SCHOOLS HEALTH INSURANCE FUND

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AGENDA & REPORTS

July 30, 2025

12:00 PM

Moorestown Community House – CLUB ROOM

SCHOOLS HEALTH INSURANCE FUND
MEETING: July 30, 2025
Moorestown Community House
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY THE EXECUTIVE DIRECTOR

Call to Order
As Executive Director 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 2024-2025 BOARD OF TRUSTEES

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

Board of Trustees
Christopher Lessard, Frankford Twp BOE
Evon DiGangi, Medford Twp BOE
Nicholas Bice, Burlington Twp BOE
Jason Schimpf, Kingsway Regional School District
Helen Haley, Voorhees Township BOE
John Bilodeau, Gloucester Twp BOE
Fran Adler, Clayton BOE
Katie Blew, North Hunterdon-Voorhees Regional HS
Derek Jess, Summit BOE
Scott Kipers, Black Horse Pike BOE
Stephen Jakubowski, West Deptford BOE
Janice Grassia, Gateway Regional BOE
Donna DiLapo, Mt. Holly BOE

ELECTION RESULTS ANNOUNCED

ATTORNEY SWEARS IN 2025-2026 OFFICERS AND BOARD OF TRUSTEES

ROLL CALL OF 2025-2026 BOARD OF TRUSTEES

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Janice Grassia, Gateway Regional BOE
Donna DiLapo, Mt. Holly BOE

OPEN MINUTES: May 28, 2025 (**Appendix I)**

PUBLIC COMMENT: For Agenda Items Only

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

Motion to close the meeting to the public for agenda items only

EXECUTIVE DIRECTOR (PERMA)
Monthly Report.....**Page 5**

PROGRAM MANAGER– (Conner Strong & Buckelew)
Monthly Report.....**Page 15**

GUARDIAN NURSES -
Monthly Report .....**Page 19**

TREASURER – (Verrill & Verrill)
June 2025 Voucher List .....**Page 20**
July 2025 Voucher List .....**Page 25**
Monthly Report (May 2025)

ATTORNEY – (J. Kenneth Harris.)
Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)
Monthly Report.....**Page 33**

NETWORK & THIRD PARTY ADMINISTRATOR – (AmeriHealth – Kristina Strain)

SCHOOLS HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
JULY 30, 2025

PRO FORMA REPORTS

- **Fast Track Financial Report –** as of May 31, 2025 (page 10)

OPERATIONS & NOMINATIONS

ORGANIZATIONAL RESOLUTIONS

Pending the results of the election of officers, there are three Resolutions to be approved.

1. Resolution 24-25: Appointing the Fund Commissioners to the MRHIF
2. Resolution 25-25: Designating the Custodian of Fund Records
3. Resolution 26-25: Authorizing Signatories for Bank

FINANCE & CONTRACTS COMMITTEE

NO SURPRISES ACT LEGISLATION CLAIMS

Row Labels	Sum of Arb Fee	Sum of Admin Fee	Sum of Arb Decision Amount	Count of Arb Decision/Result
Closed by IDRE Due to Incorrect Batching		$465.00	$0.00	14
Dismissed	$10,108.00	$14,610.00	$0.00	117
Loss	$239,496.00	$53,560.00	$9,504,124.39	503
Loss - previously a Win	$790.00	$230.00	$11,657.52	2
Rebutted	$9,780.00	$1,940.00	$75,000.00	19
Resubmission Required				2
Split Decision	$1,170.00	$115.00	$36,000.00	1
Summary Judgment	$51,940.00	$10,060.00	$2,202,053.35	109
Win	$30,357.00	$8,110.00	$0.00	72
Withdrawn	$6,307.00	$1,440.00	$0.00	23
(blank)	$49,403.00	$13,095.00		
Grand Total	**$399,351.00**	**$103,625.00**	**$11,828,835.26**	**862**

The No Surprises Act (NSA) took effect January 1, 2022, and was designed to protect patients from surprise medical bills, particularly in emergency and out-of-network (OON) situations. While successful in curbing balance billing for consumers, the implementation of the law has led to significant unintended consequences for employer-sponsored health plans, particularly those that are self-funded. The Independent Dispute Resolution (IDR) process, a core element of the NSA, has been marked by high volume, provider-favorable outcomes, and substantial administrative burdens. This summary outlines the law's mechanics, its financial and operational impact on employers, and the urgent need for reform.

Understanding the NSA and the IDR Process - Under the NSA, when a patient receives OON emergency care or services from ancillary providers at in-network facilities, the provider and health plan must negotiate reimbursement without billing the patient beyond in-network cost sharing. If no agreement is reached, either party may initiate the IDR process, wherein a certified arbitrator selects one party's proposed payment. Initially, the "Qualified Payment Amount" (QPA) was intended to serve as the primary benchmark in IDR cases. The QPA represents the median in-network rate for a service in a geographic area. However, legal challenges and court rulings have allowed arbitrators to weigh other factors more heavily, such as provider experience and case complexity. Right or wrong, this has diluted the intended cost-containment role of the QPA.

The Disproportionate Impact on Employers Plan Sponsors – Employers and Plan Sponsors, and particularly those with self-funded plans, are bearing the brunt of NSA-related cost increases. The financial impact arises from both the direct cost of arbitration awards and the indirect administrative expenses tied to compliance and dispute resolution. Here are some data points that put the added costs into perspective:

1. **Provider-Favored Arbitration Outcomes**
- Providers win an estimated 85% of emergency-related IDR cases.
- Average payment awards in these cases are roughly 2.7x the QPA, with some cases reaching as high as 4x Medicare rates.

2. **High Prevalence of Emergency Room Disputes**
- Approximately two-thirds of all IDR disputes relate to emergency services.
- From Q1 2023 to Q2 2024, about 1.24 million surprise billing disputes were filed, over 40% of which resulted in arbitration.

3. **Escalating Employer Costs Consider a 'mid-sized' self-funded employer encountering 200 ER-related IDR cases annually (examples):**
- QPA (benchmark): $600
- Typical Award: $1,620 (2.7x the QPA)
- Incremental Cost/Case: $1,020
  IMPACT:
  - Annual Impact: $204,000 in additional claims cost
  - IDR Fees: $315 to $1,300 per case = $63,000 to $260,000 annually

4. National Cost Exposure
- With an estimated 500,000 ER-related disputes resolved over 15 months, total added cost to the system could be as much as $500 million to $700 million annually.
- Administrative and certified IDR entity fees alone add another $105 million or more.

5. Administrative Burden and Compliance Risk
- Employers must ensure TPAs comply with IDR timelines and manage disputes. The costs of which are simply passed back to the employer.
- Compliance involves tracking QPAs, submitting documentation, and responding within strict

timeframes.
- Legal volatility due to shifting federal court rulings has made consistent compliance difficult.

NSA Reform Proposals - There is growing recognition of the strain NSA has placed on employers and plan sponsors. Legislative and regulatory proposals are emerging from Congress and the administration. HR 9572 in the US House offers a series of fixes intended to rein in payments that are far more than the QPA that lead to increased financial exposure to self-funded plans.

QPA THRESHOLD

The State Treasurer recently increased the minimum bid threshold to $53,000 for bids using a QPA. The Fund QPA recommended Resolution 27-25 for action to recognize this change.

MRHIF UPDATE

The MRHIF met twice since the last meeting. Trustee Coleman and Lessard was in attendance.

The following action items were taken:

1. Final Audit was approved and filed with the State. There were no comments or recommendations

2. An almost $7M dividend was released. The SHIF share of the dividend is $3,216,721 and has already been received.

BYLAW & RISK MANAGEMENT PLAN CHANGES

At the last meeting, the Board introduced the changes to the Bylaws and Risk Management Plan. The changes were highlighted and sent to the Board with a due date of questions/comments by 6/30. On July 23, 2025, the Fund Attorney and Executive Director hosted two 60-minute sessions for the Board of Trustees to review the responses and make additional alterations and recommendations. Sessions were recorded and will be distributed to the Board.

Summary of edits from recommended drafts and/or follow up actions:

Risk Management Plan (RMP) Updates – for adoption on 7/30/2025 – Resolution 30-25

1) Removal of 5% outlier policy
   - Based on the feedback received and discussions on the 23rd it was agreed that this policy would be removed from the RMP for future development. With the complexities of the market, variations in SHIF cases and impacts of large claimants there is still a need to address outliers.

2) Appeals Language

- Reviewed the appeals language. The process outlined follows the Affordable Care Act. A portion of the components are not in practice as we see less appeals, but the RMP allows for discretion if needed.

3) Indemnity and Trust Agreements
- Communication – develop a communication intended for new Commissioners/Business Administrators as an introduction to the Fund, inclusive of requirements of participation.

Bylaws – target public hearing in September. Then 75% of membership needs to approve the bylaws at their local board meetings within 6 months of hearing.

1) Trustee Attendance
- Recommended addition of policy requiring attendance by Trustee members of at least 3 meetings per Plan Year with the possibility of being asked to leave the Board.

COOPERATIVE PURCHASING SYSTEM – MEDICAL THIRD-PARTY ADMINISTRATOR (TPA) BID

After months of discussion with the Office of the State Comptroller, the Health Insurance Cooperative Purchasing System (HICPS) is preparing Medical TPA prequalification regulations that must be presented and adopted at a public hearing prior to bid release. On June 19th, the local Fund HICPS representatives held a meeting to review and discuss the regulations, which a BMED representative was in attendance.

A public hearing was held on July 1st at 3:00 PM via Zoom. This hearing specifically allowed the opportunity to comment, review, and adopt the prequalification regulations which will be used to determine qualified bidders for the Medical TPA bid specification for all Funds within the HICPS.

A certified copy of the pre-qualification regulations was filed with the Division of Local Government Services and recently approved. The final approval is with the Office of the State Comptroller. Once released, the responses from the prospective bidders will be reviewed and those that are determined to be qualified bidders will receive the bid specifications for the TPA services.

The final evaluation will be reviewed by the Cooperative representatives from each local Fund then recommend the contract award in early Fall.

The Fund Attorney will provide additional updates at the meeting on next steps.

PCORI AND A4 SURCHARGE FEES

The PCORI is an independent, nonprofit research organization that seeks to empower patients and others with actionable information about their health and healthcare choices.

As part of the Affordable Care Act (ACA) group health plans are required to pay an annual fee, which is a certain dollar amount per enrollee contributing to the PCORI effort. The fee is considered in the

Fund's budget development and paid by the PERMA Accounting team on behalf of all our medical groups. This fee will be paid in July.

In addition, all School Board members that are not in the State Health Benefits Fund are surcharged for retiree benefits. The Fund has one School Board that the Fund will pay this fee in July on its behalf, which was included in its rates upon joining the Fund.

WATCHUNG AND OGDENSBURG TERM PRESCRIPTION

The Districts of Watchung and Ogdensburg have terminated their prescription coverage with the Fund effective September 1, 2025. Their indemnity and trust agreement will remain the same as they will still be indemnified for the medical claims

MEL/MRHIF EDUCATIONAL SEMINAR FOLLOW UP PRESENTATION

On June 5th, Joe DiBella and Tammy Brown, from Conner Strong & Buckelew, hosted a second webinar presentation following the MEL/MRHIF Education Seminar. The discussion focused on newer, material cost drivers for GLP-1 medications and the rising out of-of-network providers experienced by the public sectors. The presentation was sent out as an attachment to the agenda. If you were not able to attend, the recording can be viewed by clicking here or visiting the SHIF website.

CLAIMS & WELLNESS

WELLNESS

The deadline for the Wellness Grant Applications was July 1st. The Wellness Committee met on July 15th and approved the wellness program allocation. The Wellness Grant Notices will go out in August. Resolution 28-25 is in consent.

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF May 31, 2025

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**59,094,039**	**630,370,814**	**2,716,815,450**	**3,347,186,264**
2.	**CLAIM EXPENSES**					
	Paid Claims		67,201,907	609,403,344	2,339,432,829	**2,948,836,173**
	IBNR		109,327	14,167,167	53,005,500	**67,172,667**
	Less Specific Excess		(1,449,031)	(11,675,097)	(31,907,201)	**(43,582,298)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**65,862,203**	**611,895,414**	**2,360,531,128**	**2,972,426,542**
3.	**EXPENSES**					
	MA & HMO Premiums		11,621	120,431	790,795	**911,226**
	Excess Premiums		1,195,133	12,667,164	67,148,996	**79,816,161**
	Administrative		3,751,477	40,049,317	192,383,811	**232,433,128**
	TOTAL EXPENSES		**4,958,231**	**52,836,913**	**260,323,602**	**313,160,515**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		(11,726,394)	(34,361,513)	95,960,720	**61,599,208**
5.	**INVESTMENT INCOME**		554,746	6,595,463	20,818,733	**27,414,196**
6.	**DIVIDEND INCOME**		0	0	9,460,196	**9,460,196**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**(11,171,649)**	**(27,766,050)**	**126,239,650**	**98,473,599**
8.	**DIVIDEND**		0	0	52,524,468	**52,524,468**
9.	**TRANSFERRED SURPLUS**				28,079,045	**28,079,045**
10	**STATUTORY SURPLUS (7-8)**		**(11,171,649)**	**(27,766,050)**	**101,794,227**	**74,028,177**
	SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	**Surplus**	266,338	(343,533)	123,789,796	**123,446,262**
		Cash	299,174	(3,855,258)	150,119,762	**146,264,504**
	2023/2024	**Surplus**	312,551	2,908,727	(21,995,569)	**(19,086,841)**
		Cash	(302,664)	(36,422,878)	19,925,026	**(16,497,853)**
	2024/2025	**Surplus**	(11,750,538)	(30,331,244)		**(30,331,244)**
		Cash	5,600,766	40,684,778		**40,684,778**
	TOTAL SURPLUS (DEFICITS)		**(11,171,649)**	**(27,766,050)**	**101,794,227**	**74,028,177**
	TOTAL CASH		**5,597,276**	**406,642**	**170,044,787**	**170,451,429**
	CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS		**99,467**	**4,925,486**	**1,840,487,050**	**1,845,412,536**
	FUND YEAR 2023/2024					
	Paid Claims		311,940	55,684,347	471,190,054	**526,874,401**
	IBNR		(397,541)	(52,687,467)	53,005,500	**318,033**
	Less Specific Excess		(109,347)	(5,368,897)	(4,151,476)	**(9,520,373)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**(194,948)**	**(2,372,017)**	**520,044,078**	**517,672,061**
	FUND YEAR 2024/2025					
	Paid Claims		66,790,499	548,933,485		**548,933,485**
	IBNR		506,868	66,854,634		**66,854,634**
	Less Specific Excess		(1,339,684)	(6,446,174)		**(6,446,174)**
	Less Aggregate Excess		0	0		**0**
	TOTAL		**65,957,684**	**609,341,945**	**0**	**609,341,945**
	COMBINED TOTAL CLAIMS		**65,862,203**	**611,895,414**	**2,360,531,128**	**2,972,426,542**

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 RATIOS

SCHOOLS HEALTH INSURANCE FUND												
RATIOS												
	FY 2023-24	2024-2025										
INDICES	**YEAR END**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**
Cash Position	$ 170,044,787	$ 158,914,409	$ 168,397,010	$ 172,250,344	$ 164,004,128	$ 179,658,889	$ 175,563,908	$ 165,800,917	$ 170,159,767	$ 193,192,883	$ 164,854,153	$ 170,451,429
IBNR	$ 53,005,500	$ 52,197,713	$ 57,487,271	$ 61,288,785	$ 63,572,636	$ 64,080,902	$ 64,342,315	$ 65,863,364	$ 66,439,586	$ 66,757,561	$ 67,063,340	$ 67,172,667
Assets	$ 195,175,459	$ 189,797,076	$ 191,166,184	$ 193,337,953	$ 190,140,594	$ 191,076,996	$ 193,405,144	$ 194,137,487	$ 197,924,317	$ 197,542,594	$ 190,586,831	$ 180,534,448
Liabilities	$ 90,420,781	$ 81,527,407	$ 89,575,972	$ 92,423,321	$ 95,587,036	$ 97,172,834	$ 98,517,465	$ 103,400,399	$ 102,714,242	$ 104,083,172	$ 105,387,005	$ 106,506,271
Surplus	$ 104,754,678	$ 108,269,669	$ 101,590,212	$ 100,914,632	$ 94,553,558	$ 93,904,162	$ 94,887,679	$ 90,737,087	$ 95,210,075	$ 93,459,422	$ 85,199,826	$ 74,028,177
Claims Paid -- Month	$ 44,027,914	$ 46,503,154	$ 55,866,008	$ 48,425,031	$ 57,483,094	$ 52,864,661	$ 50,872,293	$ 57,373,726	$ 51,044,326	$ 57,384,620	$ 64,384,526	$ 67,201,907
Claims Budget -- Month	$ 41,600,432	$ 50,764,070	$ 50,626,157	$ 51,309,796	$ 51,294,820	$ 51,330,405	$ 51,351,141	$ 53,592,862	$ 53,647,128	$ 53,706,387	$ 53,911,463	$ 53,884,548
Claims Paid -- YTD	$ 517,685,051	$ 46,503,154	$ 102,369,161	$ 150,794,192	$ 208,277,286	$ 261,141,947	$ 312,014,239	$ 369,387,965	$ 420,432,292	$ 477,816,911	$ 542,201,437	$ 609,403,344
Claims Budget -- YTD	$ 495,439,342	$ 50,764,070	$ 101,390,227	$ 152,700,023	$ 203,994,843	$ 255,325,248	$ 306,676,389	$ 360,269,251	$ 413,916,379	$ 467,622,766	$ 521,534,229	$ 575,418,777
RATIOS												
Cash Position to Claims Paid	3.86	3.42	3.01	3.56	2.85	3.4	3.45	2.89	3.33	3.37	2.56	2.54
Claims Paid to Claims Budget -- Month	1.06	0.92	1.1	0.94	1.12	1.03	0.99	1.07	0.95	1.07	1.19	1.25
Claims Paid to Claims Budget -- YTD	1.04	0.92	1.01	0.99	1.02	1.02	1.02	1.03	1.02	1.02	1.04	1.06
Cash Position to IBNR	3.21	3.04	2.93	2.81	2.58	2.8	2.73	2.52	2.56	2.89	2.46	2.54
Assets to Liabilities	2.16	2.33	2.13	2.09	1.99	1.97	1.96	1.88	1.93	1.9	1.81	1.7
Surplus as Months of Claims	2.52	2.13	2.01	1.97	1.84	1.83	1.85	1.69	1.77	1.74	1.58	1.37
IBNR to Claims Budget -- Month	1.27	1.03	1.14	1.19	1.24	1.25	1.25	1.23	1.24	1.24	1.24	1.25

Schools Health Insurance Fund
2024/2025 Budget Status Report
as of May 31, 2025

Expected Losses	Actual Budget	Annualized Budget	Certifed as of 7/1/24	Actual Expensed	$ Variance	% Varaiance
Medical Claims Subtotal	516,231,402	564,767,319	484,186,246	535,934,263	(19,702,861)	-4%
Prescription Claims Subtotal	54,376,942	59,521,012	45,513,067	68,689,940	(14,312,998)	-26%
Dental Claims	4,810,433	5,250,184	5,147,576	4,717,742	92,691	2%
Subtotal Claims	575,418,777	629,538,515	534,846,889	609,341,945	(33,923,168)	-6%
Rate Stabilization Reserve	1,027,296	1,120,686	1,120,686	0	1,027,296	0%
DMO Premiums	92,549	101,296	94,902	120,431	(27,882)	-30%
Reinsurance						
Specific	12,666,712	13,862,252	11,942,563	12,667,164	(452)	0%
Total Loss Fund	589,205,334	644,622,749	548,005,040	622,129,540	(32,924,207)	-6%
Expenses						
Legal	36,220	39,513	39,513	54,855	(18,635)	-51%
Treasurer	25,205	27,496	27,496	25,205	(0)	0%
Administrator	2,654,545	2,904,953	2,512,372	2,654,674	(129)	0%
Program Manager	7,082,997	7,751,187	6,628,608	7,172,898	(89,901)	-1%
Local Entity Risk Management	7,963,664	8,730,949	7,438,798	7,963,664	-	0%
TPA - Med Aetna	7,700,076	8,432,003	7,596,020	7,723,691	(16,089)	0%
Program Manager - Guardian Nurses	1,653,398	1,809,453	1,558,874	1,262,100	391,299	24%
TPA - Med AmeriHealth Admin	2,018,758	2,203,853	1,701,921	2,018,614	144	0%
TPA - Med Horizon	12,163	13,284	16,295	12,163	-	0%
TPA - Vision	7,527	8,152	7,942	Included above in Med Aetna		
TPA - Dental	244,698	267,260	261,923	244,695	3	0%
Actuary	34,018	37,110	37,110	34,018	(1)	0%
Auditor	19,265	21,016	21,016	19,265	(0)	0%
Subtotal Expenses	29,452,533	32,246,229	27,847,888	29,185,842	266,691	1%
Misc/Contingenct Expenses	52,148	56,889	56,889	29,903	22,245	43%
Data Analysis System	0	0	0	0	-	#DIV/0!
Wellness Program	820,764	898,231	773,841	383,764	437,000	53%
Affordable Care Act Taxes	176,420	193,071	166,282	176,422	(2)	0%
A4 Retiree Surcharge	10,324,627	11,295,345	9,683,725	10,324,327	300	0%
Plan Documents	27,500	30,000	30,000	27,500	-	0%
Total Expenses	40,853,991	44,719,765	38,558,625	40,127,758	726,234	2%
Total Budget	630,059,325	689,342,514	586,563,665	662,257,298	(32,197,973)	-5%

Schools Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF MAY 31, 2025
BY FUND YEAR

	SHIF 2024/2025	SHIF 2023/2024	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	40,684,778	(16,497,853)	146,264,504	170,451,429
Assesstments Receivable (Prepaid)	(8,061,244)	0	-	(8,061,244)
Interest Receivable	-	-	4	4
Specific Excess Receivable	5,799,379	2,893,808	(23,649)	8,669,539
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Deferred Assessment Receivable	-	-	407,249	407,249
Prepaid Admin Fees	1,727	-	-	1,727
Other Assets	9,065,744	-	-	9,065,744
Total Assets	47,490,385	(13,604,044)	146,648,108	180,534,448
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	66,854,634	318,033	-	67,172,667
A4 Retiree Surcharge	10,324,327	5,164,764	-	15,489,091
Dividends Payable	-	-	-	-
Retained Dividends	-	-	23,201,845	23,201,845
Accrued/Other Liabilities	642,668	-	-	642,668
Total Liabilities	77,821,629	5,482,797	23,201,845	106,506,271
EQUITY				
Surplus / (Deficit)	(30,331,244)	(19,086,841)	123,446,263	74,028,177
Total Equity	(30,331,244)	(19,086,841)	123,446,263	74,028,177
Total Liabilities & Equity	47,490,385	(13,604,044)	146,648,108	180,534,448
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.

REGULATORY
SCHOOLS HEALTH INSURANCE FUND
YEAR: 2025/2026

Monthly Items	Filing Status
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	Filed
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed
Cash Management Plan	To Be Filed
Unaudited Financials	Filed
Annual Audit	June 30, 2024 - filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	Filed
RMP Changes	To Be Filed
Bylaw Amendments	To Be Filed
Contracts	Filed
Benefit Changes	N/A

School's Health Insurance Fund
Program Manager's Report
July 2025
Program Manager: Conner Strong & Buckelew

Operational Updates:

Eligibility/Enrollment:

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

System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM.** Please contact HIFtraining@permainc.com for additional information or to request an invite.

In the subject line of the email, please include: ***Training – Fund Name and Client Name***. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.

We recommend all groups have a back-up WEX user to avoid processing delays.

WEX:

WEX COBRA/Direct Bill Administration Update – Effective 7/1/2025

Effective July 1, 2025, WEX will be transitioning all COBRA and Direct Bill members from the BenefitExpress platform to their WEX Health Inc. (WEX) platform. WEX is the parent company of BenefitExpress and this update will ensure participants have access to their most enhanced platform, resources and support services.

Please note the following:

- Takeover/Welcome Notice to current participants will be sent starting **June 26th through July 15th (Sent by WEX)**
  - Date range reflects notices will be sent to members after their June premium payment is processed
  - The notice will include new coupons, instructions on WEX account setup and a new mailing address for future payments
- Termination Notice to current participants will be sent to starting **July 7th through July 15th** (**Sent by WEX on behalf of BenefitExpress)**
  - Notices will be sent after service through BenefitExpress expires and after the participant is issued their Takeover/Welcome Notice
  - Reference to the Termination Notice is mentioned in the Takeover/Welcome Notice

Please note to remain compliant both the Takeover/Welcome Notice and Termination Notice must be sent to all current participants, there is not an option to suppress the termination notice.

Attached is a sample of the Takeover/Welcome Notice that current participants will receive explaining the transition. Please note the following:

- WEX will transfer the participant's current contact information as it noted in BenefitExpress
- WEX will transfer all active ACH accounts to the new platform and are expected to complete the process by July 1st
    - If a participant signs into the portal and it still reflects the BenefitExpress logo information, their account has not yet been transitioned. They can call into WEX using the contact information on the attached to have their account updated. We recommend they allow time for the transition as the ACH will occur once the transition is complete; June payment is received and
- Participants who send their payments to WEX via US Mail will have a new remittance address to submit future payments, as outlined in the attached letter
    - We are currently confirming if July payments that have already been mailed will be transferred to the new PO Box and are being applied to participants' accounts with WEX

WEX is prepared to accept calls from participants and answer questions they have related to the transition, their account set up status, payment status, etc.

PLEASE NOTE: Participants' coverage will not be terminated if they experience an issue due to the transition.

New groups joining the HIFs effective 7/1/25 and after will be on the WEX platform all other groups prior to 7/1/25 will be transitioned to the new platform as outlined above

Coverage Updates:

Health Insurance Landscape & Strategic Initiatives

The US healthcare system is heading into another year of powerful inflationary forces exerting pressure with few deflationary forces in sight. The Fund in 2026 will be asked to continue paying the ballooning bill for medical services and prescription drugs. Meanwhile, federal policy decisions and legislation are likely to reduce federal funding for medical care, particularly spending on Medicaid and Affordable Care Act subsidies over the next 10 years, with an expected impact on medical cost trend in the future.

Hospital costs, hospital revenue cycle management, prescription drugs led by GLP-1 agonists, and spending on behavioral healthcare are driving medical cost trend in 2026 with little relief in sight. With that said, it is critical every opportunity to address elevating costs are addressed and implemented when possible. With the assistance of the Program Manager, Fund Actuary, and our Risk Manager partners we will begin strategizing important initiatives to better contain costs.

<u>Medical Cost Containment & Evaluation:</u>

- Out of Network Fee Schedule
    - Legacy Plans update to duplicate Educator's Health Plan at 200% of CMS - Target date of January 1, 2026
- Close monitoring of high dollar claimants
    - The expectation is that more large claims will be the norm. Specialty medications, emerging cancer treatments, gene and cell therapies and other general advancements in

healthcare are all leading to more large claims. The high dollar claims review process validates that large claims are being closely and carefully scrutinized

- Continue to work closely with the medical TPAs to identify provider outliers and issues of waste, fraud & abuse and take immediate action to address abnormalities that are identified
- Continue to evaluate clinical solutions that will provide substantive cost savings while maintaining a high level of care
- Increase analytic review of current and prospective Fund members to assure their respective risk is properly captured

Pharmacy Cost Containment & Evaluation:

- Continue to monitor and evaluate clinical options for the management of GLP-1 medications
- Review plan options to steer drug utilization to the most economical option and access point while maintaining clinical efficacy
    - Mandatory mail for maintenance medications
    - Mandatory generic plan provision
    - Condensed pharmacy network
    - Alternative drug formulary options

Aetna: None

Express Scripts:

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
    - BMI $\geq$ 32 OR
    - BMI between 27 $\leq$ 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will not be required to adhere to the above guidelines until their PA expires.
    - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

2025 Legislative Review:

Medical and Rx Reporting: None

No Surprise Billing and Transparency

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

Appeals

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
05/21/2025	Medical/Aetna	SHIF 2025 05 04	Ambulance Services	Upheld	07/14/25
05/21/2025	Medical/Aetna	SHIF 2025 05 05	Anesthesia	Upheld	07/14/2025
06/02/2025	Medical/Aetna	SHIF 2025 06 01	Neurostimulator Services	Upheld	07/14/2025
06/04/2025	Medical/Aetna	SHIF 2025 06 02	Arthroplasty Services	Upheld	07/14/2025
06/13/2025	Medical/Aetna	SHIF 2025 06 03	Anesthesia	Upheld	07/14/2025
06/19/2025	Medical/Aetna	SHIF 2025 06 04	Lab Services	Upheld	07/14/2025
06/24/2025	Medical/Aetna	SHIF 2025 06 05	Implant	Upheld	07/14/2025
06/18/2025	Medical/Aetna	SHIF 2025 06 06	Anesthesia	Upheld	07/14/2025
06/24/2025	Medical/Aetna	SHIF 2025 06 07	Inpatient Care	Upheld	07/14/2025
07/02/2025	Medical/Aetna	SHIF 2025 07 01	Surgery	Upheld	07/14/2025
07/03/2025	Medical/Aetna	SHIF 2025 07 02	Lab Services	Upheld	07/14/2025

REFERRALS	5/1/25 – 6/30/25	5/1/24 – 6/30/24
Total Referrals	233	195
Total Referrals (ACUTE)	212	177
Total Referrals (COMPLEX)	21	18
Hospitalizations		
Total Members Hospitalized	181	147
Members Requiring ICU	8	10
Readmissions (Acute)	11	9
Complex Program Admissions/Readmissions	2/0	3/0
Mobilizations---Acute Program		
Inpatient Visits	132	133
Accompaniments	51	54
Home Visits	9	16
Mobilizations---Complex Program		
Inpatient Visits	2	6
Accompaniments	22	17
Home Visits	1	3
Acuity*	**Acute/Complex**	**Acute/Complex**
1	2/0	2/0
2	28/18	28/14
3	174/3	137/4
4 ICU	8/0	10/0
ICU Admissions		
# of Admissions	8	10
Insurer	5 Aetna; 3 AmeriHealth	5 Aetna; 5 AmeriHealth
Status	7 engaged; 1 did not respond to outreach	9 engaged; 1 declined support

***Acuity refers to priority of member medical situation. Acuity 3 includes hospitalized patients and oncology patients. This value relates to the time and complexity of the MCC intervention. Acuity 4 includes ICU patients.**

SCHOOL HEALTH INSURANCE FUND
CHECKS BILLS LIST

JUNE 2025

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 24-25

Vendor Name	Comment	InvoiceAmount
EVERSIDE HEALTH, LLC	MAY MEMBERSHIP- INV 409028 06/25	2,623.00
		2,623.00
HORIZON BCBSNJ	MED TPA GRP # 8503Q & 8513R 06/25	1,121.79
		1,121.79
PERMA RISK MANAGEMENT SERVICES	POSTAGE 05/25	238.31
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 06/25	250,278.47
		250,516.78
SOUTHERN NEW JERSEY REG EBF	REIMB FOR K. HARRIS OSC REVIEW 6/25	4,025.35
		4,025.35
HOSPITALITY MANAGEMENT SERVICES, INC	CATER 5/28 MEETING INV 86860	1,147.80
		1,147.80
LIFE LINE SCREENING OF AMERICA LTD	mONTGOMERY TWP SCHOOLS-INV 1524 5/25	6,854.00
		6,854.00
VERNON NUTRITIONAL CENTER LLC	WELL. SEMINAR COOK DEMO-HANOVER PK	1,250.00
		1,250.00
HQSI, INC	REVIEW CASE 4135803 3/19/25	900.00
HQSI, INC	NJHIF INV PAID IN ERROR PREV PD 2024	-625.00
		275.00
MGL PRINTING SOLUTIONS	01/25 CHECK PRINTING ORDER INV 212424	255.00
		255.00
WELLNESS COACHES dba RAMP HEALTH	COACH- WATCHUNG HILL- 39087 FOR 6/25	1,040.00
WELLNESS COACHES dba RAMP HEALTH	COACH-SWEDESBORO INV 39087 FOR 6/25	1,970.00
WELLNESS COACHES dba RAMP HEALTH	JUNE WELL. CHALLENGE/SNACK INV39097	1,751.58
WELLNESS COACHES dba RAMP HEALTH	COACH-BERLIN BOE INV 39097 FOR 6/25	1,088.00
WELLNESS COACHES dba RAMP HEALTH	COACH-DELRAN INV 39087 FOR 6/25	1,820.00
		7,669.58
US WELLNESS, INC.	04/25 WELLNESS PORTAL - LINDENWOLD	1,250.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL- LUMBERTON	1,666.50
US WELLNESS, INC.	04/25 WELLNESS PORTAL- LOGAN TWP	1,666.50
US WELLNESS, INC.	4/25 CHAIR MASSAGES HANOVER PK	1,680.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL W. DEPTFORD	1,250.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL- MT LAUREL	1,250.00
US WELLNESS, INC.	4/25 WELL. PORTAL- BURLINGTON TWP	1,000.00
US WELLNESS, INC.	RETURNS FOR NUTRITIONAL STATION 05/25	150.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL- COLLINGWOOD	1,250.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL GLOUCESTER SD	1,111.00
US WELLNESS, INC.	04/25 WELLNESS PORTAL- EWING BOE	1,250.00
US WELLNESS, INC.	04/25 WELL. PORTAL- SUMMIT SCHOOLS	1,250.00
		14,774.00

ACCESS	INV 11526783 DEPT 962 4/30/25	23.00
		23.00
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 06/25	1,195,088.00
		1,195,088.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 07/25 INV E0346952 06/25	470.00
		470.00
COMMUNITY HOUSE OF MOORESTOWN	MEETING ROOM FEES FOR 7/25-5/26	4,000.00
		4,000.00
	Total Payments FY 24-25	**1,490,093.30**
	TOTAL PAYMENTS ALL FUND YEARS	**1,490,093.30**

_____

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
ACH/WIRE BILLS LIST

JUNE 2025

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 24-25

Vendor Name	Comment	InvoiceAmount
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER SSSD- # F1-7871700004 06/25	1,344.85
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER IOT A# F1-7871700003 06/25	528.79
		1,873.64
FLAGSHIP DENTAL PLANS	DEPTFORD TWP BOE GRP# 1309 6/1/25	2,493.20
FLAGSHIP DENTAL PLANS	LEAP ACADEMY- GRP # 1288 6/1/25	4,883.96
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE GROUP 1165 6/1/25	391.89
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE (COMP)- GRP 1166 6/1/25	1,850.14
		9,619.19
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 06/25	731,516.10
AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 06/25	623.35
		732,139.45
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 06/25	22,565.04
		22,565.04
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 06/25	185,152.65
		185,152.65
J. KENNETH HARRIS, ATTY AT LAW	PLAN DOC PREP IN 05/25	1,541.00
J. KENNETH HARRIS, ATTY AT LAW	OSC PROG MGR/OSC REVIEW IN 05/25	1,081.00
J. KENNETH HARRIS, ATTY AT LAW	MONTHLY ATTORNEY FEES 06/25	3,292.75
		5,914.75
VERRILL & VERRILL, LLC	TREASURER FEES 06/25	2,291.33
		2,291.33
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR FEES 06/25	19,088.40
CONNER STRONG & BUCKELEW	BROKER FEES 06/25	767,284.99
CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 06/25	552,590.71
CONNER STRONG & BUCKELEW	RX- PROG. MGR FEES 06/25	86,246.47
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 06/25	9,978.49
		1,435,189.06
GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	MONTHLY MCC FEES INV 4770 06/25	114,736.34
		114,736.34
INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN 137768-2066408 FOR 5/25	3.00
INSPIRA FINANCIAL HEALTH, INC	CHATHAMS- 148762-2066406 FOR 5/25	9.00
INSPIRA FINANCIAL HEALTH, INC	W.WIND.PLAINSFIELD 147194-2067258 5/25	7.50
INSPIRA FINANCIAL HEALTH, INC	WATCHUNG- 154108-2067360 FOR 5/25	1.85
		21.35

GREENBERG TRAURIG,LLP	LEGAL SERVICES THROUGH 5/31/25	18,165.44
		18,165.44
FITNESS COACHING, LLC	WELL. SEMINAR.YOGA 5/6/25-5/27/25	1,350.00
		1,350.00
	Total Payments FY 24-25	**2,529,018.24**
	TOTAL PAYMENTS ALL FUND YEARS	**2,529,018.24**

_____
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

JUNE 2025

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

Vendor Name	Comment	InvoiceAmount
MT. LAUREL TWP BOARD OF EDUCATION	2025 RETAINED DIVIDEND RELEASE 06/25	750,000.00
		750,000.00
LEBANON TOWNSHIP BOE	2025 RETAINED DIVIDEND RELEASE 06/25	150,000.00
		150,000.00
DELSEA REGIONAL BOE	2025 RETAINED DIVIDEND RELEASE 06/25	500,000.00
		500,000.00
SWEDESBORO-WOOLWICH BOE	2025 RETAINED DIVIDEND RELEASE 06/25	356,000.00
		356,000.00
	Total Payments FY CLOSED	**1,756,000.00**
	TOTAL PAYMENTS ALL FUND YEARS	**1,756,000.00**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

SCHOOL HEALTH INSURANCE FUND
ACH/WIRE BILLS LIST

Resolution No. **JULY 2025**

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 24-25

Vendor Name	Comment	InvoiceAmount
J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCS 06/25	253.00
J. KENNETH HARRIS, ATTY AT LAW	OSC PROG MGR REVIEW 6/25	115.00
		368.00
INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN 137768-2074616 FOR 6/25	3.00
INSPIRA FINANCIAL HEALTH, INC	CHATHAMS- 148762-2076800 FOR 6/25	9.00
INSPIRA FINANCIAL HEALTH, INC	WATCHUNG- 154108-2075068 FOR 6/25	1.85
INSPIRA FINANCIAL HEALTH, INC	W.WIND.PLAINSFIELD 147194-2075852 6/25	7.50
		21.35
VERRILL & VERRILL, LLC	TREAS. FEES GROWTH DIFFERENTIAL FY 24-25	2,160.00
		2,160.00
DEPARTMENT OF TREASURY	2025 PCORI FEES	204,383.00
		204,383.00
	Total Payments FY 24-25	**206,932.25**

FUND YEAR 25-26

Vendor Name	Comment	InvoiceAmount
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER IOT A# F1-7871700003 07/25	528.79
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER SSSD- # F1-7871700004 07/25	1,224.24
		1,753.03
FLAGSHIP DENTAL PLANS	LEAP ACADEMY- GRP # 1288 7/1/25	4,450.86
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE GROUP 1165 7/1/25	369.08
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE (COMP)- GRP 1166 7/1/25	2,174.26
FLAGSHIP DENTAL PLANS	DEPTFORD TWP BOE GRP# 1309 7/1/25	2,563.42
		9,557.62
AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 07/25	583.31
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 07/25	736,695.40
		737,278.71
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 07/25	23,253.08
		23,253.08

AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 07/25	183,189.88
		183,189.88
CONNER STRONG & BUCKELEW	RX- PROG. MGR FEES 07/25	86,898.87
CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 07/25	565,667.73
CONNER STRONG & BUCKELEW	BROKER FEES 07/25	762,218.88
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR FEES 07/25	20,063.83
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 07/25	10,214.63
		1,445,063.94
VERRILL & VERRILL, LLC	TREASURER FEE 07/25	2,337.15
		2,337.15
GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	MONTHLY MCC FEES INV 4809 07/25	142,208.20
		142,208.20
J. KENNETH HARRIS, ATTY AT LAW	MONTHLY ATTORNEY FEES 07/25	3,292.75
		3,292.75
	Total Payments FY 25-26	**2,547,934.36**
	TOTAL PAYMENTS ALL FUND YEARS	**2,754,866.61**

_____
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
CHECKS BILLS LIST

Resolution No. **JULY 2025**

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 23-24

Vendor Name	Comment	InvoiceAmount
STATE OF NJ HEALTH BENE FUND	2024 ACTUAL SURCHARGE 7/23-6/24	4,833,785.00
		4,833,785.00
	Total Payments FY 23-24	**4,833,785.00**

FUND YEAR 24-25

Vendor Name	Comment	InvoiceAmount
STATE OF NJ HEALTH BENE FUND	2025 EST. SURCHARGE 7/24-6/25	4,950,646.00
		4,950,646.00
EVERSIDE HEALTH, LLC	JUNE MEMBERSHIP- INV 409651 07/25	2,623.00
		2,623.00
PERMA RISK MANAGEMENT SERVICES	POSTAGE FOR 06/25	114.57
		114.57
MEDICAL EVALUATION SPECIALISTS	MES CASE 3171310 REVIEW 6/25/25	980.00
		980.00
HQSI, INC	CASES 4312090-4314060-4314140-4314170	2,000.00
HQSI, INC	REV 6/25 CASES 4311945-4312008-4314283	2,300.00
		4,300.00
WELLNESS COACHES dba RAMP HEALTH	4/25 BIOMETRICS BERLIN - INV 71532	2,250.00
WELLNESS COACHES dba RAMP HEALTH	4/25 BIOMETRICS-SWEDESBORO INV 71532	750.00
		3,000.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL - LINDENWOLD	1,250.00
US WELLNESS, INC.	5/25 WELLNESS PORTAL - LINDENWOLD	1,250.00
US WELLNESS, INC.	5/25 WELLNESS PORTAL- LUMBERTON	1,666.50
US WELLNESS, INC.	5/25 WELLNESS PORTAL- LOGAN TWP	1,666.50
US WELLNESS, INC.	6/25 WELLNESS PORTAL- LOGAN TWP	1,666.50
US WELLNESS, INC.	6/25 NUTRITION AWARENESS HANOVER PK	3,600.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL WEST DEPTFORD	1,250.00
US WELLNESS, INC.	05/25 WELLNESS PORTAL W. DEPTFORD	1,250.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL LUMBERTON BOE	1,666.50
US WELLNESS, INC.	5/25 WELL. PORTAL/BIOMETRICS- MT LAUREL	2,950.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL MT LAUREL	1,250.00
US WELLNESS, INC.	5/25 WELL PORTAL/PRIZES- BURLINGTON	1,600.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL- COLLINGSWOOD	1,250.00
US WELLNESS, INC.	05/25 WELLNESS PORTAL- COLLINGWOOD	1,250.00
US WELLNESS, INC.	5/25 WELL. PORTAL- SUMMIT SCHOOLS	1,250.00
US WELLNESS, INC.	6/25 WELL. PORTAL/ MASSAGES BURLINGTON	5,410.00
US WELLNESS, INC.	5/25 P. MCGAHERAN- MOCKTAILS CLINTON	1,675.00
US WELLNESS, INC.	5/25 WELLNESS SEMINARS- HANOVER PK	1,745.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL GLOUCESTER SD	1,111.00
US WELLNESS, INC.	5/25 WELL. PORTAL/MASAGES GCSD	2,371.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL- SUMMIT SCHOOLS	1,250.00
US WELLNESS, INC.	5/25 WELLNESS PORTAL/RAFFLE- EWING BOE	3,550.00
US WELLNESS, INC.	6/25 WELLNESS PORTAL- EWING BOE	1,250.00
		43,178.00

ACCESS	INV 11573845 DEPT 962 5/31/25	24.40
		24.40
	Total Payments FY 24-25	**5,004,865.97**

FUND YEAR 25-26

Vendor Name	Comment	InvoiceAmount
HORIZON BCBSNJ	MED TPA GRP # 8503Q & 8513R 07/25	1,053.88
		1,053.88
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 07/25	256,224.08
		256,224.08
WELLNESS COACHES dba RAMP HEALTH	COACH-SWEDESBORO INV 39183 FOR 7/25	1,970.00
		1,970.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 08/25 INV E0348640 07/25	470.00
		470.00
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 07/25	1,338,956.10
		1,338,956.10
	Total Payments FY 25-26	**1,598,674.06**
	TOTAL PAYMENTS ALL FUND YEARS	**11,437,325.03**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

SCHOOL HEALTH INSURANCE FUND
DIVIDEND BILLS LIST

Resolution No. **JULY 2025**

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

Vendor Name	Comment	InvoiceAmount
HARDYSTON TOWNSHIP BOE	2025 DIVIDEND RELEASE	276,381.67
		276,381.67
	Total Payments FY CLOSED	**276,381.67**
	TOTAL PAYMENTS ALL FUND YEARS	**276,381.67**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

SCHOOLS HEALTH INSURANCE FUND

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024-25 **Month Ending: May**	**Medical**	**Dental**	**Rx**	**Reinsurance**	**Admin**	**Closed Year**	**Retained Dividend**	**TOTAL**
OPEN BALANCE	16,671,521.22	3,510,004.38	(27,016,996.79)	(993,377.05)	27,523,563.79	121,516,698.20	23,642,739.47	164,854,153.22
RECEIPTS								
Assessments	62,888,478.10	6,619,934.50	575,972.47	1,537,936.60	4,990,652.33	0.00	0.00	76,612,974.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	98,238.76	10,466.61	0.00	0.00	82,073.90	362,356.77	70,501.48	623,637.52
Invest Adj	(0.01)	0.00	0.00	0.00	0.00	0.00	0.00	(0.01)
Subtotal Invest	98,238.75	10,466.61	0.00	0.00	82,073.90	362,356.77	70,501.48	623,637.51
Other *	154,134.00	0.00	608,644.49	0.00	0.00	0.00	0.00	762,778.49
TOTAL	63,140,850.85	6,630,401.11	1,184,616.96	1,537,936.60	5,072,726.23	362,356.77	70,501.48	77,999,390.00
EXPENSES								
Claims Transfers	58,155,320.67	424,840.43	9,769,183.51	0.00	0.00	0.00	0.00	68,349,344.61
Expenses	2,623.00	11,620.50	0.00	1,195,133.20	2,807,336.96	0.00	36,056.00	4,052,769.66
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	58,157,943.67	436,460.93	9,769,183.51	1,195,133.20	2,807,336.96	0.00	36,056.00	72,402,114.27
END BALANCE	**21,654,428.40**	**9,703,944.56**	**(35,601,563.34)**	**(650,573.65)**	**29,788,953.06**	**121,879,054.97**	**23,677,184.95**	**170,451,428.95**

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS									
SCHOOLS HEALTH INSURANCE FUND									
ALL FUND YEARS COMBINED									
CURRENT MONTH	**May**								
CURRENT FUND YEAR	**2024-25**								
	Description:	**Fulton Bank - General Account**	**Fulton Bank - Expense Account**	**Fulton Bank Investment Account**	**Ocean First Bank**	**Wilmington Trust Investment Account**	**New Jersey Cash Management Investment Account**	**Parke Bank Investment Account #8626**	**TD Bank Money Market Account**
	ID Number:								
	Maturity (Yrs)								
	Purchase Yield:	**4.39**	**4.39**	**4.39**	**1.25**	**4.03**	**4.24**	**4.75**	**1.00**
	TOTAL for All Accts & instruments								
Opening Cash & Investment Balance	**$164,854,153.21**	**$ 8,622,811.08**	**$ 632,802.75**	**$ 90,864,746.93**	**$ 40,124.44**	**$ 1,006.87**	**$ 60,142,771.80**	**$ 4,538,921.53**	**$ 10,967.81**
Opening Interest Accrual Balance	**$3.35**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 3.35**	**$ -**	**$ -**	**$ -**
1 Interest Accrued and/or Interest Cost	$3.46	$0.00	$0.00	$0.00	$0.00	$3.46	$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
3 (Amortization and/or Interest Cost)	$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
5 Interest Paid - Cash Instr.s	$623,634.17	$50,873.19	$5,776.33	$330,970.30	$42.62	$0.00	$216,780.80	$19,181.61	$9.32
6 Interest Paid - Term Instr.s	$3.35	$0.00	$0.00	$0.00	$0.00	$3.35	$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
8 Net Investment Income	$623,637.63	$50,873.19	$5,776.33	$330,970.30	$42.62	$3.46	$216,780.80	$19,181.61	$9.32
9 Deposits - Purchases	$143,428,522.15	$107,375,752.49	$4,052,769.66	$32,000,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
10 (Withdrawals - Sales)	-$138,454,883.93	-$104,402,114.27	-$4,052,769.66	-$30,000,000.00	$0.00	$0.00	$0.00	$0.00	$0.00
		OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	$170,451,428.95	$11,647,322.49	$638,579.08	$93,195,717.23	$40,167.06	$1,010.22	$60,359,552.60	$4,558,103.14	$10,977.13
Ending Interest Accrual Balance	$3.46	$0.00	$0.00	$0.00	$0.00	$3.46	$0.00	$0.00	$0.00
Plus Outstanding Checks	$1,566,501.36	$0.00	$1,566,501.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
(Less Deposits in Transit)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Balance per Bank	$172,017,930.31	$11,647,322.49	$2,205,080.44	$93,195,717.23	$40,167.06	$1,010.22	$60,359,552.60	$4,558,103.14	$10,977.13

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES
SCHOOLS HEALTH INSURANCE FUND

Month	**May**
Current Fund Year	**2025**

Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid May	3. Monthly Recoveries May	4. Calc. Net Paid Thru May	5. TPA Net Paid Thru May	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2024-25	Medical	480,005,102.21	58,155,320.67	0.00	538,160,422.88	0.00	538,160,422.88	480,005,102.21	58,155,320.67
	Dental	4,276,502.66	424,840.43	0.00	4,701,343.09	0.00	4,701,343.09	4,276,502.66	424,840.43
	Rx	84,553,807.93	9,769,183.51	0.00	94,322,991.44	0.00	94,322,991.44	84,553,807.93	9,769,183.51
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**568,835,412.80**	**68,349,344.61**	**0.00**	**637,184,757.41**	**0.00**	**637,184,757.41**	**568,835,412.80**	**68,349,344.61**

SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

July 30, 2025

SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2023-2024	# OF EES	PER EE	MEDICAL CLAIMS PAID 2024-2025	# OF EES	PER EE
JULY	$26,217,206	17,767	**$1,476**	$38,797,567	19,761	**$1,963**
AUGUST	$34,693,037	17,580	**$1,973**	$36,500,908	19,558	**$1,866**
SEPTEMBER	$30,707,053	18,001	**$1,706**	$33,695,184	19,940	**$1,690**
OCTOBER	$35,222,685	17,972	**$1,960**	$41,785,038	19,992	**$2,090**
NOVEMBER	$29,759,718	17,954	**$1,658**	$38,020,508	19,923	**$1,908**
DECEMBER	$28,202,183	17,978	**$1,569**	$39,989,716	19,934	**$2,006**
JANUARY	$36,746,771	18,202	**$2,019**	$35,748,691	21,134	**$1,692**
FEBRUARY	$31,804,010	18,208	**$1,747**	$38,598,420	21,165	**$1,824**
MARCH	$29,422,005	18,254	**$1,612**	$41,556,482	21,199	**$1,960**
APRIL	$39,304,858	18,260	**$2,153**	$47,668,605	21,280	**$2,240**
MAY	$32,263,848	18,173	**$1,775**	$44,073,924	21,283	**$2,071**
JUNE	$32,081,607	18,225	**$1,760**			
TOTALS	**$386,424,981**			**$436,435,041**		
				2024-2025 Avg.	**20,470**	**$ 1,937**
				2023-2024 Avg.	**18,048**	**$ 1,784**

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: 04/01/2025 - 04/30/2025
Service Dates: 01/01/2011 - 04/30/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	$365,905.76	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	$246,990.55	ENCOUNTER FOR ANTINEOPLASTIC
	$246,962.47	BIPOLAR II DISORDER
	$246,158.34	LENNOX-GASTAUT SYNDROME, INTRACTABLE,
	$196,954.18	CYST OF PANCREAS
	$176,806.16	ENCOUNTER FOR ANTINEOPLASTIC
	$176,557.13	POMPE DISEASE
	$169,360.57	SEPSIS, UNSPECIFIED ORGANISM
	$156,925.47	SPONDYLOSIS WITHOUT MYELOPATHY OR
	$137,812.53	MULTIPLE SCLEROSIS
	$126,651.74	PAROXYSMAL ATRIAL FIBRILLATION
	$126,505.50	LOW BACK PAIN, UNSPECIFIED
	$124,189.92	URETHRAL FISTULA
	$122,676.02	FLACCID HEMIPLEGIA AFFECTING RIGHT
	$118,717.75	ATRIAL PREMATURE DEPOLARIZATION
	$116,861.63	AMYOTROPHIC LATERAL SCLEROSIS
	$116,375.32	SEPSIS DUE TO SERRATIA
	$115,196.23	INTRAHEPATIC BILE DUCT CARCINOMA
	$110,318.90	LOCALIZATION-RELATED (FOCAL) (PARTIAL)
	$109,608.25	ENCOUNTER FOR BREAST RECONSTRUCTION
	$108,814.85	HODGKIN LYMPHOMA, UNSPECIFIED, UNSPECIFIED
	$108,538.68	ENCOUNTER FOR PREPROCEDURAL
	$107,924.96	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	$106,848.06	ENCOUNTER FOR ANTINEOPLASTIC
	$105,357.22	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED
	$105,169.56	CERVICAL DISC DISORDER AT C6-C7 LEVEL WITH
	$103,380.14	SEPSIS, UNSPECIFIED ORGANISM
	$102,480.16	ENCOUNTER FOR ANTINEOPLASTIC
	$100,578.46	RADICULOPATHY, LUMBAR REGION
Total:	**$4,256,626.51**	

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: 05/01/2025 - 05/31/2025
Service Dates: 01/01/2011 - 05/31/2025
Line of Business: All

Paid Amt	Diagnosis/Treatment
$480,387.14	NONTRAUMATIC SUBARACHNOID
$290,317.47	UNSPECIFIED OPEN WOUND OF LEFT BREAST, INITIAL
$262,416.74	ACUTE MYELOBLASTIC LEUKEMIA, IN REMISSION
$242,122.49	EXTREMELY LOW BIRTH WEIGHT NEWBORN, 750-999
$182,456.66	ACQUIRED ABSENCE OF BILATERAL BREASTS AND
$172,829.00	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
$169,987.28	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
$165,405.77	MULTIPLE MYELOMA NOT HAVING ACHIEVED
$163,269.33	END STAGE RENAL DISEASE
$156,911.54	ENCOUNTER FOR ANTINEOPLASTIC
$154,644.70	MALIGNANT NEOPLASM OF AMPULLA OF VATER
$153,029.56	NONTRAUMATIC SUBARACHNOID
$152,935.91	SUBSEQUENT NON-ST ELEVATION (NSTEMI)
$147,605.25	CERVICAL DISC DISORDER AT C5-C6 LEVEL WITH
$144,825.95	NONRHEUMATIC MITRAL (VALVE) PROLAPSE
$144,783.89	MALIGNANT NEOPLASM OF MAXILLARY SINUS
$140,451.04	INFECTION AND INFLAMMATORY REACTION
$136,375.74	SPONDYLOLISTHESIS, LUMBAR REGION
$128,793.06	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
$123,249.03	SEPSIS, UNSPECIFIED ORGANISM
$117,246.97	NONRHEUMATIC AORTIC (VALVE) STENOSIS
$116,476.95	MALIGNANT NEOPLASM OF HEAD OF PANCREAS
$114,966.86	ENCOUNTER FOR ANTINEOPLASTIC
$113,698.11	ENCOUNTER FOR ANTINEOPLASTIC
$112,534.87	MULTIPLE SCLEROSIS
$111,525.63	MULTIPLE SUBSEGMENTAL THROMBOTIC PULMONARY EMBOLI
$111,149.45	ACQUIRED ABSENCE OF BILATERAL BREASTS AND
$108,434.75	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
$104,371.62	MYELODYSPLASTIC SYNDROME, UNSPECIFIED
$101,376.20	ENCOUNTER FOR ANTINEOPLASTIC
$101,201.32	OTHER FRACTURE OF BASE OF SKULL, INITIAL
$101,178.36	OTHER INTERVERTEBRAL DISC DISPLACEMENT,
$100,587.57	MULTIPLE SCLEROSIS
$5,127,546.21	

Total:

aetna™

Schools Health Insurance Fund

7/1/24 through 6/30/25 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee
July 2024 – June 2025

Total Medical Paid per Employee: **$1,937**

Network Discounts

Inpatient:	**67.2%**
Ambulatory:	**69.7%**
Physician/Other:	**62.2%**
TOTAL:	**66.1%**

Provider Network

% Admissions In-Network:	**97.0%**
% Physician Office:	**97.5%**

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

Top Facilities Utilized
(by total Medical Spend)

- Virtua-West Jersey
- Morristown Medical Center
- Cooper
- CHOP
- Kennedy Memorial

Catastrophic Claim Impact
(January 2025 - June 2025)

Number of Claims Over $50,000: **653**
Claimants per 1000 members: **11.6**
Avg. Paid per Claimant: **$124,375**
Percent of Total Paid: **33.2%**

- **Aetna BOB- HCC account for an average of 43.9% of total Medical Cost**

Aetna One Flex Member Outreach: Through June 2025

Total Members Identified: **11,698**
Members Targeted for 1:1 Nurse Support : **3,845**
Members Targeted for Digital Activity: **7,853**
Member 1:1 outreach completed: **3,252**
Member 1:1 Outreach in Progress: **927**

Teladoc Activity: January 2025– June 2025

Total Registrations: **924**
Total Online Visits: **2,456**
Total Net Claims Savings: **$1.1M**
Total Visits w/ Rx: **1,811**

Mental Health Visits: 414
Dermatology Visits: 84

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution:	**93.88%**
Abandonment Rate:	**0.45%**
Avg. Speed of Answer:	**15.2 sec**

Claims Performance

Financial Accuracy: **98.68%*** *Q1 2025

-

90% processed w/in: **7.2 days**
95% processed w/in: **14.9 days**

****

Claims Performance (Monthly)
(March 2025)

90% processed w/in: **8.4 days**
95% processed w/in: **16.8 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


AmeriHealth
Administrators

AmeriHealth Administrators

Schools Health Insurance Fund

	Medical Claim 2024-2025	# of EE's 2024-2025	PER EE		Medical Claim 2023-2024	# of EE'S 2023-2024	PER EE
JULY	$4,950,061.74	4910	$1,008.15	JULY	$4,589,904.30	3755	$1,222.34
AUGUST	$10,720,141.51	4909	$2,183.77	AUGUST	$8,652,996.19	3765	$2,298.27
SEPTEMBER	$8,847,652.65	5045	$1,753.74	SEPTEMBER	$4,873,056.22	3882	$1,255.29
OCTOBER	$10,365,262.03	5060	$2,048.47	OCTOBER	$5,985,020.41	3873	$1,545.31
NOVEMBER	$8,653,427.84	5056	$1,711.51	NOVEMBER	$6,788,857.02	3888	$1,746.10
DECEMBER	$8,567,222.40	5071	$1,689.45	DECEMBER	$6,076,974.81	3904	$1,556.60
JANUARY	$10,286,018.55	5044	$2,039.25	JANUARY	$6,149,354.18	3905	$1,574.73
FEBRUARY	$9,079,184.66	5044	$1,799.99	FEBRUARY	$8,222,263.53	3899	$2,108.81
MARCH	$8,518,752.76	5042	$1,689.55	MARCH	$5,936,260.78	3920	$1,514.35
APRIL	$9,830,080.69	5042	$1,949.63	APRIL	$7,463,905.23	3932	$1,898.24
MAY	$10,027,939.49	5058	$1,982.58	MAY	$6,994,148.83	3933	$1,778.32
JUNE	$10,741,048.92	5054	$2,125.25	JUNE	$8,967,219.69	3928	$2,282.89
TOTALS	**$110,586,793.24**			TOTAL	**$80,699,961.19**		
	AVERAGE	5028	$1,831.78		AVERAGE	3882.00	$1,731.77

AmeriHealth Administrators

Schools HIF

Paid Claims 7/1/24-6/30/25

Average payment per member PMPM 7/1/24- 6/30/25	$718.71
Number of claimants with paid claims over $100,000 for YTD	129
Total paid on those claimants:	$32,176,385.29

Top Facilities Utilized based on paid claims:
VIRTUA WEST JERSEY HEALTH SYSTEM INC, NJ
HOSPITAL OF THE UNIV OF PENNSYLVANIA, PA
KENNEDY UNIVERSITY HOSPITAL GAC, NJ
COOPER UNIVERSITY HOSPITAL, NJ
CHILDRENS HOSPITAL OF PHILADELPHIA, PA

Provider Network
% Inpatient In- Network: 99.3%
% Professional providers In-Network: 92.2%
% Outpatient providers In-Network- 94.3%

Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD
1st Call Resolution				
ASA	79.57	29.07	7.95	5.21
Abandonment Rate	3.64%	1.67%	0.81%	0.72%

Totals	2024-25 YTD
Total Inpatient Admissions	682
Total Inpatient Days	3,118
Total ER visits	2,588

AmeriHealth Administrators

PLAN SPONSOR INFORMATION SERVICES

Large Claimant Report- Claims Over $100,000.00

Group:	Schools Health Insurance Fund	Service Dates:	-
Paid Dates:	6/1/25- 6/30/25	Line of Business: All	
Network Service	ALL	Product Line: All	

Claimant	Relationship	Paid Amount	Diagnosis
1	Spouse	$102,452	Encounter For Antineoplastic Therapies
2	Spouse	$104,824	Postprocedural Or Postoperative Digestive System Complication
3	Employee	$108,539	Spondylopathies/Spondyloarthropathy (Including Infective)
4	Spouse	$109,768	Other Specified And Unspecified Nutritional And Metabolic Disorders
5	Employee	$112,187	Chronic Kidney Disease
6	Employee	$131,085	Gastrointestinal Cancers - Bile Duct
7	Employee	$132,416	Chronic Kidney Disease
8	Dependent	$183,660	Liveborn
9	Spouse	$216,286.40	Secondary Malignancies
10	Dependent	$384,837.18	Respiratory Failure; Insufficiency; Arrest
	Total	$1,586,054.05	


EXPRESS SCRIPTS®

School Health Insurance Fund

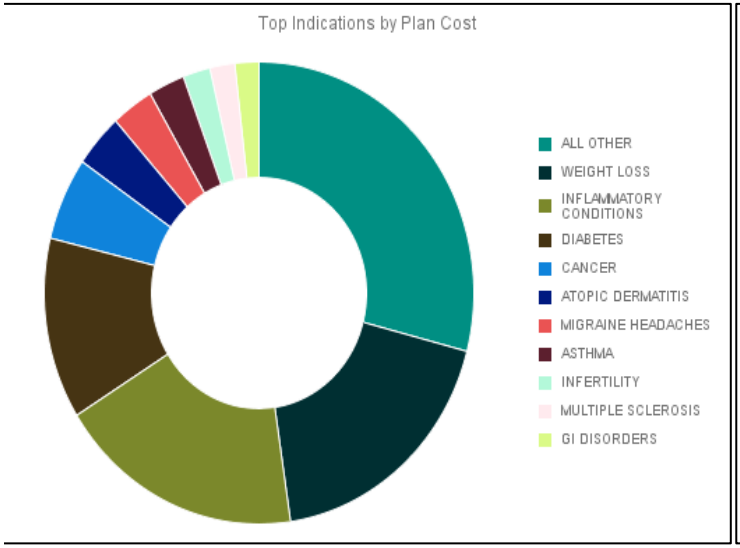
Total Component/Date of Service (Month)	2023 07	2023 08	2023 09	Q1	2023 10	2023 11	2023 12	Q2	2024 01	2024 02	2024 03	Q3	2024 04	2024 05	2024 06	Q4	2024 YTD
Membership	26,965	27,056	27,556	27,192	27,562	27,578	27,652	27,597	27,349	27,354	27,447	27,383	27,458	27,548	27,564	27,523	27,424
Total Days	968,891	1,015,008	912,185	2,896,084	1,032,124	1,007,529	999,007	3,038,660	1,055,365	986,837	1,026,218	3,068,420	1,049,796	1,043,692	1,014,525	3,108,013	12,111,177
Total Patients	11,109	11,326	11,060	16,577	12,344	12,236	12,322	18,138	12,136	11,845	11,950	17,514	11,861	11,889	11,602	16,953	20,811
Total Plan Cost	$5,029,964	$5,173,813	$4,806,261	$15,010,038	$5,590,088	$5,147,546	$4,970,820	$15,708,454	$5,247,382	$5,146,417	$5,151,973	$15,545,773	$5,971,924	$6,525,625	$6,014,757	$18,512,305	$64,776,571
Generic Fill Rate (GFR) - Total	87.0%	86.0%	83.3%	85.4%	80.5%	84.5%	86.5%	83.8%	87.2%	87.6%	87.5%	87.4%	87.3%	86.6%	86.3%	86.7%	85.8%
Plan Cost PMPM	$186.54	$191.23	$174.42	$184.00	$202.82	$186.65	$179.76	$189.73	$191.87	$188.14	$187.71	$189.24	$217.49	$236.88	$218.21	$224.20	$196.84
Total Specialty Plan Cost	$2,183,848	$2,169,146	$2,062,309	$6,415,302	$2,484,434	$2,216,414	$1,990,016	$6,690,864	$2,169,051	$2,137,419	$1,986,513	$6,292,983	$2,590,553	$2,891,606	$2,382,694	$7,864,853	$27,264,003
Specialty % of Total Specialty Plan Cost	43.4%	41.9%	42.9%	42.7%	44.4%	43.1%	40.0%	42.6%	41.3%	41.5%	38.6%	40.5%	43.4%	44.3%	39.6%	42.5%	42.1%

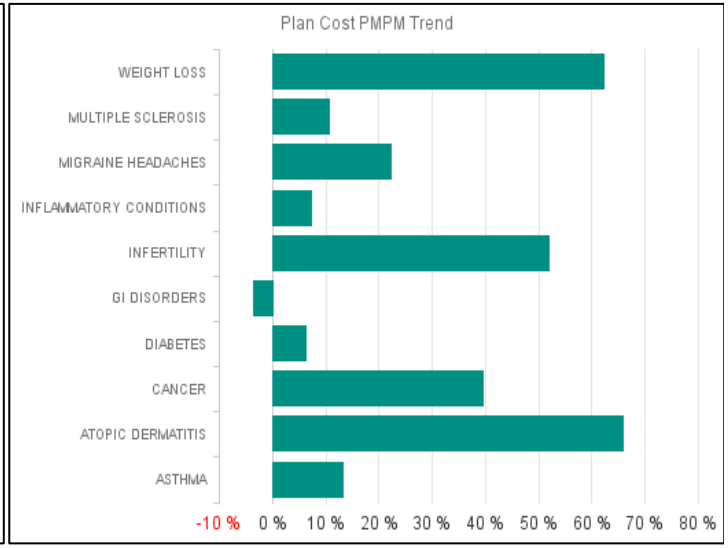
Total Component/Date of Service (Month)	2024 07	2024 08	2024 09	Q1	2024 10	2024 11	2024 12	Q2	2025 01	2025 02	2025 03	Q3	2025 04	2025 05	2025 06	Q4	2025 YTD
Membership	3,725	3,664	3,640	3,676	3,627	3,601	3,589	3,606	1,238	1,233	1,235	1,235	1,237	1,240	1,239	1,239	
Total Days	192,149	171,398	164,788	528,335	180,464	165,312	177,141	522,917	41,292	36,665	42,495	120,452	41,836	40,506	46,935	129,277	
Total Patients	1,638	1,635	1,606	2,424	1,757	1,663	1,638	2,459	569	538	534	811	551	555	550	790	
Total Plan Cost	$1,193,901	$1,174,419	$1,148,891	$3,517,211	$1,355,364	$1,272,626	$1,198,446	$3,826,437	$337,657	$293,641	$408,136	$1,039,434	$321,828	$507,395	$311,244	$1,140,466	
Generic Fill Rate (GFR) - Total	81.9%	79.6%	75.6%	79.1%	75.6%	78.6%	81.1%	78.4%	85.6%	86.1%	86.1%	86.0%	86.4%	86.3%	88.0%	86.9%	
Plan Cost PMPM	$320.51	$320.53	$315.63	$318.91	$373.69	$353.41	$333.92	$353.74	$272.74	$238.15	$330.47	$280.47	$260.17	$409.19	$251.21	$306.91	
% Change Plan Cost PMPM	10.2%	2.6%	9.8%	7.4%	13.8%	10.2%	9.6%	11.3%	18.9%	-0.3%	51.3%	22.6%	-4.3%	55.4%	5.2%	19.0%	
Total Specialty Plan Cost	$479,513	$438,805	$457,519	$1,375,838	$603,077	$601,958	$471,722	$1,676,757	$202,649	$163,305	$238,371	$604,325	$173,698	$382,528	$124,961	$681,187	
Specialty % of Total Specialty Plan Cost	40.2%	37.4%	39.8%	39.1%	44.5%	47.3%	39.4%	43.8%	60.0%	55.6%	58.4%	58.1%	54.0%	75.4%	40.1%	59.7%	

PMPM	
2024 Q3	$189.24
2025 Q3	$280.47
Trend - 23-24 07	48.2%

Top Indications

SCHOOL ALLIANCE INS FUND (Current Period 01/2025 - 06/2025 vs. Previous Period 01/2024 - 06/2024) Peer = Government - National Preferred Formulary





			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	4	WEIGHT LOSS	26.2 %	8,976	$9,600,537	$45.61	1.6 %	4.2 %	20.1 %	4,375	$4,628,529	$28.10	3.4 %	5.7 %	62.3 %
2	2	INFLAMMATORY CONDITIONS	26.0 %	2,710	$9,534,787	$45.29	35.7 %	30.3 %	30.2 %	1,938	$6,953,298	$42.21	37.6 %	34.2 %	7.3 %
3	1	DIABETES	17.9 %	19,216	$6,552,258	$31.13	29.0 %	24.0 %	21.0 %	15,266	$4,824,981	$29.29	29.4 %	25.9 %	6.3 %
4	3	CANCER	8.2 %	1,278	$2,994,273	$14.22	83.4 %	75.6 %	7.3 %	950	$1,678,913	$10.19	87.2 %	76.4 %	39.6 %
5	5	ATOPIC DERMATITIS	5.3 %	3,753	$1,934,989	$9.19	81.6 %	80.6 %	4.0 %	2,720	$912,656	$5.54	87.4 %	84.4 %	65.9 %
6	6	MIGRAINE HEADACHES	4.5 %	2,592	$1,643,688	$7.81	43.6 %	51.4 %	4.6 %	1,907	$1,052,559	$6.39	48.1 %	52.8 %	22.2 %
7	7	ASTHMA	3.8 %	11,234	$1,405,466	$6.68	84.4 %	88.1 %	4.2 %	9,560	$970,322	$5.89	83.1 %	87.9 %	13.3 %
8	10	INFERTILITY	2.9 %	577	$1,058,976	$5.03	53.6 %	64.3 %	2.4 %	356	$545,207	$3.31	56.2 %	62.5 %	52.0 %
9	8	MULTIPLE SCLEROSIS	2.6 %	138	$970,103	$4.61	40.6 %	48.3 %	3.0 %	130	$685,537	$4.16	30.8 %	47.4 %	10.7 %
10	9	GI DISORDERS	2.6 %	1,642	$934,872	$4.44	58.3 %	58.0 %	3.3 %	1,250	$759,391	$4.61	54.2 %	56.8 %	-3.7 %
		Total Top 10		**52,116**	**$36,629,949**	**$174.00**	**43.6 %**	**44.3 %**		**38,452**	**$23,011,393**	**$139.70**	**47.7 %**	**47.0 %**	**24.6 %**

SCHOOL ALLIANCE INS FUND (Current Period 01/2025 - 06/2025 vs. Previous Period 01/2024 - 06/2024) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	8	ZEPBOUND	WEIGHT LOSS	N	5,345	1,128	$5,340,348	$25.37	1,885	533	$1,807,313	$10.97	131.2 %
2	12	WEGOVY	WEIGHT LOSS	N	3,390	752	$4,229,238	$20.09	2,253	579	$2,772,031	$16.83	19.4 %
3	1	MOUNJARO	DIABETES	N	1,727	349	$1,725,977	$8.20	851	179	$820,267	$4.98	64.6 %
4	7	STELARA	INFLAMMATORY CONDITIONS	Y	129	30	$1,558,628	$7.40	122	22	$1,506,206	$9.14	-19.0 %
5	3	OZEMPIC	DIABETES	N	1,678	331	$1,527,435	$7.26	1,476	300	$1,281,503	$7.78	-6.7 %
6	9	DUPIXENT PEN	ATOPIC DERMATITIS	Y	389	76	$1,226,707	$5.83	179	39	$481,180	$2.92	99.5 %
7	11	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	179	35	$1,220,305	$5.80	127	23	$778,862	$4.73	22.6 %
8	14	RINVOQ	INFLAMMATORY CONDITIONS	Y	182	35	$989,497	$4.70	86	19	$418,306	$2.54	85.1 %
9	22	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	112	22	$726,715	$3.45	245	44	$1,444,842	$8.77	-60.6 %
10	10	JARDIANCE	DIABETES	N	1,200	230	$697,609	$3.31	886	169	$499,763	$3.03	9.2 %
11	146	GONAL-F RFF REDI-JECT	INFERTILITY	Y	80	40	$647,542	$3.08	44	22	$336,378	$2.04	50.6 %
12	25	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	113	21	$628,573	$2.99	65	11	$310,836	$1.89	58.2 %
13	27	OTEZLA	INFLAMMATORY CONDITIONS	Y	144	31	$603,621	$2.87	69	16	$216,553	$1.31	118.1 %
14	30	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	57	14	$578,331	$2.75	22	3	$186,250	$1.13	143.0 %
15	31	NURTEC ODT	MIGRAINE HEADACHES	N	327	116	$488,354	$2.32	221	77	$293,828	$1.78	30.1 %
16	19	TREMFYA ONE-PRESS	INFLAMMATORY CONDITIONS	Y	74	15	$446,238	$2.12	39	9	$211,032	$1.28	65.5 %
17	43	UBRELVY	MIGRAINE HEADACHES	N	331	134	$409,178	$1.94	216	96	$243,181	$1.48	31.7 %
18	23	FARXIGA	DIABETES	N	714	141	$394,556	$1.87	466	94	$249,426	$1.51	23.8 %
19	18	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	61	12	$360,797	$1.71	51	10	$261,970	$1.59	7.8 %
20	40	QULIPTA	MIGRAINE HEADACHES	N	334	72	$360,435	$1.71	187	42	$189,402	$1.15	48.9 %
21	34	DUPIXENT SYRINGE	ATOPIC DERMATITIS	Y	131	26	$335,301	$1.59	100	22	$255,719	$1.55	2.6 %
22	51	XOLAIR	ASTHMA	Y	129	23	$323,762	$1.54	60	13	$114,140	$0.69	122.0 %
23	56	OMNIPOD 5 DEXG7G6 PODS (	DIABETES	N	420	74	$300,099	$1.43	280	50	$200,995	$1.22	16.8 %
24	44	KISQALI	CANCER	Y	22	4	$272,239	$1.29	11	4	$118,869	$0.72	79.2 %
25	39	DEXCOM G7 SENSOR	DIABETES	N	758	156	$262,548	$1.25	303	69	$100,867	$0.61	103.7 %
			Total Top 25		**18,026**		**$25,654,032**	**$121.86**	**10,244**		**$15,099,718**	**$91.67**	**32.9 %**

SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
JULY 30, 2025

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 NO. 24-25

SCHOOLS HEALTH INSURANCE FUND
APPOINTING OF FUND COMMISSIONER AND ALTERNATE FUND COMMISSIONERS TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

WHEREAS, The Schools Health Insurance Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

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

NOW THEREFORE BE IT RESOLVED, Schools Health Insurance Fund as follows:

1. That _____ is hereby appointed as Fund Commissioner.

2. That _____ is hereby appointed as Alternate.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 25-25

RESOLUTION OF THE SCHOOLS HEALTH INSURANCE FUND
DESIGNATING CUSTODIAN OF FUND RECORDS

BE IT RESOLVED that Beth Ann Coleman the Secretary of the Schools Health Insurance Fund is hereby designated as the custodian of the Fund records which shall be kept at the office of the Fund Administrator, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 26-25

SCHOOLS HEALTH INSURANCE FUND
RESOLUTION DESIGNATING
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS

BE IT RESOLVED by the Schools Health Insurance Fund that all funds of the Schools Health Insurance Fund shall be withdrawn from the official named depositories by check, which shall bear the signatures of at least two (2) of the following persons who are duly authorized pursuant to this Resolution.

Joseph Collins	- Chairman
Beth Ann Coleman	- Secretary
Helen Haley	- Trustee
Lorraine Verrill	- Treasurer

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 27-25

SCHOOLS HEALTH INSURANCE FUND
RESOLUTION TO INCREASE BID THRESHOLD

WHEREAS, pursuant to *N.J.S.A.* 40A:1 l -3, the State Treasurer increased the minimum bid threshold to $53,000.00 for the execution of contracts without public bid by the Qualified Purchasing Agent when said contracts do not exceed $53,000.00 in aggregate for the contract year in those municipalities whose purchasing agents possess a Qualified Purchasing Agent (QPA) certificate awarded by the Division of Local Government Services; and

WHEREAS, as a result the new quote threshold for the above noted municipalities with a Qualified Purchasing Agent (QPA) is now $7,950.00 (15% of the $53,000 QPA bid threshold); and

WHEREAS, the Schools Health Insurance Fund has had an appointed Qualified Purchasing Agent (QPA) as required under *N.J.S.A.* 40A:11-3 and in accordance with *N.J.S.A* 40A:l1-9; and

WHEREAS, the Schools Health Insurance Fund finds it is in the interest of efficiency and economy for the Municipal Reinsurance Health Insurance Fund to continue with the increase in the bid threshold and as a result the quote threshold, pursuant to *N.J.S.A.* 40A:11-3; and.

NOW, THEREFORE, BE IT RESOLVED by the Schools Health Insurance Fund, pursuant to *N.J.S.A.* 40A:11-3, that its bid threshold is increased to $53,000.00 and as a result the quote threshold shall be $7,950.00.

BE IT FURTHER RESOLVED, that such contracts as may be awarded under this Resolution shall comply with all other applicable laws, including but not limited to certification of funds by the Chief Financial Officer where required.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION 28-25

SCHOOLS HEALTH INSURANCE FUND
ADOPTING 2025-2026 WELLNESS GRANT PROGRAMS

WHEREAS, the Schools Health Insurance Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

WHEREAS, the Board of Trustees set forth a budget for the School Board members for the fiscal year of July 1, 2025 through June 30, 2026. This budget includes $3.08 per employee, per month for individual member wellness grants which totaled $ $966,862 as of July 1, 2025;

WHEREAS, the Wellness Committee requested grant applications from School Board members which were received and reviewed by the Committee;

WHEREAS, on July 30, 2025 the Board of Trustees of the Schools Health Insurance Fund approved Wellness Grant Programs for the following members:

Group Name	Recommendation: Last year's grant, capped at $150 PEPY, new members at 75% of request
Alexandria BOE	**$6,000.00**
Bellmawr BOE	**$12,000.00**
Berlin Borough BOE	**$10,500.00**
Byram Twp BOE	**$5,000.00**
Bethleham BOE	**$5,350.00**
Black Horse Pike BOE	**$9,400.00**
Burlington Twp BOE	**$20,000.00**
Chesterfield BOE	**$5,500.00**
Cinnaminson BOE	**$10,000.00**
Clayton BOE	**$6,000.00**
Clearview BOE	**$6,800.00**
Clinton BOE	**$8,452.00**
Collingswood BOE	**$23,670.00**
Delran BOE	**$20,200.00**
Delsea BOE	**$18,700.00**
District of the Chathams	**$24,000.00**
Eastern Camden BOE	**$11,500.00**
Florence BOE	**$5,625.00**
Frankford BOE	**$12,000.00**
Franklin Twp BOE (H)	**$3,000.00**
Fredon BOE	**$3,150.00**
Gateway Regional	**$9,750.00**

Gloucester County SSSD	**$15,000.00**
Gloucester County IT	**$8,250.00**
Gloucester Twp BOE	**$7,000.00**
Hardyston	**$4,050.00**
Hunterdon - Central BOE	**$13,850.00**
Jamesburg BOE	**$7,250.00**
Kingsway BOE	**$26,900.00**
LEAP	**$22,950.00**
Lebanon Township	**$9,500.00**
Lenape Regional BOE	**$25,560.00**
Lindenwold BOE	**$15,000.00**
Lumberton BOE	**$18,890.00**
Mansfield Twp BOE	**$3,700.00**
Mantua BOE	**$3,900.00**
Medford BOE	**$18,090.00**
Medford Lakes Boe	**$8,200.00**
Mendham Borough BOE	**$9,000.00**
Mendham Twp BOE	**$15,945.00**
Metuchen BOE	**$9,787.50**
Moorestown BOE	**$10,300.00**
Morris Hills BOE	**$10,537.50**
Mount Laurel	**$15,900.00**
Mt. Holly BOE	**$18,000.00**
North Hunterdon Voorhees	**$12,000.00**
Northern Burlington BOE	**$17,800.00**
Oakland BOE	**$15,150.00**
Ogdensburg BOE	**$3,600.00**
Rancocoas BOE	**$20,025.00**
Readington BOE	**$24,375.00**
Riverside BOE	**$15,525.00**
Robbinsville BOE	**$10,500.00**
Somerset Hills BOE	**$12,000.00**
South Harrison BOE	**$6,400.00**
Southampton BOE	**$13,650.00**
Stillwater BOE	**$7,600.00**
Summit BOE	**$49,600.00**
Swedesboro BOE	**$9,525.00**
Tabernacle BOE	**$9,750.00**
Voorhees BOE	**$21,500.00**
Washington Boro BOE	**$5,625.00**

Watchung Boro	**$5,500.00**
Watchung Hills	**$15,150.00**
West Deptford BOE	**$20,000.00**
West Orange	**$45,000.00**
West Windsor Plainsfield	**$23,482.50**
White Twp BOE	**$5,100.00**
Woodbury City BOE	**$14,750.00**
Woodbury Heights BOE	**$3,900.00**
Woodland BOE	**$1,050.00**
Hope BOE	**$2,600.00**
Montgomery	**$20,000.00**
Springfield BOE	**$2,195.00**
Upper Pittsgrove	**$7,200.00**
Logan Twp BOE	**$15,600.00**
Lenape Valley Regional	**$20,200.00**
Hanover Park BOE	**$10,000.00**
Franklin Twp BOE (GC)	**$8,800.00**
Totals	**$ 1,009,309.50**

WHEREAS, the Wellness Committee is recommending a transfer of $ $38,361.50 from unused grants in 2024-2025;

WHEREAS, members that received grant money for wellness programs from 2024-2025 must submit a year-end report of that program prior to receiving 2025-2026 grant money.

NOW THEREFORE BE IT RESOLVED the Board of Trustees of the **Fund** hereby approves the Wellness Grants as listed and transfer $38,361.50 from the open Fund Year 2024-2025 to the Wellness Grant 2025-2026 Budget.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 29-25

SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE JUNE AND JULY 2025 BILLS LIST, DIVIDEND BILLS LIST AND TREASURERS REPORT

WHEREAS, the **Schools Health Insurance Fund** (the "Fund") held a Public Meeting on **July 30, 2025** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of June and July 2025 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 May 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 June and July 2025 and dividend bills list 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.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 30, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 30-25

SCHOOLS HEALTH INSURANCE FUND
RISK MANAGEMENT PLAN FOR FUND
YEAR: 2025-2026

Effective: 7/30/2025

Adopted: 7/30/2025

WHEREAS, Article III, Section C (vii) of the Fund Bylaws requires that the Board of Trustees establish the Risk Management Plan for the Fund; and

WHEREAS, The policies established in the Risk Management Plan shall be implemented by the Executive Director, Program Manager, and all fund contractors and subcontractors;

NOW, THEREFORE, BE IT RESOLVED that **The RISK MANAGEMENT PLAN** for the Schools Health Insurance Fund (the "FUND"), for the year beginning July 1, 2025 and ending on June 30, 2026 shall be as set forth below:

1.) COVERAGE OFFERED

- Medical

  The medical plans offered by the FUND include standard "educators plan"," 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 customized to the needs and specifications of the members. The FUND 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 FUND offers customized dental plans as required by the members.

- Prescription

  The FUND offers customized prescription plans as required by the members including plans that coordinate with the low-cost medical plans.

- Vision

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

Commented [EK1]: Adding Educators Plan

2.) LIMITS OF COVERAGE

Limits of coverage vary by member and plan design.

3.) CEDED RISK, MEMBERSHIP IN MRHIF, AND RETAINED RISK

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

- Medical and Prescription Specific Claims Coverage

The FUND self-insures for the first $575,000 of any medical and/or prescription drug claim per person per agreement year and obtains reinsurance through its membership in the MRHIF for claims more than its Self-Insured Retention 'SIR" to an unlimited maximum per contract year. Both FUND and MRHIF claims are calculated as incurred in 12 months and paid in 24 months.

- Medical and Prescription Aggregate Claims Coverage

The FUND does not purchase aggregate reinsurance for medical and prescription coverage.

- Dental Specific and Aggregate Claims Coverage

The FUND does not purchase either aggregate or specific coverage for dental claims.

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The FUND complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the FUND Year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted by the executive director's office based on earned underwriting income and the number of months since the inception of the FUND 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 FUND Year, the FUND adopts a budget for the upcoming year based on the most recent census, the claims experience for the current FUND Year and other applicable accounting and actuarial factors.

Per employee rates are computed for each line of coverage for each FUND member and are approved by the FUND as a part of the budget adoption process.

Contributions by member include an actuarial factor to assure that individual entity rates reflect the risk profile of the member. The FUND implements individual entity loss ratio adjustments of up to +/- 2.5% relative to the average required renewal for medical and prescription. Such loss ratio adjustments will be applied after a group has at least 2 years of claims experience in the Fund.

The FUND may also adopt rate changes during the 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.

6.) MONTHLY BILLING OF CONTRIBUTIONS AND ASSESSMENTS

Rates derived under the above section are used to compute the monthly assessment for each member of the FUND members based on the updated census. Monthly billings are provided to the FUND 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 although former employees (COBRA, Conversion, and Retirees) may be billed directly by the FUND.

7.) RETROACTIVE BILLING ADJUSTMENTS

Retroactive adjustments for enrollment changes are limited to 2 months. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the fiscal impact to the Fund. The Committee will approve/deny the request within 45 days.

8.) 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.

9.) MONTHLY PAYMENT DEFERRAL OPTION

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 FUND Executive Director's office in writing at least one month prior to taking the deferment.

10.) INITIAL RATING METHODOLOGIES

Upon application to the FUND, the actuary reviews a prospective member's benefit program 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 FUND membership.
- the plan of benefits for the prospective member; and
- loss data if available.
- fixed costs for reinsurance and expenses
- margin to protect the FUND from claims variability.

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

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

11.) LIMITS ON GROWTH IN MEMBERSHIP

To manage potential volatility that could result from rapid growth, the FUND may

- limit growth in medical membership to 20% of the prior year's medical enrollment;
- prohibits cross subsidization of rates between new members; and
- requires new members to use all medical and Rx utilization management standards adopted by the FUND unless explicit waivers are granted in the resolution approving membership.

12.) "RUN-IN" AND "RUN OUT" CLAIMS LIABILITY

The FUND covers the "run-out" liability of all members - i.e., liability for claims incurred but not reported by a former FUND member during the period it was a member. Upon approval of the Board of Trustees, the FUND may also cover the run-in liability of a perspective member (i.e., the liability for claims incurred but not reported by a prospective member in connection with the provision of health benefits during the period prior to

joining the FUND). When the FUND covers run-in liability, the prospective member shall be assessed the expected ultimate cost of run-in claims, as certified by the FUND's actuary and approved by the Board of Trustees. The assessment shall be paid entirely within the FUND Year the member joined the FUND.

13.) ENROLLMENT AUDITS

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

14.) CLAIMS AUDIT

The FUND retains a claim auditor experienced in auditing self-insured health plans. The audit will occur upon completion of the first FUND Year after the FUND's inception and at least once every three (3) years thereafter. The FUND 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.

15.) LOSS EXPERIENCE DATA DISTRIBUTION TO MEMBER ENTITIES

Loss experience data used by the FUND to determine loss ratio adjustments will be 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 FUND's self-insured retention. Requests for additional claims data from FUND members will be considered based upon the availability of data, the feasibility of extracting the data, and conditioned upon the member reimbursing the FUND or its vendors for data extraction and formatting costs.

16.) CLAIMS AGENT NETWORK REPORTING

Medical claims agents shall formally report to the FUND at least annually on network contract changes and the potential fiscal impact of such changes on the prospective charges and fees. (A medical claim agent is also referred to as the health plan or third party administrator.)

Commented [EK2]: Defining Medical Claim Agent

17.) TERMINATION OF MEMBERSHIP

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

18.) OPEN ENROLLMENT PROCEDURES

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

19.) COBRA AND CONVERSION OPTIONS

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

20.) DISCLOSURE OF BENEFIT LIMITS

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

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

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

22.) RETIREES

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

Commented [EK3]: Clarification

23.) 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)

Commented [EK4]: Legislation is 60 days, not 30

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)."

24.) PLAN DOCUMENT

The FUND prepares a plan document and benefit plan booklets for each member local unit (or each employee group within a member local unit as the case may be), and an employee benefit booklet that 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.

Commented [EK5]: Clarification

A.) General Information

- Enrollment procedures and eligibility.
- Dependent eligibility.
- When coverage begins.
- When coverage can change.
- When coverage ends.
- COBRA provisions.
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

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

  Eligible and covered 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 governing law. See also Plan Document and FUND Risk Management Plan and Bylaws

Commented [EK6]: Clarification

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

- Pre-admission.
- Second surgical opinion.
- Case Management.
- Other cost containment and/or population health programs.
- Application and level of employee penalties.

Commented [EK7]: Additional Programs not included in prior versions

25.) SURPLUS RETENTION AND PROCEDURES FOR THE CLOSURE OF FUND YEARS

The Board of Trustees shall, at least annually, review surplus retention objectives and status. The FUND has determined that maintaining and retaining a surplus equal to two and a half (2.5) months of the current year estimated claim expenses is its benchmark for a dividend declaration.

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

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

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

23. MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER

The FUND Treasurer shall act as "certifying and approval officer" and thus may issue checks or initiate wire transfers in payment of medical, pharmacy, and dental claims, as submitted by the third party administrator responsible for handling the FUND's claims, as necessary in order to fulfill the FUND's claim funding obligations under the applicable service provider contract between the FUND 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 FUND 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.

26.) 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 FUND Attorney with a copy of the memo, which has been prepared concerning the appeal.
    - The TPA, Program Manager, Executive Director and FUND 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 FUND 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 FUND shall formally confirm the decision of the TPA, Program Manager, Executive Director and FUND 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 FUND 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 FUND's Independent Review Organization ("IRO"). The claimant's identity shall be revealed only upon the written request of the claimant. A copy of such written request with respect to disclosure of the claimant's name shall be sent to the Program Manager.

a. An appeal of an adverse benefit determination must be filed by the claimant within four (4) months from the date of receipt of the notice of the adverse benefit determination. The claimant shall submit a written request to the Program Manager to appeal an adverse benefit determination and/or final internal adverse benefit determination made by the TPA and the written request shall be accompanied by a copy of the determination letter issued by 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 FUND who shall be required to conduct its review in an impartial, independent, and unbiased manner and in accordance with applicable law.

3. The assigned IRO will provide timely written notice to the claimant of the receipt and acceptance for external review of the claimant's request and shall include a statement that the claimant may submit, in writing and within ten (10) business days of the receipt of the notice, additional information which shall be considered by the IRO when conducting the external review. Upon receipt of any information submitted by the claimant, the IRO, within one (1) business day, shall forward the information to the Program Manager who may reconsider the adverse benefit determination or final internal adverse benefit determination and, as a result of such reconsideration, modify the adverse benefit determination or final internal adverse benefit determination. The Program Manager shall provide prompt

written notice of any such modification to the claimant and the IRO.

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

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

of the decision to the claimant and the Program Manager within 48 hours after providing that notice in the case of an expedited external review. The IRO shall deliver notice of its final external review decision to both the claimant and the Program Manager for all external reviews conducted. The notice of decision shall contain:

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

(ii) the date of IRO assignment and date of the IRO's decision.

(iii) references to the documentation/information considered.

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

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

(vi) that the claimant may 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://wwww.state.nj.us/dobi/consumer.htm e- mail address: ombudsman@dobi.state.nj.us/

27.) QUALITY AND CLINICAL PLAN MANAGEMENT

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

- Drug Utilization Management – The FUND may adopt or amend drug utilization management programs intended to impact the appropriate use of medications. These may include and are not limited to step therapy, generics preferred, formulary, retail network, prior authorization, and other programs provided for by the FUND's contracted Pharmacy Benefit Manager.

- Medical Care Management – The FUND may adopt or amend medical management plans intended to ensure member safety and efficacy of the health care program. This may include and not be limited to programs provided by the FUND's contracted Third-Party Administrator or others that can administer such programs.

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

Commented [EK8]: Specifying preferred schedule

28.) IDENTIFICATION AND CORRECTIVE ACTION FOR OUTLIER PROVIDERS

Commented [EK9]: Allows Fund to take action on outlier providers

A "medical claims outlier identifier" refers to a process or system that identifies claims or patient encounters that deviate significantly from the norm or average, often due to unusually high-costs or resource utilization, requiring further investigation.

Such processes and systems are needed to assist with:

- Fraud Detection: Outliers can signal potentially fraudulent activity, such as inflated charges or improper coding.
- Error Detection: They can highlight coding errors, billing mistakes, or data entry issues.

- Process Improvement: Identifying outliers can help healthcare organizations understand and address inefficiencies in their billing or coding processes.
- Reimbursement Accuracy: Outliers can impact the accuracy of reimbursements, leading to overpayments or underpayments.

Once identified, outliers may be further investigated using accepted industry practices to identify aberrant claims submissions based on, but not limited to the following:

- Scheduled review of the top provider submissions by total claims dollars
- Scheduled review of providers identified by the medical TPA as aberrant claim submission practices

While most such investigative processes are completed by the TPA, investigations may also be initiated by other FUND vendors including claims, financial, and reinsurance auditors.

If, based on a preponderance of empirical evidence, and as recommended by the Fund's professionals, certain out of network providers may be deemed ineligible for any level of reimbursement with the Fund by and through the Fund's TPA.

- Such evidence shall be of a nature that indicates potentially fraudulent behavior, unscrupulous or aberrant billing practices, issues impacting patient safety or quality or other issues that suggest said provider(s) may cause quality or financial harm to the Fund.
- Such matters shall be evaluated by the Fund's executive committee and in consultation with the Fund's professionals, including counsel or separate outside clinical advisory, to ensure the most thorough determinations are being made.
- If after a thorough review has taken place and the executive committee deems removal is warranted, the Fund shall take measures to have said provider(s) deemed ineligible for any level of reimbursement with the Fund by and through the Fund's TPA. The Fund shall also ensure proper notice is provided to covered plan members that may be using said providers so they are aware that benefits shall be ineligible for payment through the Fund at a certain date.

ADOPTED: 7/30/2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

APPENDIX I

SCHOOLS HEALTH INSURANCE FUND
OPEN MINUTES
MAY 28, 2025
MOORESTOWN COMMUNITY HOUSE
12:00 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ BY CHAIRMAN
ROLL CALL 2024-2025 BOARD OF TRUSTEES

Trustee	**BOE**		
Joseph Collins	Delsea Regional BOE	Chairman	Present
Beth Ann Coleman	Collingswood BOE	Secretary	Present
Christopher Lessard	Frankford Township BOE		Present
Evon Digangi	Medford Twp BOE		Present
Nicholas Bice	Burlington Township BOE		Present
Jason Schimpf	Kingsway Regional School District		Present
Helen Haley	Voorhees Township BOE		Absent
John Bilodeau	Gloucester Twp BOE		Present
Fran Adler	Clayton BOE		Absent
Katie Blew	North Hunterdon-Voorhees Regional HS		Absent
Derek Jess	Summit BOE		Absent
Scott Kipers	Black Horse Pike BOE		Present
Stephen Jakubowski	West Deptford BOE		Present
Janice Grassia	Gateway		Present
Donna DiLapo	Mt. Holly BOE		Absent

FUND ADMINISTRATOR: **PERMA Risk Management**
Brandon Lodics, Executive Director
Emily Koval, Associate Executive Director
Jordyn Robinson, Assistant Account Manager

PROGRAM MANAGER: **Conner Strong & Buckelew**
Crystal Bailey

FUND ATTORNEY: Ken Harris

FUND TREASURER: Lorraine Verrill

FUND ACTUARY: Absent

FUND AUDITOR: Dennis Skalkowski

MEDICAL TPA AETNA: Jason Silverstein

MEDICAL TPA AMERIHEALTH: Kristina Strain

MEDICAL TPA HORIZON: Michelle Witherspoon

EXPRESS SCRIPTS: Hiteksha Patel

DELTA DENTAL Crista O'Donnell

GUARDIAN NURSES: Jen White

MOTION TO APPROVE OPEN MINUTES OF March 26, 2025

Moved: Commissioner Lessard
Second: Commissioner Coleman
Vote: Unanimous

MOTION TO OPEN THE MEETING TO THE PUBLIC FOR AGENDA ITEMS ONLY

Moved: Commissioner Coleman
Second: Commissioner DiLapo
Vote: Unanimous

No public comment.

EXECUTIVE DIRECTORS REPORT

Fast Track Financial Reports – Mrs. Koval reviewed the financials for the month of February and March 2025. She stated that February had an increase in surplus but March is showing a slight loss. She is stating that this is a trend across the state. There is a surplus of 93 million for the fund balance.

ORGANIZATIONAL RESOLUTIONS

Mrs. Koval reviewed the reorganizational resolutions which are reflected in the agenda and listed below. As done in the past, the reorganization resolutions can be adopted at this meeting, establishing fundamental policies and procedures to be made effective July 1, 2025.
Ballots for the 2025-2026 Board of Trustees were sent prior to this meeting and the election will occur at the July meeting.

Resolution 11-25: Awarding Professional Services Contracts
Resolution 12-25: Awarding EUS Contracts
Resolution 13-25: Appointing Agent for Process of Service
Resolution 14-25: Appointing Fund Newspapers
Resolution 15-25: 2025-2026 Meeting Dates
Resolution 16-25: Cash Management Plan
Resolution 17-25: Compensating Producers
Resolution 18-25: Authorizing Treasurer for Contracted Payments

SHIF 2025-2026 BUDGET CERTIFICATION

The Actuary has reviewed and certified the 2025 adopted budget as appropriate. A copy of his certification is included in the agenda for your reference in Appendix II.

2024 NEW MEMBER PHARMACY REBATES – MEMO IN APPENDIX III

Mrs. Koval stated that in reviewing Year End financials, PERMA discovered an error with the Express Scripts rebate implementation on the new 2024 groups, therefore the Fund did not receive the guaranteed rebates for those groups. We received a memo from Express Scripts which is included in their report.

NURSE ADVOCACY CONTRACT AWARD

Contracts committee evaluated the results of the RFP responses – the incumbent guardian nurses is being recommended for a contract award for 3 years effective 7/1/2025. The resolution also includes approval for a 7th nurse, which was considered in the budget adoption. Guardian Nurses was given the approval to begin the recruitment process. The rating summary is in Appendix IV and the fees are included in Resolution 19-25.

NEW MEMBERS
Mrs. Koval stated that there are two new members joining the Fund Oradell BOE and Paramus BOE. They have submitted a request to join the SHIF and they were approved by the Fund Actuary, Underwriter and Operations Committee.

FUND QPA
Mrs. Koval stated that at the last meeting, the Fund was authorized to issue quotes for a QPA since the estimated contract was below the bid threshold. The incumbent QPA, the Canning Group, was the only responder to the deadline of May 21, 2025. The proposal included a fee of $3,000 for all SHIF related RFPs issued in the next Fund year.
The resolution is in Consent.

OSC BOARD OF EDUCATION COMPLIANCE FORM
Mrs. Koval stated that the office of the State Comptroller has been requesting solicitation for contracts over $2.5 Million which includes many of our member health benefits. In the past the Fund has recommended responding with our TPA procurement awards. We have not been able to move forward with the procurement process.
There is a recommended response from the Executive Director and Fund Attorney in the agenda. Referenced documents are available upon request.

FUND DOCUMENT UPDATES – OPERATIONS COMMITTEE REVIEW
Mrs. Koval stated that the Fund's governing documents, Bylaws and Risk Management plans were developed when the Fund spun off from the SNJREBF in 2015. With the assistance of the Fund Attorney's we are working to assure they are up to date, compliant and provide the best flexibility for the Fund decision making. Attached for your consideration are Drafts of the documents with proposed updates outlined below. On May 20, 2025, the Operations Committee met with the Executive Director's Office, Program Manager and the Fund Attorney to review proposed changes to the Fund Bylaws and Risk Management Plan. The Committee expressed agreement with the suggested revisions and recommended presenting them to the Board. The Operations Committee is recommending the

introduction of the amended Bylaws at today's meeting. If introduced, the Fund will need acceptance by 50% of our member entities at their local School Board meetings to be formally adopted by the Fund and filed with the Department of Banking and Insurance. The Fund Attorney is preparing a sample resolution and will be distributed after approval of introduction. The Risk management plan as amended will be included in the July agenda for Board of Trustee action.

There is a summary of changes in the agenda as well as draft versions of the updated documents were sent as attachments for review to the board of trustees. Approval of Introduction of the amended bylaws and RMP is included in the Consent agenda, Resolution 22-25.

Fund Attorney Ken Harris stated that here were a few edits on language and statutes that were reflective of school boards and did a bit of a clean up to the bylaws. Mr. Lessard questioned the broker relationship and the subcontractor relationships. Mr. Lodics stated that we will be sending out the draft and have a call with the committee to discuss further. The chair and the board agreed to continue with the introduction today and if there are any changes they will amend as needed.

WELLNESS APPLICATION
Mrs. Koval stated that the wellness application link was sent out to the fund commissioners and brokers on May 15, 2025. A copy of the application is included on the website below. The approved wellness vendors are attending the meeting today and are prepared to discuss their programs with participating groups. Reminder: the due date for the wellness applications is July 1, 2025.
https://www.schoolshif.com/wellness/

PROGRAM MANAGER'S REPORT
Mrs. Bailey reviewed the report below.

Eligibility/Enrollment:

Please direct any eligibility, enrollment, or system related questions to our dedicated Client Service Team member.
System training (new and refresher) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM.** Please contact HIFtraining@permainc.com for additional information or to request an invite.
We recommend all groups have a back-up WEX user to avoid processing delays.

Coverage Updates:

Aetna:
CVS Health Virtual Care – Effective 7/1//25 - Aetna covered members
Beginning July 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

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

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

****Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc before 7/1/25. Member ID numbers will not change.**

AmeriHealth:

Nationwide access to Cigna Healthcare PPO Network – AHA PPO covered members

Effective 7/1/25 all AHA PPO plan members will have nationwide access to the Cigna Healthcare PPO Network. The Cigna Healthcare PPO Network includes more than 1.5 million health care providers and 6,400 hospitals nationwide. AHA plan members can find providers using the instructions in the communication included in the Appendix.

****Due to the change to the Cigna Healthcare PPO Network, AHA enrolled members will receive new ID cards with the Cigna Healthcare logo before 7/1/25. Member ID numbers will not change.**

Express Scripts:

2025 Formulary and SaveOn Listings

National Preferred Formulary (NPF) and Exclusions list effective 7/1/25 were sent to the brokers the week of March 24th and May 6th. There are 73 SHIF members impacted by the change in formulary. Impacted members receive notification prior to 7/1/25. The notification will include covered suggested alternative(s) medications. **See appendix for updated formulary listings.**

NPF Listing:

- NPF Exclusions Listing, please note the following:
  - Humalog - excluded for members with a new prescription as of **1/1/25**, members currently taking the drug will be excluded effective **1/1/26**
    - Impacted members should share the covered preferred alternatives provided in the letter with their providers
    - The number of impacted members will be provided later in 2025
  - Humira - excluded for members with a new prescription as of **1/1/25**, members currently taking the drug will be excluded effective **7/1/25**
    - Impacted members **(33)** should share the covered preferred alternatives provided in the listing with their providers
  - Impacted members will be notified by ESI. The notification will include covered preferred alternatives under the NPF

SaveOn – Effective 7/1/25

Brokers were sent the updated 2025 SaveOn List effective July 1, 2025, on May 7, 2025. Please note the following:

- Drugs highlighted in green (21) were added to the list effective July 1, 2025
- Drugs highlighted in red (5) were removed from the list effective July 1, 2025
  - There were no SHIF members impacted by the drugs removed from the list

4Q2024 SaveOn Savings (1/1/2024 through 12/22/24)

In 2024, the Schools Health Insurance Fund saved $2,866,607 for members enrolled in SaveOn, an additional

$477,689 in savings from 3Q2024. There are currently 569 participants in the program, an increase of 85 members compared to 3Q2024. In 2024, SHIF members who used SaveOn saved a total of $420 in copays. The average savings per prescription to date was $997. See Appendix for the full report.

Top Therapeutic 5 Categories:

Inflammatory Conditions
296 members, totaling $1,372,805 in savings (increase of 33 members from the prior period)
Asthma & Allergy
130 members, totaling $477,036 in savings (increase of 24 members from the prior period)
Cancer
31 members, totaling $255,966 in savings (increase of 5 members from the prior period)
Miscellaneous Diseases
24 members, totaling $12,367 in savings (increase of 4 members from the prior period)
Multiple Sclerosis
22 members, totaling $18,460 in savings (increase of 1 member from the prior period)

Encircle Program (GLP-1 Weight Loss)
Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
  - BMI $\geq$ 32 OR
  - BMI between 27 $\leq$ 32 WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will not be required to adhere to the above guidelines until their PA expires.
  - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

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

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

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

Based on the above, communications are being updated and will be sent to members once finalized. Sample communications will be sent once finalized.

2025 Legislative Review:
Medical and Rx Reporting:
Consolidated Appropriation Act, 2021 (CAA)

Under Section 204 of Division BB, Title II (Section 204) of the Consolidated Appropriations Act, 2021 (CAA), group health plans and health insurance issuers offering group or individual health insurance coverage are required to submit information about prescription drugs and health care spending to the Department of Health and Human Services (HHS), the Department of Labor (DOL), and the Department of the Treasury. The center for Medicare & Medicaid Services (CMS) collects the data on behalf of the Departments and the Office of Personnel Management (OPM).

The data is due annually by June 1st. The SHIF has provided all carriers with the information needed to submit on behalf of the Fund.

Appeals – listed in the agenda page 21 & 22

NOTICE AND DISCLOSURE

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

GUARDIAN NURSES ("GN") – Andrea Spector reviewed the report included in the agenda which included the engagements with inpatients, outpatients, and readmissions comparing March 2024 to March 2025. She stated that the ICU admissions decreased. Readmission rates are 5% as compared to the average readmission rate of 14%.
She stated that with the addition of the additional nurse, they are planning to make the complex program more robust.
She reviewed a highlighted story stating that an important component in their program is care coordination.
Mr. Lodics asked how the recruiting process is coming along and they hope to have a new nurse by July 1, 2025.

TREASURER- Fund Treasurer was absent. The April and May Bills List is listed in the agenda.

Motion to approve the financial reports

MOTION:	Commissioner Coleman
SECOND:	Commissioner Jakubowski
VOTE:	Unanimous

FUND ATTORNEY – Fund Attorney Ken Harris gave an update on the OSC. He stated the fund is implementing a prequalification regulation which will qualify bidders prior to them get specifications to the RFP and then respond. He stated that this is going to put us about 45-60 days behind – he stated that this will be closer to September 1st to award a contract. He stated that in late April, the OSC stated that if we can get DCA to sign off on the prequalification process, then they will give us the go for the PM RFP.

AETNA – Mr. Silverstien reviewed the paid claims for the months of February and March. He reviewed the High cost claimants and stated that the dashboard metrics continue to run well. He also stated that Barnabus hospital has settled on a contract with Aetna.

AMERIHEALTH – Ms. Strain reviewed the AmeriHealth report through April and noted the high claimants for the month of April. She stated the dashboard metrics continue to perform well.

HORIZON- Michelle Witherspoon stated no updates.

EXPRESS SCRIPTS – Mrs. Patel reviewed the reporting for Quarter 3. She stated that in the top ten indications. She stated that inflammatory conditions continues to be at the top. She stated that the top 25 drugs are included and they have seen a decrease in the utilization.

DELTA – Crista O'Donnell reviewed the claims summary for the 2024 year.

CONSENT AGENDA:
Resolution 11-25: Awarding Professional Services Contracts
Resolution 12-25: Awarding EUS Contracts
Resolution 13-25: Appointing Agent for Process of Service
Resolution 14-25: Appointing Fund Newspapers
Resolution 15-25: 2025-2026 Meeting Dates
Resolution 16-25: Cash Management Plan
Resolution 17-25: Compensating Producers
Resolution 18-25: Authorizing Treasurer for Contracted Payments
Resolution 19-25: Awarding Nurse Advocacy RFP
Resolution 20-25: Offering Membership – Oradell and Paramus
Resolution 21-25: Awarding QPA Contract
Resolution 22-25: Introduction of Amended Bylaws and RMP
Resolution 23-25: April and May 2025 Bills List

MOTION:	Commissioner Coleman
SECOND:	Commissioner Bilodeau
VOTE:	Unanimous

OLD BUSINESS None.
NEW BUSINESS – None.
PUBLIC COMMENT – None.

MOTION TO ADJOURN:

MOTION:	Commissioner Colman
SECOND:	Commissioner DiGangi
VOTE:	Unanimous

MEETING ADJOURNED: 12:47pm
NEXT MEETING: July 30, 2025
Moorestown Community House
12:00pm