\$98
Major Services	\$41	\$42	2.4%	\$52
Orthodontic Services	\$12	\$12	-7.3%	\$19
Total Services	\$255	\$278	8.8%	\$316
Incurred Procedures per Member by Class of Service	2020	2021	Percent Change	Book of Business
Preventive and Diagnostic Procedures	3.7	3.9	0.1%	3.6
Basic Procedures	0.6	0.7	0.1%	0.9
Major Procedures	0.2	0.2	0.0%	0.2
Orthodontic Procedures	0.0	0.0	0.0%	0.1
Total Procedures	4.5	4.8	28.9%	4.7

Member Benefits Summary

SCHOOLS HEALTH INSURANCE FUND - 09475

January 2021 - December 2021

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,350	0%	21	1.7%
	1-20%	592	47.1%
	21-40%	390	31.0%
	41-60%	73	5.8%
	61-80%	41	3.3%
	81-99%	43	3.4%
	100%	98	7.8%
	Members with paid claims:	1,258	100.0%
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,500	0%	23	1.6%
	1-20%	828	58.6%
	21-40%	317	22.4%
	41-60%	107	7.6%
	61-80%	51	3.6%
	81-99%	25	1.8%
	100%	62	4.4%
	Members with paid claims:	1,413	100.0%
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,800	0%	6	0.8%
	1-20%	453	63.9%
	21-40%	140	19.7%
	41-60%	36	5.1%
	61-80%	34	4.8%
	81-99%	19	2.7%
	100%	21	3.0%
	Members with paid claims:	709	100.0%

Everyone Deserves a Healthy Smile

Member Benefits Summary

SCHOOLS HEALTH INSURANCE FUND - 09475

January 2021 - December 2021

Plan Maximum Utilization

All Networks

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,000	0%	68	2.0%
	1-20%	1,395	41.4%
	21-40%	1,135	33.7%
	41-60%	284	8.4%
	61-80%	161	4.8%
	81-99%	101	3.0%
	100%	226	6.7%
	Members with paid claims:	3,370	100.0%
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,250	0%	57	2.7%
	1-20%	1,159	54.5%
	21-40%	587	27.6%
	41-60%	145	6.8%
	61-80%	72	3.4%
	81-99%	51	2.4%
	100%	56	2.6%
	Members with paid claims:	2,127	100.0%

Member Benefits Summary

SCHOOLS HEALTH INSURANCE FUND - 09475

January 2021 - December 2021

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$2,000	0%	1	0.6%
	1-20%	106	65.0%
	21-40%	28	17.2%
	41-60%	9	5.5%
	61-80%	5	3.1%
	81-99%	7	4.3%
	100%	7	4.3%
	Members with paid claims:	163	100.0%
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$3,000	1-20%	22	91.7%
	21-40%	2	8.3%
	Members with paid claims:	24	100.0%
		9,064	100.0%

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

FFS + Out of Network

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,200	0%	7	6.5%
	1-20%	60	56.1%
	21-40%	23	21.5%
	41-60%	7	6.5%
	61-80%	1	0.9%
	100%	9	8.4%
	Members with paid claims:	107	100.0%

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$2,000	1-20%	39	90.7%
	21-40%	3	7.0%
	100%	1	2.3%
	Members with paid claims:	43	100.0%
		150	100.0%

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

Out of Network

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$2,000	1-20%	30	93.8%
	41-60%	2	6.3%
	Members with paid claims:	32	100.0%
		32	100.0%

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

PPO + FFS + Advantage + Out of Service

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$3,000	0%	21	2.1%
	1-20%	793	81.2%
	21-40%	103	10.5%
	41-60%	36	3.7%
	61-80%	15	1.5%
	81-99%	7	0.7%
	100%	2	0.2%
	Members with paid claims:	977	100.0%
		977	100.0%

Everyone Deserves a Healthy Smile

Member Benefits Summary

SCHOOLS HEALTH INSURANCE FUND - 09475

January 2021 - December 2021

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

PPO + Out of Service

Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$1,300	0%	2	2.8%
	1-20%	45	62.5%
	21-40%	8	11.1%
	41-60%	4	5.6%
	61-80%	4	5.6%
	81-99%	2	2.8%
	100%	7	9.7%
	Members with paid claims:	72	100.0%
Plan Maximum	Plan Maximum Used	Members	Percent of Total Members
\$3,000	0%	2	4.9%
	1-20%	31	75.6%
	21-40%	6	14.6%
	41-60%	2	4.9%
	Members with paid claims:	41	100.0%
		113	100.0%

Members counted in a \$1,000,000 plan maximum may be duplicated in other plan maximum member counts.

**SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
MAY 25, 2022**

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 11-22: Professional Services Contract Award	Page 68
Resolution 12-22: EUS Contract Award	Page 70
Resolution 13-22: Appointing Agent for Process of Service.....	Page 72
Resolution 14-22: Appointing Fund Newspapers.....	Page 73
Resolution 15-22: 2022-2023 Meeting Dates	Page 74
Resolution 16-22: Cash Management Plan	Page 75
Resolution 17-22: Risk Management Plan	Page 79
Resolution 18-22: Compensating Producers	Page 90
Resolution 19-22: Authorizing Treasurer for Contracted Payments	Page 103
Resolution 20-22: New Member Approval.....	Page 104
Resolution 21-22: April and May 2022 Bills List.....	Page 105

RESOLUTION 11-22

SCHOOLS HEALTH INSURANCE FUND

**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 \$30,500 from July 1, 2022 – June 30, 2023,

WHEREAS, Ken Harris Law is willing and able to provide said services for a term of 12 months at the rate of \$37,978 from July 1, 2022 – June 30, 2023,

WHEREAS, Bowman & Company is willing and able to provide said services for a term of 12 months at the rate of \$20,196 from July 1, 2022 – June 30, 2023,

WHEREAS, Verrill & Verrill LLC is willing and able to provide said services for a term of 12 months at the rate of \$26,428 from July 1, 2022 – June 30, 2023,

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 25, 2022

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 12-22

**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, 2022 – June 30, 2023 - \$8.84 per employee per month

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

July 1, 2022 through June 30, 2023 - \$20.09 per employee per month for medical, \$.36 per employee per month for health care reform compliance, \$2.72 per employee per month for dental, \$6.09 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 \$216,300 annual per nurse for the period of July 1, 2022 – June 30, 2023 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 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 13-22

**SCHOOLS HEALTH INSURANCE FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2022-2023**

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 2022-2023 or until its successor has be appointed and qualified.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 25, 2022

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 14-22

**SCHOOLS HEALTH INSURANCE FUND
DESIGNATING
THE OFFICIAL NEWSPAPERS FOR THE FUND YEAR 2022-2023**

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 2022-2023 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 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 15-22

**SCHOOLS HEALTH INSURANCE FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2022-2023**

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

NOW THEREFORE BE IT RESOLVED, by the Board of Trustees of the Schools Health Insurance Fund that the Fund shall hold public meetings during the year 2022-2023 on the following dates:

July 27, 2022 - Moorestown Community House, 16 East Main St, Moorestown, NJ 08057

Locations TBD for the following dates:

September 28, 2022

November 30, 2022*

February 22, 2023

March 22, 2023

May 24, 2023

July 26, 2023

* 5th Wednesday of the month.

BE IT FURTHER RESOLVED that the Secretary of the Fund is hereby directed to publish a copy of this resolution and the designated newspapers of the fund, and listed on the Fund Website (www.schoolshif.com)

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 25, 2022

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

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

SCHOOLS HEALTH INSURANCE FUND

2022/2023 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 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

SCHOOLS HEALTH INSURANCE FUND

2022/2023 RISK MANAGEMENT PLAN

Effective: July 1, 2022

Adopted: May 25, 2022

The **RISK MANAGEMENT PLAN** for the Schools Health Insurance Fund (the “SHIF”), for the SHIF Year beginning July 1, 2022 and ending on June 30, 2023 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.

- 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

Specific Coverage: The fund self-insures for the first \$500,000 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)

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.

ADOPTED: MAY 25, 2022

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 2022-2023;

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 2022-2023 per entity:

Group Name	PEPM
Alexandria Township BOE	\$ 54.07
Berlin Borough BOE	\$ 25.66
Bethlehem Township School District	\$ 54.07
Blairstown BOE	\$ 47.00
Burlington Township BOE	\$ 22.92
Byram Township BOE	\$ 47.00
Califon BOE	\$ 47.00
Chesterfield BOE	\$ 54.07
Cinnaminson Township BOE	\$ 46.29
City of Burlington BOE	\$ 26.34
Clayton BOE	\$ 47.00
Clearview Regional BOE	\$ 47.00
Colts Neck Township BOE	\$ 59.22

Group Name	PEPM
East Greenwich BOE	\$ 46.29
Eastern Camden County School District	\$ 54.07
Eatontown BOE	\$ 54.07
Evesham Twp BOE	\$ 19.95
Florence Township BOE	\$ 58.76
Foundation Academy Charter School	\$ 48.75
Franklin Township School District	\$ 54.07
Fredon Town BOE	\$ 47.00
Frelinghuysen Township BOE	\$ 47.00
Glassboro BOE	\$ 47.23
Glen Ridge Public Schools	\$ 23.03
Gloucester City BOE	\$ 54.07
Gloucester Township BOE	\$ 13.77
Greenwich Township BOE	\$ 47.00
Hanover Park BOE	\$ 70.77
Hardyston Township BOE	\$ 47.00
Harrison Township BOE	\$ 47.00
High Point Regional BOE	\$ 47.00
Hope Township School District	\$ 54.07
Hunterdon Central Regional HS BOE	\$ 54.07
Jamesburg BOE	\$ 47.00
Lebanon Township BOE	\$ 54.07
Lenape Regional High School	\$ 17.56
Lenape Valley Regional BOE	\$ 47.00
Lindenwold BOE	\$ 54.07
Logan Township BOE	\$ 36.12
Lumberton Township BOE	\$ 42.63
Mansfield Township BOE	\$ 47.00
Mantua Township BOE	\$ 56.22
Maple Shade BOE	\$ 47.00
Medford Lakes BOE	\$ 46.29

Group Name	PEPM
Medford Township BOE	\$ 56.82
Mendham Borough School District	\$ 62.05
Mendham Township BOE	\$ 54.07
Moorestown Township Public Schools	\$ 13.66
Mt Laurel Township	\$ 30.22
MT. Holly Township BOE	\$ 28.29
Newton BOE	\$ 47.00
Northern Burlington County Regional School Dstrct	\$ 47.00
Ogdensburg Borough School District	\$ 54.07
Oxford Central School	\$ 54.07
Paulsboro Public Schools	\$ 54.46
Pennsauken BOE	\$ 13.62
Pinelands Regional School District	\$ 72.13
Plumsted Twp BOE	\$ 55.58
Pohatcong Township BOE	\$ 47.00
Ramapo Indian Hills Regional High School	\$ 16.40
Riverside Township BOE	\$ 46.29
Sandyston-Walpack Consolidated School District	\$ 57.66
School District of the Chathams	\$ 54.07
Shamong Township BOE	\$ 47.00
South Harrison BOE	\$ 15.07
Southampton Township BOE	\$ 46.29
Springfield Township BOE	\$ 58.94
Stillwater Township BOE	\$ 52.90
Swedesboro Woolwich BOE	\$ 13.91
Township of Franklin Public Schools (GC)	\$ 52.53
Wallkill Valley Regional BOE	\$ 54.07
Washington Borough BOE	\$ 47.00
White Township BOE	\$ 47.00
Woodbury City BOE	\$ 20.46
Woodbury Heights BOE	\$ 12.52
Woodland Township BOE	\$ 47.00

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 25, 2022

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 _____, 2022.

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 biding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer of the State of New Jersey pursuant to P.L. 1975, c.127, N.J.S.A 10:5-31 et seq., as amended and supplemented from time to time.

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

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

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

BRM shall furnish such reports or other documents to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a

compliance investigation pursuant to subchapter 10 of the Administrative Code (NJAC 17:27).

XI. OWNERSHIP OF RECORDS

A. All records and data of any kind relating to the Fund shall belong to the Fund, and be surrendered to the Fund upon expiration or termination of this Agreement. Notwithstanding the foregoing, BRM shall be entitled to maintain one (1) copy of all files to the extent such retention is required by law. For purposes of clarification, continued maintenance of any such records required by law shall also be subject to the confidentiality provisions of this Agreement.

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

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

XII. REMEDIES IN EVENT OF BREACH

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

XIII. MISCELLANEOUS

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

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

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

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

otherwise becomes bound by all the terms and provisions of this Agreement by operation of law.

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

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

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

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

If to BRM, to:

If to CSB, to:
General Counsel
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 _____
_____ 2022 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, 2022. The fee will be revised because of material change in coverage within the Fund.

Member	Fee

RESOLUTION NO. 19-22

**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 2022-2023.

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: MAY 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 20-22

**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 25, 2022** 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	Carrier	Effective Date
Roxbury BOE	441	Aetna	7/1/2022
Watchung BOE	82	Aetna	8/1/2022

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 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 21-22

**SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE APRIL AND MAY 2022 BILLS LIST AND TREASURERS REPORT**

WHEREAS, the **Schools Health Insurance Fund** (the “Fund”) held a Public Meeting on **MAY 25, 2022**, 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 2022 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 April 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 2022 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 25, 2022

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

APPENDIX I

**SCHOOLS HEALTH INSURANCE FUND
OPEN MINUTES
MARCH 30, 2022
MOORESTOWN COMMUNITY HOUSE
12:00 PM**

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

ROLL CALL 2021-2022 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		Present
Nicholas Bice	Burlington Township BOE		Present
Marie Goodwin	Medford Township BOE		Present
Jason Schimpf	Kingsway Regional School District		Absent
Helen Haley	Voorhees Township BOE		Present
Jim Sekelsky	Newton BOE		Absent

FUND ADMINISTRATOR: **PERMA Risk Management**
Brandon Lodics, Executive Director
Jordyn DeLorenzo, Assistant Account Manager

PROGRAM MANAGER: **Conner Strong & Buckelew**
Crystal Bailey, Program Manager

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: Absent

EXPRESS SCRIPTS: Mike Stahl

DELTA DENTAL

Brian Remlinger

GUARDIAN NURSES:

Rebecca Zarkowski

PRESENT FUND PROFESSIONALS:

Scott Davenport
Susan Jarnagin
Chuck Grande
Rob Wachter
Michele Witherspoon
Kim Porter
Danielle Dolci
Ken Verrill
Mary Muscarella
Tricia Malady
Anthony Tonzini

Michael Blake
Delran BOE
Joel Sand
Barbara Farquhar
Christine Lyons
Andrea Spector
Greg D'Orazio
Ed OMalley
Dina Murray
John Ogunkanmi
Susan Panto

MOTION TO APPROVE OPEN MINUTES OF FEBRUARY 23, 2022

Moved:	Commissioner Giovanelli
Second:	Commissioner Colling
Vote:	Unanimous

PUBLIC COMMENT – None.

EXECUTIVE DIRECTORS REPORT

FINANCIAL FAST TRACK – January 31, 2022 – Overall good month for January. This is reflective of the new IBNR schedule that was discussed at the last meeting.

2022/2023 BUDGET ADOPTION

Mr. Lodics stated that the budget has not changed since last presented.

MOTION TO OPEN THE PUBLIC HEARING ON THE 2022-2023 BUDGET

Moved:	Commissioner Coleman
Second:	Commissioner Colling
Vote:	Unanimous

Open to questions. None.

MOTION TO CLOSE THE PUBLIC HEARING

Moved:	Commissioner Coleman
Second:	Commissioner Colling
Vote:	Unanimous

MOTION TO ADOPT RESOLUTION 7-22 ADOPTING THE 2022-2023 SCHOOLS HEALTH INSURANCE FUND BUDGET AS INTRODUCED.

Moved: Commissioner Giovanelli
Second: Commissioner Colman
Vote: Unanimous

DIVIDEND STATUS

Mr. Lodics stated as a reminder, dividend option letters were released the first week of March. We have received responses from some entities. If you'd like to receive your dividend in a form other than a check, please return your election to Jordyn no later than the end of April. Checks will automatically be released otherwise.

ACTUARY UPDATE

The Actuary has been notified that the fund accepted his proposal for the quarterly reviews and the Fund will released the data for the Q1 review at the end of March.

MEMBERSHIP AND TERMINATIONS

Mr. Lodics announced that Glenridge BOE and Evesham BOE are terming to go with the state benefits. They will be leaving 7/1 with just about under 200 employees. Mr. Lodics stated that we are looking at potential new members within the fund and reviewed the below chart. There are 6 BOEs that appear to be interested, Lawrence BOE and ESC have both submitted resolutions to join.

HIF GROWTH CAPACTIY 2022-2023							
March 31, 2022 HIF Enrollment	18,744						
Growth Cap - 20%	3,749						
New Member Underwriting Status - FY 2022-2023							
Group	Employees	Lines of Coverage	Proposal Released	BOE Approval	Union Approval	Signed I&T	Effective Date
Lawrence BOE	479	Med & Rx	Y	Y	Y	N	7/1/2022
ESC of Morris County	43	Medical	Y	Y	Y	N	7/1/2022
West Orange BOE	883	Med & Rx	Y	N	N	N	7/1/2022
Green BOE	43	Med & Rx	Y	N	N	N	7/1/2022
Summit BOE	443	Med & Rx	Y	N	N	N	7/1/2022
Clark BOE	169	Med & Rx	Y	N	N	N	7/1/2022
Total Employees	2,060						
% Growth	10.99%						
Remaining	1,689						
Terminating Membership							
Glen Ridge BOE	189						
Evesham BOE	493						
Growth (net of terminating membership)	7.35%						

MOTION TO APPROVE RESOLUTION 8-22: OFFERING MEMBERSHIP TO THE GROUPS MENTIONED:

Moved: Commissioner Coleman

Second:
Vote:

Commissioner Giovanelli
Unanimous

FINANCIAL DISCLOSURE STATEMENTS

Mr. Lodics stated that we will be reaching out to the brokers to assure the Fund Commissioner listings are all up to date before the FDS Roster is completed.

PROGRAM MANAGER'S REPORT

COVERAGE UPDATES:

Program Manager stated there is no new information. The report below is a placeholder for everyone to stay up to date on their covid 19 oral prescriptions.

The Food & Drug Administration has approved 2 oral antiviral medications for Emergency Use Authorizations (EUA). With a EUA certification, plan sponsors are expected to cover the medications with a \$0 copay. The Government will be purchasing the medications and distributing to local pharmacies for adjudication through Pharmacy plans (Express Scripts). The approved functions of these medications are to assist in reducing the severity of complications as a result of COVID-19 in individuals who test positive with present symptoms. As of today, the medications will require a prescription from a physician for access.

3- *Pfizer- Paxlovid*

4- *Merck- Molnupiravir*

Express Scripts has proactively begun updating their adjudication systems to ensure plans meet the expectations of the Federal Government:

- Associated Costs:
 - o Plan - \$0 Ingredient cost during the period that the medications are purchased by the Federal Government
 - o Member - \$0 copay
 - o Program Fee- \$2.50 per prescription
 - o Dispensing Fee- TBD; additional legislative guidance is needed for local pharmacies
- Plan Impact
 - o Addition of medications to covered Formulary
 - o Member educational pieces (included in agenda)
 - o Quantity Limit – 1 course of treatment every 180 days

OPERATIONAL UPDATES:

Open Enrollment – 7/1/22 (Passive)

Ms. Bailey reviewed the following:

5. SHIF OE will be held April 25th through May 13th
6. All OE updates should be completed in Benefit Express by May 20th to allow time for ID cards to be delivered to members by 7/1/22
7. Garden State Plan will be added to all groups that did not add the plan in January
8. OE guide will be sent from the Program Manager's team for distribution

Delta Dental – 7/1/22

Ms. Bailey stated that we are recommending HIF groups with Delta Dental PPO plans with preventative exams frequencies other than 2 times per calendar year change the frequency to 2 times per calendar year. This will avoid claims being denied when a visit is made within the same calendar year sooner than six months from the last exam. Please note this does not apply to groups with Flagship DHMO and/or DeltaCare USA plans as they are state filed plans and cannot be altered. Currently SHIF has 2 groups that have a preventive exam frequency other than 2 times per calendar year under their PPO dental plan. Program Manager recommends the change be effective 7/1/22.

2021 LEGISLATIVE REVIEW

COVID -19

Program Manager reviewed the information included in the agenda.

Program Manager stated that the National Emergency Declaration has been extended through April 15, 2022 and they will keep an eye out for other updates.

- Qualified Beneficiaries may wait one year to elect COBRA but must then start to make premium payments
- Individual has a maximum of one year from date of payment originally would have due, including any applicable grace period
- Under special transition rule- certain premium payments are not required to be made before 11/1/21.

4. At Home COVID-19 Testing - On January 10th, the Biden Administration issued a mandate that takes effects on January 15, 2022, requiring the coverage of At Home/Over the Counter COVID-19 test kits by Employer sponsored health plans. As outlined in the communication sent on January 14, 2022, the HIF will cover the kits under the pharmacy plan (ESI). For groups contracted outside of the HIF for their pharmacy benefit, the group should contact their PBM or broker to implement a coverage solution.

Coverage Highlights:

- o Date- Starting on January 15, 2022, going forward
- o Network – the legislation encourages healthcare insurers to develop a network of locations at which the tests can be purchased with \$0 member cost share at point of service
- o Dollar Limit- Up to \$12 per test
- o Quantity Limit- Up to 8 tests per individual per 30 days

FREE Tests from the Government:

Starting Tuesday, January 19th, anyone can go to the web site and arrange to have four (4) kits mailed to their home at no cost. The web site is <https://www.COVIDTests.gov>. For those that may not have internet access, there is a toll-free number available to requests tests, 800-232-0233 (TTY 888-720-7489). The White House says tests will begin to get shipped within seven days from ordering. Access to free tests should help relieve employers and plan sponsors from absorbing these additional testing costs.

ESI Highlights:

- o Point of service option is now available for members to get tests at the pharmacy counter.
- o Mail order options is also available through ESI.
 - o Ordering for more than one participant must be done separately.
- o ESI will allow up to 8 tests per covered individual per 30 days, regardless of the source used to obtain the kits.
- o Communication update was sent on February 11, 2022, outlining the retail and mail order process through ESI. Member communications were included for distribution.

5. Vaccine Mandates – November 4, 2021, OSHA released the *Emergency Temporary Standard*. Which implemented a “vaccine or test,” requirement for Employers over 100 Employees. The Mandate is still not in effect as it has gone through multiple State and Federal Court appeals. Most recently, on January 13,

2022, the US Supreme Court blocked the enforcement of vaccine or testing mandate for businesses with at least 100 employees.

As a reminder testing as an occupational requirement are not covered under Employer Health Plans.

Mental Health Parity and Addition Equality Act (MHPAE)

Program Manager stated this is informational and as they get more information they will share, there are no new updates.

Surprise Billing and Transparency – Continued Delays

Program Manager stated that there are no new updates but they will keep the fund updated as they come in.

ARTEMIS

Ms. Bailey stated that in the next meeting they will be reviewing Women’s Health and Gaps in Care.

Ms. Bailey reviewed the three below charts:

Carrier Appeals:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
3/4/22	Medical/ Aetna	SHIF-2022-03-02	OON/ Non-Emergent	Pending	Pending
3/16/22	Medical/ Aetna	SHIF-2022-03-05	INN Facility/OON Anesthesiologist	Pending	Pending
3/21/22	Medical/ Aetna	SHIF-2022-03-06	Medical Necessity	Pending	Pending

IRO Submissions:

Submission Date	Appeal Type /Carrier	Appeal Number	Reason	Determination	Determination Date
3/1/22	Medical/ Aetna	SHIF-2022-03-01	Medical Necessity	Denial upheld	3/15/22
3/9/22	Medical/ Aetna	SHIF-2022-03-03	Medical Necessity	Denial upheld	3/17/22
3/9/22	Medical/ Aetna	SHIF-2022-03-04	Continued Skilled Nursing Facility Care	Denial upheld	3/22/22

Small Claim Committee Appeals:

Submission Date	Appeal Type/Carrier	Reason	Determination	Determination Date
2/28/22	Medical/ AmeriHealth	Newborn not added within 60 days	Denial upheld	3/3/22
3/4/22	Medical/ Aetna	Opted out of coverage/ Requested reenrollment past 60 days	Denial upheld	3/7/22

MOTION TO APPROVE 10-22 CHANGE IN DENTAL PLAN:

Moved: Commissioner Coleman
Second: Commissioner DiGangi
Vote: Unanimous

GUARDIAN NURSES – Rebecca Zarkowski, Vice President reviewed the report attached in the agenda. Ms. Zarkowski went over the hospitalizations and high claimants from the time period of 2/10/22 – 3/28/2022. She stated to let Guardian Nurses know they would like to have presentations at their schools for open enrollment season.

TREASURER – Fund Treasurer reviewed the bills lists for February and March 2022 as well as the treasurers report listed in the agenda.

MOTION TO APPROVE RESOLUTION 9-22 APPROVING THE BILLS LISTS AND TREASURERS REPORT AS PRESENTED:

Moved: Commissioner Giovanelli
Second: Commissioner Collings
Vote: All in Favor

FUND ATTORNEY – Fund Attorney absent.

AETNA – Mr. Silverstein reviewed the claims from January 2022 with a pepm \$1,445. He stated there were 10 high cost claims over 100,000. Mr. Silverstein reviewed the dashboard report and introduced new metrics of claims monthly performance. Mr. Silverstein reviewed the Covid-19 reporting for the week of March 13, 2022. He stated that our membership is showing a lower risk on the covid scale.

AMERIHEALTH – Ms. Strain reviewed the claims for February 2022 which came in at \$6,735,737.90. There were 5 high cost claimants for the month of February over the threshold of \$100,000. Ms. Strain

reviewed the metrics and stated that there has been a higher call volume in the beginning of the year but they have taken the proper steps to return those numbers back to normal. Ms. Strain then reviewed the covid reports included in the agenda.

HORIZON- None.

EXPRESS SCRIPTS – Mr. Stahl stated that the January 2022 claims came in at \$3,788,388 which is a 11.7% increase compared to the previous year.

DELTA – Brian Remlinger reviewed the Network utilization report included in the agenda. Mr. Remlinger wanted to mention that the out of network usage is less than 5% which is good for the numbers.

OLD BUSINESS – None.

NEW BUSINESS – Mr. Collins stated that this is Marie Goodwin's last meeting. He wanted to thank her and wish her well in her future.

PUBLIC COMMENT:

MOTION TO ADJOURN:

MOTION:	Commissioner DiGangi
SECOND:	Commissioner Giovanelli
VOTE:	Unanimous

MEETING ADJOURNED: 12:34 pm

NEXT MEETING: May 25, 2022
Moorestown Community House
12:00pm

Jordyn DeLorenzo, Assisting Secretary
Date Prepared: March 31, 2022

APPENDIX II

WELLNESS COMMITTEE MINUTES

May 10, 2022

10:30 am

Attendees:

Joseph Collins

Christopher Lessard

Evon DiGangi

BethAnn Coleman

Emily Koval, PERMA

Jordyn DeLorenzo, PERMA

Chris Lessard called the meeting to order.

Ms. Koval reviewed the 2022-2023 Wellness Grant Program Application. She stated that last year there was a Tavi challenge option that many groups took advantage of. We learned that this past year, Tavi is limiting the amount of challenges that they are giving out so that is not going to be an option this year. She went over the three options available to the applicants:

Option 1	Comprehensive Biometric Screenings – on site finger prick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting. <i>Stipend cap = \$500</i>
Option 2	Comprehensive Biometric Screenings - on site finger prick test for blood glucose, cholesterol, in addition to blood pressure and body mass index. Includes aggregate reporting Wellness Days – 2-3 times a year, the district may offer educational seminars, healthy cooking instructions or light fitness classes to employees. <i>Stipend cap - \$1,500</i>
Option 3	Design Your Own Program – This option will allow the district to continue with an existing program or design a new wellness plan for this school year. Please include a detailed description of the plan, timeframes and associated costs that the district will be responsible for and total grant money requested by the Fund. <i>Stipend cap - \$2,500 and should be comparable to amount of work involved by the wellness champion.</i>

Ms. Koval stated that like last year, stipend caps have been placed on each option and will be reviewed and approved by the wellness committee and applications are due by July 10, 2022. She asked if anyone had any changes they would like to make to the application or recommendations. Mr. Lessard stated that the application and program seem flexible enough and has no recommendations. Mr. Collins agreed and stated that he has not heard any negative feedback from this program and he has no recommendations for changing the application.

The fund has budgeted \$571, 000 for this wellness program this year.

Ms. Koval showed the committee the wellness spend tracker that had been updated through April 2022 for the 2021-2022 Fund Year. She stated that we will be sending out a letter letting the members know their grant amount from last year and the amount they've spent including their balance. We are

going to ask that everyone have their wellness vouchers in by June 30th so that we can prepare for next year.

Ms. Koval stated that there are still a lot of members who have not used their approved amounts yet. We prefer that the groups send in one large voucher for the entire year where we invoice the BOE so we will see a lot more reimbursements coming in May and June.

Evon DiGangi stated that this was their first year and they loved it. She asked if we could provide her with a preferred vendor list for the next year. Ms. Koval stated that she will send her that information immediately. Mr. Lessard also asked if we could send him a preferred vendor list that other schools have been utilizing and that they love. We can share this with any of the brokers who request it.

Ms. Koval informed the Committee that we will be sending instructions with the applications about a new e-mail box that is set up specifically for PERMA finances.

Meeting Adjourned

Minutes Prepared by:

Jordyn DeLorenzo, Assistant Account Manager

5/10/2022