SCHOOLS HEALTH INSURANCE FUND

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AGENDA & REPORTS

September 24, 2025

12:00 PM

Moorestown Community House

SCHOOLS HEALTH INSURANCE FUND
MEETING: September 24, 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 2025-2026 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
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

OPEN MINUTES: July 30, 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)

SCHOOLS HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
September 24, 2025

PRO FORMA REPORTS

- **Fast Track Financial Report –** as of June 30, 2025 (page 6)

OPERATIONS & NOMINATIONS

CASH MANAGEMENT PLAN

The Fund Treasurer has engaged a new bank for investments. The Cash Management Plan has been revised to reflect FourLeaf Federal Credit Union. Revised Resolution 16-25 is in consent.

LOCKBOX PRICING

The Treasurer has received pricing for the implementation of a lockbox service for the Fund. The proposed cost of $2,100 per year (approximately $175 per month) is deemed reasonable given volume of checks the Fund receives. In light of the increase in mail fraud, the lockbox will help protect our member's checks from being altered or stolen. Upon approval of the cost, the Treasurer will initiate the set up. When complete, PERMA will release the new address and reach out to members to ensure a smooth transition.

> ***Motion:*** *Motion to approve the annual cost of $2,100 for the implementation of a lockbox service through Fulton Bank.*

NURSE ADVOCACY CONTRACT

At the last meeting, Resolution 19-25 was passed approving the Nurse Advocacy contract to Guardian Nurses. In the contract develop phase, it was determined the amount in the resolution did not match the RFP. Revised Resolution 19-25 is included to correct this administrative error.

NEW MEMBER

The SHIF Operations Committee reviewed the below underwritten details for the Hudson County Schools of Technology. The group would be provided 12-month rates, then on 1/1/2027 receive the average SHIF 2026-2027 renewal for 6 months. The group would become a standard member of the fiscal year on 7/1/2027.
Resolution 31-25 is included in consent.

New Member Overview	
Fund	Schools Health Insurance Fund
Entity	Hudson County Schools of Technology
County	Hudson
Effective Date	1/1/2026 - 12/31/2026
Lines of Coverage	Medical & Rx
Eligible Employees	407
Retiree Coverage	None
Current Arrangement	SHBP
Actuary Certification	Yes: Standard Underwriting Methodolgy
Run Out Claims	SHBP
Broker	Strategic Insurance Partners
Broker Fee	3%
Member approval?	Verbal
Per employee Perm Month	$3,277
Special Requests	None

CLAIMS & WELLNESS

WELLNESS GRANT PROGRAM

The Wellness Committee met in August to review and finalize the updated Wellness Guidelines. (Appendix II) The discussion focused on strengthening program structure, ensuring funds are used appropriately, and aligning initiatives more closely with long-term health outcomes.

Highlights of the Updated Guidelines:

- Clearer guidance on what expenses are eligible for reimbursement.
    - Food and beverages are no longer an approved expense
- A focus on sustainable wellness initiatives such as health screenings, fitness activities, and educational programs.
- Removal of items that have historically caused challenges or offered limited health value.
- Updated submission checklist – including all documents needed for reimbursement requests

To streamline communication, a dedicated email address has been created for all wellness-related questions, submissions, and reimbursements: **HIFwellness@permainc.com**.

The Award Letters were sent out to the brokers – If you did not receive yours, please reach out.

MOTION: *Motion to approve the proposed wellness guidelines for the 2025-2026 fund year as presented.*

CLOSED SESSION

Resolution 32-25 to go into closed session is included in Consent for the purposes of contracts and procurement.

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF June 30, 2025

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**59,289,343**	**689,660,157**	**2,716,815,450**	**3,406,475,607**
2.	**CLAIM EXPENSES**					
	Paid Claims		63,587,652	672,990,996	2,339,432,829	**3,012,423,825**
	IBNR		225,525	14,392,692	53,005,500	**67,398,192**
	Less Specific Excess		(117,912)	(11,793,009)	(31,907,201)	**(43,700,210)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**63,695,265**	**675,590,679**	**2,360,531,128**	**3,036,121,807**
3.	**EXPENSES**					
	MA & HMO Premiums		11,493	131,924	790,795	**922,719**
	Excess Premiums		1,195,088	13,862,252	67,148,996	**81,011,249**
	Administrative		3,464,596	43,513,913	192,383,811	**235,897,724**
	TOTAL EXPENSES		**4,671,177**	**57,508,089**	**260,323,602**	**317,831,691**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		(9,077,098)	(43,438,611)	95,960,720	**52,522,109**
5.	**INVESTMENT INCOME**		500,690	7,096,153	20,818,733	**27,914,886**
6.	**DIVIDEND INCOME**		3,216,721	3,216,721	9,460,196	**12,676,917**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**(5,359,687)**	**(33,125,737)**	**126,239,650**	**93,113,912**
8.	**DIVIDEND**		0	0	52,524,468	**52,524,468**
9.	**TRANSFERRED SURPLUS**				28,079,045	**28,079,045**
10	**STATUTORY SURPLUS (7-8)**		**(5,359,687)**	**(33,125,737)**	**101,794,227**	**68,668,490**
	SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	**Surplus**	3,368,048	3,024,515	123,789,796	**126,814,311**
		Cash	(1,718,558)	(5,573,816)	150,119,762	**144,545,946**
	2023/2024	**Surplus**	(1,180,806)	1,727,921	(21,995,569)	**(20,267,647)**
		Cash	(1,152,699)	(37,575,578)	19,925,026	**(17,650,552)**
	2024/2025	**Surplus**	(7,546,929)	(37,878,173)		**(37,878,173)**
		Cash	(24,746,017)	15,938,761		**15,938,761**
	TOTAL SURPLUS (DEFICITS)		**(5,359,687)**	**(33,125,737)**	**101,794,227**	**68,668,490**
	TOTAL CASH		**(27,617,275)**	**(27,210,633)**	**170,044,787**	**142,834,154**
	CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS		**165,660**	**5,091,146**	**1,840,487,050**	**1,845,578,195**
	FUND YEAR 2023/2024					
	Paid Claims		1,205,749	56,890,096	471,190,054	**528,080,150**
	IBNR		(318,033)	(53,005,500)	53,005,500	**0**
	Less Specific Excess		651,642	(4,717,255)	(4,151,476)	**(8,868,731)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**1,539,358**	**(832,659)**	**520,044,078**	**519,211,419**
	FUND YEAR 2024/2025					
	Paid Claims		62,218,071	611,151,556		**611,151,556**
	IBNR		543,558	67,398,192		**67,398,192**
	Less Specific Excess		(771,382)	(7,217,556)		**(7,217,556)**
	Less Aggregate Excess		0	0		**0**
	TOTAL		**61,990,247**	**671,332,192**	**0**	**671,332,192**
	COMBINED TOTAL CLAIMS		**63,695,265**	**675,590,679**	**2,360,531,128**	**3,036,121,807**

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	JUN
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	$ 142,834,154
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	$ 67,398,192
Assets	$ 198,453,270	$ 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	$ 174,278,938
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	$ 105,610,448
Surplus	$ 108,032,490	$ 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	$ 68,668,490
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	$ 63,587,652
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	$ 54,119,738
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	$ 672,990,996
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	$ 629,538,515
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	2.25
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	1.17
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	1.07
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	2.12
Assets to Liabilities	2.19	2.33	2.13	2.09	1.99	1.97	1.96	1.88	1.93	1.9	1.81	1.7	1.65
Surplus as Months of Claims	2.6	2.13	2.01	1.97	1.84	1.83	1.85	1.69	1.77	1.74	1.58	1.37	1.27
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	1.25

Schools Health Insurance Fund
2024/2025 Budget Status Report
as of June 30, 2025

Expected Losses	Actual Budget	Annualized Budget	Certifed as of 7/1/24	Actual Expensed	$ Variance	% Varaiance
Medical Claims Subtotal	564,767,319	564,767,319	484,186,246	590,809,000	(26,041,681)	-5%
Prescription Claims Subtotal	59,521,012	59,521,012	45,513,067	75,383,606	(15,862,594)	-27%
Dental Claims	5,250,184	5,250,184	5,147,576	5,139,586	110,598	2%
Subtotal Claims	629,538,515	629,538,515	534,846,889	671,332,192	(41,793,677)	-7%
Rate Stabilization Reserve	1,120,686	1,120,686	1,120,686	0	1,120,686	0%
DMO Premiums	101,296	101,296	94,902	131,924	(30,628)	-30%
Reinsurance						
Specific	13,862,252	13,862,252	11,942,563	13,862,252	-	0%
Total Loss Fund	644,622,749	644,622,749	548,005,040	685,326,369	(40,703,619)	-6%
Expenses						
Legal	39,513	39,513	39,513	63,370	(23,857)	-60%
Treasurer	27,496	27,496	27,496	29,656	(2,160)	-8%
Administrator	2,904,953	2,904,953	2,512,372	2,905,191	(238)	0%
Program Manager	7,751,187	7,751,187	6,628,608	7,840,802	(89,615)	-1%
Local Entity Risk Management	8,730,949	8,730,949	7,438,798	8,730,949	-	0%
TPA - Med Aetna	8,432,003	8,432,003	7,596,020	8,462,011	(21,855)	0%
Program Manager - Guardian Nurses	1,809,453	1,809,453	1,558,874	1,376,836	432,617	24%
TPA - Med AmeriHealth Admin	2,203,853	2,203,853	1,701,921	2,203,767	85	0%
TPA - Med Horizon	13,284	13,284	16,295	13,284	-	0%
TPA - Vision	8,152	8,152	7,942	Included above in Med Aetna		
TPA - Dental	267,260	267,260	261,923	267,260	-	0%
Actuary	37,110	37,110	37,110	37,110	-	0%
Auditor	21,016	21,016	21,016	21,015	1	0%
Subtotal Expenses	32,246,229	32,246,229	27,847,888	31,951,250	294,978	1%
Misc/Contingenct Expenses	56,889	56,889	56,889	49,676	7,213	13%
Data Analysis System	0	0	0	0	-	#DIV/0!
Wellness Program	898,231	898,231	773,841	393,303	504,928	56%
Affordable Care Act Taxes	193,071	193,071	166,282	204,383	(11,312)	-6%
A4 Retiree Surcharge	11,295,345	11,295,345	9,683,725	11,295,345	-	0%
Plan Documents	30,000	30,000	30,000	30,000	-	0%
Total Expenses	44,719,765	44,719,765	38,558,625	43,923,958	795,807	2%
Total Budget	689,342,514	689,342,514	586,563,665	729,250,326	(39,907,812)	-6%

Schools Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF JUNE 30, 2025
BY FUND YEAR

	SHIF 2024/2025	SHIF 2023/2024	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	15,938,761	(17,650,552)	144,545,946	142,834,154
Assesstments Receivable (Prepaid)	7,674,955	0	-	7,674,955
Interest Receivable	-	-	4	4
Specific Excess Receivable	6,570,761	2,216,690	(0)	8,787,451
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	3,216,721	3,216,721
Deferred Assessment Receivable	-	-	407,249	407,249
Prepaid Admin Fees	4,000	-	-	4,000
Other Assets	11,354,404	-	-	11,354,404
Total Assets	41,542,881	(15,433,862)	148,169,920	174,278,938
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	67,398,192	-	-	67,398,192
A4 Retiree Surcharge	11,295,345	4,833,785	-	16,129,130
Dividends Payable	-	-	-	-
Retained Dividends	-	-	21,355,609	21,355,609
Accrued/Other Liabilities	727,518	-	-	727,518
Total Liabilities	79,421,055	4,833,785	21,355,609	105,610,448
EQUITY				
Surplus / (Deficit)	(37,878,173)	(20,267,647)	126,814,311	68,668,490
Total Equity	(37,878,173)	(20,267,647)	126,814,311	68,668,490
Total Liabilities & Equity	41,542,881	(15,433,862)	148,169,920	174,278,938
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
September 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.

Coverage Updates:

Aetna: None

Express Scripts:

2025 National Preferred Formulary (NPF) – Effective 7/1/25

Brokers were sent the updated 2025 Formulary and Exclusions lists effective July 1, 2025, the week of April 21st and May 6, 2025. There are 28 members in SNJHIF impacted by the formulary change. Please note the following:

NPF:

- NPF Exclusions List, 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
    - Members should share the covered preferred alternatives provided in the list with their providers
    - The number of impacted members will be provided later in 2025

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
04/24/2025	Medical/Aetna	SHIF 2025 04 07	Injection	Upheld	07/14/2025
04/30/2025	Medical/Aetna	SHIF 2025 04 09	Injection	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
06/19/2025	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
06/24/2025	Medical/Aetna	SHIF 2025 06 07	Inpatient Care	Upheld	07/14/2025
06/25/2025	Medical/Aetna	SHIF 2025 06 08	Anesthesia	Upheld	09/12/2025

07/02/2025	Medical/Aetna	SHIF 2025 07 01	Surgery	Upheld	07/14/2025
07/14/2025	Medical/Aetna	SHIF 2025 07 03	Injection	Upheld	09/12/2025
07/15/2025	Medical/Aetna	SHIF 2025 07 04	Surgery	Overturned	07/15/2025
08/07/2025	Medical/Aetna	SHIF 2025 08 01	Lab Testing	Upheld	09/12/2025
08/20/2025	Medical/Aetna	SHIF 2025 08 02	Lab Testing	Upheld	09/12/2025
08/26/2025	Medical/Aetna	SHIF 2025 08 03	DME Supplies	Upheld	09/12/2025
08/27/2025	Medical/Aetna	SHIF 2025 08 04	Physical Therapy	Under Review	
08/28/2025	Medical/Aetna	SHIF 2025 08 05	Surgery	Upheld	09/12/2025
08/28/2025	Medical/Aetna	SHIF 2025 08 06	Injection	Upheld	09/12/2025
09/02/2025	Medical/Aetna	SHIF 2025 09 01	Lab Services	Upheld	09/12/2025
09/02/2025	Medical/Aetna	SHIF 2025 09 02	Lab Services	Upheld	09/12/2025

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
07/14/2025	Medical/Aetna	SHIF 2025 04 07	Injection	Upheld	07/31/2025
07/14/2025	Medical/Aetna	SHIF 2025 04 09	Injection	Upheld	08/18/2025
07/14/2025	Medical/Aetna	SHIF 2025 06 01	Neurostimulator Services	Overturned	07/03/2025
07/14/2025	Medical/Aetna	SHIF 2025 06 02	Arthroplasty Services	Upheld	08/07/2025

07/14/2025	Medical/Aetna	SHIF 2025 06 04	Lab Services	Under Review	
07/14/2025	Medical/Aetna	SHIF 2025 06 05	Implant	Upheld	08/03/2025
07/14/2025	Medical/Aetna	SHIF 2025 06 07	Inpatient Care	Overturned	08/02/2025
07/14/2025	Medical/Aetna	SHIF 2025 07 01	Surgery	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 07 03	Injection	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 08 01	Lab Testing	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 08 02	Lab Testing	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 08 03	DME Supplies	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 08 05	Surgery	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 09 01	Lab Services	Under Review	
09/12/2025	Medical/Aetna	SHIF 2025 09 02	Lab Services	Under Review	

Small Claim Committee Appeals: None

Year End Board Report
Reporting on dates: 7/1/24 – 6/30/25

This report shows how our nurses improve care, enhance member experience, and reduce costs. Interventions and outcomes estimate projected cost savings/avoidance and are **highlighted in green**.

Highlights:

- Significant reduction in avoidable readmissions (see below)
- Strong projected cost savings related to expert care coordination

Improving Care

Goals: Improve timeliness, appropriateness, and quality of care

Acute and Chronic Care Programs

- **1,521 total cases supported (1,208 unique members)**
  - **1,377 mobilizations**
- **973 inpatients**
- 745 new members supported

Inpatient Impact: Among **973 inpatients with a 95% engagement rate**, nurses coordinated **476** hospital/facility care interventions, including transfers to appropriate levels of care, preventing projected readmissions. Significance of high engagement and proactive coordination reduce readmissions, ensure safe transitions, and improves the quality outcomes for hospitalized members.

Improving Members' Experience

Goals: Positive clinical outcomes, accessibility and equality, patient centered goals

- 27 members supported by GN Social worker
- Coordinated care in hospital for 476 members

Impact of Care Coordination: Nurses delivered **1,055 interventions** — This care coordination shows the breadth of our clinical advocacy: ensuring timely access, preventing delays, and connecting members to the right care. It reflects both immediate impact (expedited/urgent needs, second opinions) and long-term support (addressing prevention, gaps in care, appropriate level of care, clinical and community resources,).

Managing or Reducing Cost

Goals: Prevent unnecessary hospitalizations, ICU admissions and bounce backs.

Projected Cost Savings

- **64 Prevented/Projected ER Visit: Projected savings of $173,760** (Smith, 2025)
- **52 Prevented/Projected Admissions: Projected savings of $1,560,000** *(Bengfort, H., 2024)*

Guardian Nurses Healthcare Advocates, Inc.
Office: 888-830-0260
Web: GuardianNurses.com

Projected Cost Avoidance

- **5.5% readmission rate (Commercial benchmark** -14.6% -- expected readmissions 142: actual readmissions **54**
- **Projected Cost avoidance** of those 88 admissions: **$1,338,600 (based on $15,200K average admission** (Weiss, Ph.D & Jiang, Ph.D., 2018)

Projected Managed Cost

- ICU admissions 1-63 days (longest = pending heart transplant) **90% engagement rate**
- Key Cost Drivers; 16 Cardiac; 13 Respiratory; 10 Neurologic

Respectfully submitted,

Rebecca Czarkowski

Rebecca Czarkowski, MSN, RN
Vice President

SCHOOL HEALTH INSURANCE FUND
ACH/WIRE BILLS LIST

AUGUST 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
GREENBERG TRAURIG,LLP	LEGAL SERVICES THROUGH 6/30/25	1,689.00
		1,689.00
	Total Payments FY 24-25	**1,689.00**

FUND YEAR 25-26

Vendor Name	Comment	InvoiceAmount
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER SSSD- # F1-7871700004 08/25	1,275.93
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER IOT A# F1-7871700003 08/25	528.79
		1,804.72
FLAGSHIP DENTAL PLANS	DEPTFORD TWP BOE GRP# 1309 8/1/25	2,632.73
FLAGSHIP DENTAL PLANS	LEAP ACADEMY- GRP # 1288 8/1/25	5,222.71
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE GROUP 1165 8/1/25	391.89
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE (COMP)- GRP 1166 8/1/25	2,174.26
		10,421.59
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 08/25	730,144.10
AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 08/25	576.03
		730,720.13
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 08/25	22,989.22
		22,989.22
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 08/25	179,882.30
		179,882.30
J. KENNETH HARRIS, ATTY AT LAW	PLAN DOC PREP FOR 07/25	3,634.00
J. KENNETH HARRIS, ATTY AT LAW	OSC PROG MGR REVIEW 07/25	230.00
J. KENNETH HARRIS, ATTY AT LAW	MONTHLY ATTORNEY FEES 08/25	3,358.61
J. KENNETH HARRIS, ATTY AT LAW	JULY ATTORNEY FEE BAL	65.86
		7,288.47
VERRILL & VERRILL, LLC	TREASURER FEE 08/25	2,337.15
		2,337.15

CONNER STRONG & BUCKELEW	BROKER FEES 08/25	814,246.84
CONNER STRONG & BUCKELEW	DENTAL- PROGRAM MGR FEES 08/25	19,836.20
CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 08/25	559,656.13
CONNER STRONG & BUCKELEW	RX- PROG. MGR FEES 08/25	85,949.15
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 08/25	10,106.05
		1,489,794.37
GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	GUARDIAN NURSES INV 4850 08/25	142,208.20
		142,208.20
INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN 137768-2082380 FOR 7/25	3.00
INSPIRA FINANCIAL HEALTH, INC	W.WIND.PLAINSFIELD 147194-2083334 7/25	7.50
INSPIRA FINANCIAL HEALTH, INC	WATCHUNG- 154108-2084848 FOR 7/25	1.85
INSPIRA FINANCIAL HEALTH, INC	CHATHAMS- 148762-2082972 FOR 7/25	9.00
		21.35
	Total Payments FY 25-26	**2,587,467.50**
	TOTAL PAYMENTS ALL FUND YEARS	**2,589,156.50**

_____
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

AUGUST 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
MEDFORD TOWNSHIP BOE	2025 DIVIDEND RELEASE 08/25	500,000.00
		500,000.00
MANSFIELD TOWNSHIP BOARD OF ED	2025 RETAINED DIVIDEND RELEASE 08/25	35,000.00
		35,000.00
	Total Payments FY CLOSED	**535,000.00**
	TOTAL PAYMENTS ALL FUND YEARS	**535,000.00**

_____
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
CHECKS BILLS LIST

Resolution No. **AUGUST 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
GANNETT NEW YORK NJ LOCAIQ	A# 1123724 INV 7173717-11437421 6/29/25	44.04
GANNETT NEW YORK NJ LOCAIQ	A# 1123724 INV 7173717-11437365 6/29/25	87.33
GANNETT NEW YORK NJ LOCAIQ	A# 1123724 INV 7173717-11383847 6/8/25	39.36
GANNETT NEW YORK NJ LOCAIQ	A# 1123724 INV 7173717-11436005 6/29/25	62.76
		233.49
HQSI, INC	REVIEW CASE 4224128 ON 4/24/25	900.00
		900.00
NJ ADVANCE MEDIA	A#52354 INV 3256933-AD 11007120 6/30/25	35.88
NJ ADVANCE MEDIA	A#52354 INV 3256933-AD 11007123 6/30/25	70.20
NJ ADVANCE MEDIA	A# 52156 INV 3256932-AD 11006974 6/30/25	48.06
NJ ADVANCE MEDIA	A#52354 INV 3256933-AD 11007127 6/30/25	19.50
NJ ADVANCE MEDIA	A# 52156 INV 3256932-AD 11001167 6/9/25	25.81
NJ ADVANCE MEDIA	A#52354 INV 3256933-AD 11001175 6/9/25	9.36
NJ ADVANCE MEDIA	A# 52156 INV 3256932-AD 11006971 6/30/25	175.33
NJ ADVANCE MEDIA	A# 52156 INV 3256932-AD 11006966 6/30/25	100.57
		484.71
ADVANTA HEALTH SOLUTIONS	MAY INCENTIVE CREDITS- SOMERSET	600.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 MGMT FEE- SOMERSET	466.59
ADVANTA HEALTH SOLUTIONS	MAY 25 INCENTIVE CREDITS- LENAPE	3,080.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 MGMT FEE- WATCHUNG	36.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 MGMT FEE- LENAPE	2,000.00
ADVANTA HEALTH SOLUTIONS	APRIL 25 INC. CREDITS -CHESTERFIELD	60.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 INC. CREDITS- CHESTERFIELD	210.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 INC. CREDITS LENAPE	2,960.00
ADVANTA HEALTH SOLUTIONS	MAY 25 INC. CREDITS- CHESTERFIELD	70.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 INC. CREDITS- SOMERSET	520.00
ADVANTA HEALTH SOLUTIONS	MARCH 25 INC. CREDITS- SOMERSET	500.00
ADVANTA HEALTH SOLUTIONS	MAY 2025 MGMT FEE-BETHLEHEM	190.40
ADVANTA HEALTH SOLUTIONS	MAY 25 MGMT FEE- WATCHUNG	36.00
ADVANTA HEALTH SOLUTIONS	MAY 25 MGMT FEE- LENAPE	1,992.50
ADVANTA HEALTH SOLUTIONS	MARCH 25 INC. CREDITS- LENAPE	2,980.00
ADVANTA HEALTH SOLUTIONS	MARCH 25 INC. CREDITS-CHESTERFIELD	180.00
ADVANTA HEALTH SOLUTIONS	APRIL 25 INC. CREDITS- LENAPE	3,000.00
ADVANTA HEALTH SOLUTIONS	APRIL 25 INC. CREDITS- SOMERSET	540.00
ADVANTA HEALTH SOLUTIONS	JUNE 25 MGMT FEE- CHESTERFIELD	142.56
ADVANTA HEALTH SOLUTIONS	MAY 25 MGMT FEE- CHESTERFIELD	142.56
ADVANTA HEALTH SOLUTIONS	MAY 25 MGMT FEE- SOMERSET	1,019.70
		20,726.31
	Total Payments FY 24-25	**22,344.51**

FUND YEAR 25-26

Vendor Name	Comment	InvoiceAmount
EVERSIDE HEALTH, LLC	07/25 MEMBERSHIP FEES 08/25	2,546.00
		2,546.00
HORIZON BCBSNJ	MED TPA GROUP # 8503Q & 8513R 08/25	1,053.90
		1,053.90
PERMA RISK MANAGEMENT SERVICES	POSTAGE 07/25	50.92
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 08/25	253,578.92
		253,629.84
HOSPITALITY MANAGEMENT SERVICES, INC	CATER 07/25 MEETING	939.00
		939.00
HQSI, INC	REVIEW CASE # 4373512 ON 7/3/25	900.00
		900.00
WELLNESS COACHES dba RAMP HEALTH	COACH-SWEDESBORO INV 39286 FOR 8/25	1,970.00
		1,970.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 09/25 INV E0350938 08/25	470.00
		470.00
ADVANTA HEALTH SOLUTIONS	AUGUST MGMT FEE- LENAPE	1,995.00
ADVANTA HEALTH SOLUTIONS	AUGUST 25 MGMR FEE- SOMERSET	466.59
ADVANTA HEALTH SOLUTIONS	AUGUST 25 MGMT FEE- CHESTERFIELD	142.56
ADVANTA HEALTH SOLUTIONS	JULY 25 MGMT FEE- SOMERSET	466.59
ADVANTA HEALTH SOLUTIONS	JULY 25 MGMT FEE- LENAPE	2,000.00
ADVANTA HEALTH SOLUTIONS	JULY 25 MGMT FEE- CHESTERFIELD	142.56
		5,213.30
ACCESS	INV 11698364 DEPT 962 7/31/25	25.65
ACCESS	INV 11646778 DEPT 862 6/30/25	25.65
		51.30
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 08/25	1,324,726.38
		1,324,726.38
	Total Payments FY 25-26	**1,591,499.72**
	TOTAL PAYMENTS ALL FUND YEARS	**1,613,844.23**

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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
WELLNESS CHECKS BILLS LIST

AUGUST 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
MANSFIELD TWSP SCHOOL DISTRICT	ADVANTA REIMBURSEMENT 05/24-06/24	320.00
		320.00
	Total Payments FY 23-24	**320.00**

FUND YEAR 24-25

Vendor Name	Comment	InvoiceAmount
MENDHAM TOWNSHIP BOARD OF EDUCATION	24-25 WELLNESS REIMB. 05/18/24 MASSAGE	3,255.00
MENDHAM TOWNSHIP BOARD OF EDUCATION	24-25 WELLNESS COORD.D. MOSER	2,500.00
MENDHAM TOWNSHIP BOARD OF EDUCATION	24-25 WELLNESS REIMB. 12/24 MASSAGES	3,255.00
MENDHAM TOWNSHIP BOARD OF EDUCATION	24-25 WELL. REIMB. 5/9/25 REFLEXOLOGY	3,230.00
		12,240.00
OAKLAND BOARD OF EDUCATION	24-25 WELLNESS REIMBURSEMENT	15,150.00
		15,150.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS- ZADDYS PO 25-01476	1,322.05
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS- REIMB STIPENDS 08/25	2,500.00
		3,822.05
NORTHERN BURLINGTON REGIONAL SCHOOL	24-25-WELLNESS - ADVANTA PO 25-0464	8,737.32
NORTHERN BURLINGTON REGIONAL SCHOOL	24-25 WELLNESS- ADVANTA PO 25-00464	6,542.00
		15,279.32
EWING TOWNSHIP BOARD OF ED	WELLNESS REIMB- COORD. STIPEND 08/25	2,500.00
		2,500.00
WATCHUNG BOROUGH BOE	24-25 WELLNESS COORD. REIMBURSEMENT	500.00
		500.00
NORTH HUNTERDON-VOORHEES	24-25 WELLNESS REIMBURSEMENT	12,000.00
		12,000.00
SOMERSET HILLS BOARD OF EDUCATION	WELLNESS COORD. STIPEND REIMB. 24-25	2,000.00
		2,000.00
BETHLEHEM TOWNSHIP BOARD OF EDUCATION	24-25 MISC WELLNESS	4,000.00
BETHLEHEM TOWNSHIP BOARD OF EDUCATION	24-25 WELL.-AMAZON /BOWLS 3/25& 5/25	1,335.98
		5,335.98

WOODSTOWN-PILESGROVE REGIONAL BOE	24-25 WELLNESS REIMBURSEMENT	2,792.63
		2,792.63
ROBBINSVILLE BOARD OF EDUCATION	WELLNESS GRANT REIMB. L. TREMER	1,000.00
		1,000.00
MANSFIELD TWSP SCHOOL DISTRICT	ADVANTA REIMBURSEMENT 24-25	1,856.11
MANSFIELD TWSP SCHOOL DISTRICT	ADVANTA REIMBURSEMENT 24-25	1,026.81
		2,882.92
FRANKFORD TOWNSHIP BOE	24-25 WELLNESS REIMB. MISC.	8,957.73
		8,957.73
TARA KERN	24-25 WELLNESS COORDINATOR STIPEND	2,500.00
		2,500.00
ALEXANDRIA TOWNSHIP BOE	24-25 WELLNESS- J. BOWMAN STIPEND	1,000.00
ALEXANDRIA TOWNSHIP BOE	24-25 WELL. REIMB CHAPSTICK	48.86
ALEXANDRIA TOWNSHIP BOE	24-25 WELLNESS-REFLEXOLOGY ON 5/6/25	1,605.00
ALEXANDRIA TOWNSHIP BOE	24-25 WELLNESS- AMAZON CARDS	1,000.00
		3,653.86
DELSEA REGIONAL HIGH SCHOOL DISTRICT	MASSAGE/YOGA REIMB. 12/24-5/25	4,766.00
		4,766.00
LEBANON TOWNSHIP BOE	24-25 WELLNESS REIMBURSEMENT 08/25	7,000.94
LEBANON TOWNSHIP BOE	24-25 WELLNESS- PO 25-0476 08/25	2,498.00
		9,498.94
FRANKLIN TOWNSHIP BOARD OF EDUCATION	24-25 WELL. REIMB MASSAGE THERAPY	1,935.00
		1,935.00
TOWNSHIP OF FRANKLIN BOE	24-25 WELLNESS REIMB. GIFT CARDS	2,700.00
		2,700.00
VOORHEES TOWNSHIP BOARD OF EDUCATION	24-25 WELLNESS REIMBURSEMENT	20,955.00
		20,955.00
SCHOOL DISTRICT OF THE CHATHAMS	WELL. REIMBURSEMENT FY 24-25	11,186.63
		11,186.63
LEAP ACADEMY UNIVERSITY CHARTER SCHOOL	24-25 MISC WELLNESS	11,033.06
		11,033.06
	Total Payments FY 24-25	**152,689.12**
	TOTAL PAYMENTS ALL FUND YEARS	**153,009.12**

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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
WELLNESS CHECKS BILLS LIST

SEPTEMBER 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	Invoice Amount
BELLMAWR BOARD OF EDUCATION	24-25 WELLNESS REIMBURSEMENT	9,291.49
		9,291.49
KINGSWAY REGIONAL SCHOOL DISTRICT	24-25 WELLNESS REIMBURSEMENT	18,954.32
		18,954.32
CLINTON TOWNSHIP BOE	24-25 WELL STIPEND REIMB. C WEISS	402.50
		402.50
HUNTERDON CENTRAL REGIONAL HIGH SCHOOL	24-25 WELLNESS REIMB WALK CHALLENGE	4,373.00
HUNTERDON CENTRAL REGIONAL HIGH SCHOOL	24-25 WELLNESS REIMB- COOKING CLASS	335.91
HUNTERDON CENTRAL REGIONAL HIGH SCHOOL	24-25 WELL REIMB. WELLNESS WEEK	2,759.61
HUNTERDON CENTRAL REGIONAL HIGH SCHOOL	24-25 WELL. STIPEND REIMB. P. GRAHAM	250.00
HUNTERDON CENTRAL REGIONAL HIGH SCHOOL	24-25 WELLNESS REIMB- LUNCH	2,431.08
		10,149.60
LISA MCCOY	24-25 WELLNESS STIPEND	500.00
		500.00
LORI BECKENDORF	24-25 WELLNESS STIPEND	750.00
		750.00
LUMBERTON BOARD OF EDUCATION	WELLNESS REIMB- AMAZON GIFT CARDS	1,000.00
LUMBERTON BOARD OF EDUCATION	24-25 WELLNESS REIMB- HEALTHY DISGEST	3,540.00
LUMBERTON BOARD OF EDUCATION	24-25 WELLNESS REIMB- LUNCHES	2,870.00
		7,410.00
MEDFORD LAKES BOARD OF EDUCATION	24-25 WELLNESS REIMBURSEMENT	15,999.39
		15,999.39
FRANKLIN TOWNSHIP BOARD OF EDUCATION	24-25 WELLNESS LUNCH REIMBURSEMENT	786.80
		786.80

LISA CORSEY	24-25 WELLNESS STIPEND	2,500.00
		2,500.00
SOUTHAMPTON SCHOOL DISTRICT	24-25 WELLNESS REIMBURSEMENT	10,867.97
		10,867.97
JENNY E. MORROW	24-25 WELLNESS STIPEND	500.00
		500.00
JULIA STEWART	24-25 WELLNESS STIPEND	500.00
		500.00
	Total Payments FY 24-25	**78,612.07**
	TOTAL PAYMENTS ALL FUND YEARS	**78,612.07**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

SCHOOL HEALTH INSURANCE FUND
SUPPLEMENTAL WELLNESS BILLS LIST

SEPTEMBER 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	Invoice Amount
MENDHAM BOROUGH BOE	24-25 WELLNESS REIMBURSEMENT	8,049.87
MENDHAM BOROUGH BOE	24-25 WELLNESS REIMBURSEMENT	949.80
		8,999.67
MARY E. HOPKINS	24-25 WELLNESS STIPEND	1,250.00
		1,250.00
HARRUM BATALONI	24-25 WELLNESS STIPEND 09/25	1,250.00
		1,250.00
STILLWATER TOWNSHIP BOE	24-25 WELLNESS REIMBURSEMENTS	7,398.95
		7,398.95
CINNAMINSON TOWNSHIP SCHOOL DISTRICT	24-25 WELLNESS REIMBURSEMENT	9,715.00
		9,715.00
AP BENEFIT ADVISORS, LLC	24-25 WELLNESS REIMBURSMENT-GIFT CARDS	1,000.00
		1,000.00
SOUTH HARRISON TOWNSHIP BOE	24-25 WELL REIMB. STIPEND & ADVANTA	3,530.00
SOUTH HARRISON TOWNSHIP BOE	24-25 WELLNESS REIMBURSEMENT	112.50
		3,642.50
OGDENSBURG BOARD OF EDUCATION	24-25 WELLNESS REIMBURSEMENT 1/25-5/25	2,060.61
		2,060.61
	Total Payments FY 24-25	**35,316.73**
	TOTAL PAYMENTS ALL FUND YEARS	**35,316.73**

_____
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

SEPTEMBER 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 25-26

Vendor Name	Comment	Invoice Amount
HORIZON BCBSNJ	MED TPA GROUP # 8503Q & 8513R 09/25	1,053.88
		1,053.88
PERMA RISK MANAGEMENT SERVICES	POSTAGE 08/25	195.19
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 09/25	261,064.16
		261,259.35
MEDICAL EVALUATION SPECIALISTS	MES CASE 3754646 REVIEW 8/7/25	428.75
		428.75
WELLNESS COACHES dba RAMP HEALTH	COACH-WATCHUNG PRORATED FOR 08/25	520.00
WELLNESS COACHES dba RAMP HEALTH	COACH-WATCHUNG HL INV 39399 FOR 9/25	1,040.00
WELLNESS COACHES dba RAMP HEALTH	COACH-BERLIN BOE INV 39399 FOR 9/25	1,088.00
WELLNESS COACHES dba RAMP HEALTH	COACH-DELRAN INV 39399 FOR 9/25	1,820.00
WELLNESS COACHES dba RAMP HEALTH	COACH-SWEDESBORO INV 39399 FOR 9/25	1,970.00
		6,438.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 10/25 INV E0352700 09/25	470.00
		470.00
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 09/25	1,365,649.44
		1,365,649.44
	Total Payments FY 25-26	**1,635,299.42**
	TOTAL PAYMENTS ALL FUND YEARS	**1,635,299.42**

_____
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

SEPTEMBER 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	Invoice Amount
ACTUARIAL SOLUTIONS, LLC	ACTUARY FEES Q3 2025 09/25	10,435.00
		10,435.00
	Total Payments FY 24-25	**10,435.00**

FUND YEAR 25-26

Vendor Name	Comment	Invoice Amount
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER IOT A# F1- 7871700003 09/25	528.79
DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER SSSD- #A F1-7871700004 09/25	1,275.93
		1,804.72
FLAGSHIP DENTAL PLANS	LEAP ACADEMY- GROUP 1288 9/1/25	5,536.51
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE (COMP)- GRP 1166 9/1/25	2,174.26
FLAGSHIP DENTAL PLANS	DEPTFORD TWP BOE GROUP 1309 9/1/25	2,848.37
FLAGSHIP DENTAL PLANS	CINNAMINSON BOE GROUP 1165 9/1/25	422.33
		10,981.47
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 09/25	760,122.30
AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 09/25	569.66
		760,691.96
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 09/25	22,805.52
		22,805.52
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 09/25	177,592.43
		177,592.43
J. KENNETH HARRIS, ATTY AT LAW	MONTHLY ATTORNEY FEES 09/25	3,358.61
J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCS 09/25	6,187.00
		9,545.61
VERRILL & VERRILL, LLC	TREASURER FEE 09/25	2,337.15
		2,337.15
CONNER STRONG & BUCKELEW	BROKER FEES 09/25	805,374.74
CONNER STRONG & BUCKELEW	DENTAL- PROG MGR FEES 09/25	19,677.65
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 09/25	10,418.21
CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 09/25	576,944.77
CONNER STRONG & BUCKELEW	RX- PROG MGR FEES 09/25	91,544.29
		1,503,959.66

GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	GUARDIAN NURSES INV 4911 09/25	142,208.20
		142,208.20
INSPIRA FINANCIAL HEALTH, INC	W. WIND.PLAINSFIELD 147194-2089212 8/25	7.50
INSPIRA FINANCIAL HEALTH, INC	WATCHUNG- 145108-2090728 FOR 8/25	1.85
INSPIRA FINANCIAL HEALTH, INC	CHATHAMS- 148762-2089240 FOR 8/25	9.00
INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN 137768-2092432 FOR 8/25	3.00
		21.35
GREENBERG TRAURIG, LLP	LEGAL SERVICES THROUGH 7/31/25	5,158.50
		5,158.50
	Total Payments FY 25-26	**2,637,106.57**
	TOTAL PAYMENTS ALL FUND YEARS	**2,647,541.57**

_____
Chairperson

Attest:

_____ Dated: _____

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

_____
Treasurer

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2025 **Month Ending: June**	**Med**	**Dental**	**Rx**	**Vision**	**Reinsurance**	**Contigency**	**Admin**	**Closed Year**	**etained Dividen**	**TOTAL**
OPEN BALANCE	5,648,407.62	(363,078.88)	(11,468,400.39)	0.00	(394,651.73)	624,832.47	(1,052,785.67)	7,873,134.11	5,071,844.22	5,939,301.75
RECEIPTS										
Assessments	14,145,950.49	193,801.63	2,157,278.52	0.00	281,176.40	134,994.67	914,407.96	0.00	0.00	17,827,609.67
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	21,686.97	0.00	0.00	0.00	0.00	890.78	349.69	11,224.05	7,230.49	41,381.98
Invest Adj	(0.04)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.04)
Subtotal Invest	21,686.93	0.00	0.00	0.00	0.00	890.78	349.69	11,224.05	7,230.49	41,381.94
Other Receipts *	138,731.51	0.00	465,443.74	0.00	0.00	0.00	8,348.67	0.00	0.00	612,523.92
TOTAL	14,306,368.93	193,801.63	2,622,722.26	0.00	281,176.40	135,885.45	923,106.32	11,224.05	7,230.49	18,481,515.53
EXPENSES										
Claims Transfers	7,538,489.70	144,655.64	2,329,812.51	0.00	0.00	0.00	0.00	0.00	0.00	10,012,957.85
Expenses	1,083,205.56	1,629.77	0.00	0.00	180,619.89	0.00	658,949.93	0.00	0.00	1,924,405.15
Other Expenses *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	8,621,695.26	146,285.41	2,329,812.51	0.00	180,619.89	0.00	658,949.93	0.00	0.00	11,937,363.00
END BALANCE	**11,333,081.29**	**(315,562.66)**	**(11,175,490.64)**	**0.00**	**(294,095.22)**	**760,717.92**	**(788,629.28)**	**7,884,358.16**	**5,079,074.71**	**12,483,454.28**

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH	**June**									
CURRENT FUND YEAR	**2025**									
	Description:	**SNJ Inv.**	**Citizens Bank**	**Parke Bank**	**Fulton Bank**	**Fulton Bank - General Account**	**Fulton Bank - Admin Account**	**Ocean First Investment Account**	**New Jersey Cash Management**	
	ID Number:									
	Maturity (Yrs)									
	Purchase Yield:	**3.90**	**3.10**	**4.75**	**4.39**	**4.39**	**4.39**	**2.25**	**4.24**	
	TOTAL for All Accts & instruments									
Opening Cash & Investment Balance	**$5,939,301.72**	**$ 5,768.45**	**$ 2,587.72**	**$ 3,058,292.71**	**$ 1,470.25**	**$ 1,383,461.75**	**$ 80,412.09**	**$ 84,024.36**	**$ 1,323,284.39**	
Opening Interest Accrual Balance	**$19.25**	**$ 19.25**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	
1	Interest Accrued and/or Interest Cost	-$0.51	-$0.51	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2	Interest Accrued - discounted Instr.s	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
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	$41,381.97	$19.25	$6.59	$11,939.91	$13,948.30	$10,327.85	$371.41	$155.53	$4,613.13
6	Interest Paid - Term Instr.s	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7	Realized Gain (Loss)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8	Net Investment Income	$41,381.46	$18.74	$6.59	$11,939.91	$13,948.30	$10,327.85	$371.41	$155.53	$4,613.13
9	Deposits - Purchases	$31,434,538.74	$0.00	$0.00	$0.00	$7,000,000.00	$22,510,133.59	$1,924,405.15	$0.00	$0.00
10	(Withdrawals - Sales)	-$24,931,768.15	$0.00	$0.00	$0.00	-$4,000,000.00	-$18,937,363.00	-$1,994,405.15	$0.00	$0.00
			OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance		$12,483,454.28	$5,787.70	$2,594.31	$3,070,232.62	$3,015,418.55	$4,966,560.19	$10,783.50	$84,179.89	$1,327,897.52
Ending Interest Accrual Balance		$18.74	$18.74	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Plus Outstanding Checks		$6,760.07	$0.00	$0.00	$0.00	$0.00	$0.00	$6,760.07	$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		$12,490,214.35	$5,787.70	$2,594.31	$3,070,232.62	$3,015,418.55	$4,966,560.19	$17,543.57	$84,179.89	$1,327,897.52

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

SOUTHERN NEW JERSEY REGIONAL EMPLOYEE BENEFITS FUND

Month	**June**
Current Fund Year	**2025**

Policy Year	Coverage	1. Calc. Net Paid Thru Last Month	2. Monthly Net Paid June	3. Monthly Recoveries June	4. Calc. Net Paid Thru June	5. TPA Net Paid Thru June	6. Variance To Be Reconciled	7. Delinquent Unreconciled Variance From	8. Change This Month
2025	Med	36,533,914.79	7,538,489.70	0.00	44,072,404.49	0.00	44,072,404.49	36,533,914.79	7,538,489.70
	Dental	582,334.04	144,655.64	0.00	726,989.68	0.00	726,989.68	582,334.04	144,655.64
	Rx	10,396,982.82	2,329,812.51	0.00	12,726,795.33	0.00	12,726,795.33	10,396,982.82	2,329,812.51
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**47,513,231.65**	**10,012,957.85**	**0.00**	**57,526,189.50**	**0.00**	**57,526,189.50**	**47,513,231.65**	**10,012,957.85**

SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

September 24, 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**	$47,164,579	21,384	**$2,206**
TOTALS	**$386,424,981**			**$483,599,620**		
				2024-2025 Avg.	**20,546**	**$ 1,960**
				2023-2024 Avg.	**18,048**	**$ 1,784**

SCHOOLS HEALTH INSURANCE FUND

	MEDICAL CLAIMS PAID 2024-2025	# OF EES	PER EE	MEDICAL CLAIMS PAID 2025-2026	# OF EES	PER EE
JULY	$38,797,567	19,761	**$1,963**	$48,404,317	21,972	**$2,203**
AUGUST	$36,500,908	19,558	**$1,866**			
SEPTEMBER	$33,695,184	19,940	**$1,690**			
OCTOBER	$41,785,038	19,992	**$2,090**			
NOVEMBER	$38,020,508	19,923	**$1,908**			
DECEMBER	$39,989,716	19,934	**$2,006**			
JANUARY	$35,748,691	21,134	**$1,692**			
FEBRUARY	$38,598,420	21,165	**$1,824**			
MARCH	$41,556,482	21,199	**$1,960**			
APRIL	$47,668,605	21,280	**$2,240**			
MAY	$44,073,924	21,283	**$2,071**			
JUNE	$47,164,579	21,384	**$2,206**			
TOTALS	**$483,599,620**			**$48,404,317**		
				2025-2026 Avg.	**21,972**	**$ 2,203**
				2024-2025 Avg.	**20,546**	**$ 1,960**

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: 06/01/2025 - 06/30/2025
Service Dates: 01/01/2011 - 06/30/2025
Line of Business: All

Paid Amt	Diagnosis/Treatment
$383,198.52	INFECTION AND INFLAMMATORY REACTION
$339,528.55	SEPSIS, UNSPECIFIED ORGANISM
$272,296.70	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$256,780.25	ATHETOID CEREBRAL PALSY
$208,846.15	INFECTION AND INFLAMMATORY REACTION
$204,397.34	OTHER MECHANICAL COMPLICATION OF OTHER
$167,557.10	ENCOUNTER FOR ANTINEOPLASTIC
$166,996.70	SEPSIS, UNSPECIFIED ORGANISM
$164,992.68	SECONDARY MALIGNANT NEOPLASM OF BONE
$159,314.85	NONRHEUMATIC AORTIC (VALVE) STENOSIS
$158,995.59	ACQUIRED ABSENCE OF BILATERAL BREASTS AND
$141,582.36	ACQUIRED ABSENCE OF BILATERAL BREASTS AND
$141,039.46	DIFFUSE LARGE B-CELL LYMPHOMA OF OTHER EXTRANODAL AND SOLID
$139,126.95	GAUCHER DISEASE
$136,273.50	OTHER SPONDYLOSIS WITH RADICULOPATHY,
$130,066.57	ENCOUNTER FOR ANTINEOPLASTIC
$122,852.28	ENCOUNTER FOR ANTINEOPLASTIC
$120,510.48	PARKINSON'S DISEASE WITH DYSKINESIA, WITH
$118,223.83	ENCOUNTER FOR ANTINEOPLASTIC
$118,094.79	OTHER INTERVERTEBRAL DISC DISPLACEMENT,
$115,955.94	ENCOUNTER FOR ANTINEOPLASTIC
$109,940.95	MYELODYSPLASTIC SYNDROME, UNSPECIFIED
$109,927.34	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH
$105,868.08	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
$105,431.16	ENCOUNTER FOR ANTINEOPLASTIC
$103,642.27	MALIGNANT NEOPLASM OF APPENDIX
$103,330.84	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
$101,810.73	PAIN IN RIGHT LEG
$4,506,581.96	

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: 07/01/2025 - 07/31/2025
Service Dates: 01/01/2011 - 07/31/2025
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	$364,146.56	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
	$331,940.37	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
	$282,690.19	POMPE DISEASE
	$135,069.83	MULTIPLE SCLEROSIS
	$133,478.59	INFECTION AND INFLAMMATORY REACTION
	$127,053.03	OTHER SPECIFIED SEPSIS
	$122,075.86	INFECTION FOLLOWING A PROCEDURE, UNSPECIFIED,
	$120,243.94	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
	$118,377.78	DIAPHRAGMATIC HERNIA WITHOUT OBSTRUCTION OR
	$117,563.71	BIPOLAR DISORDER, CURRENT EPISODE MANIC
	$113,979.17	PRESSURE ULCER OF SACRAL REGION, STAGE 4
	$109,431.43	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	$108,874.29	MALIGNANT NEOPLASM OF RECTUM
	$107,412.16	SPINAL STENOSIS, CERVICAL REGION
	$106,775.97	AGRANULOCYTOSIS SECONDARY TO CANCER
	$106,641.49	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
	$106,079.21	RESTLESSNESS AND AGITATION
	$104,674.38	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
	$102,462.02	MALIGNANT NEOPLASM OF GALLBLADDER
	$101,842.84	ENCOUNTER FOR ANTINEOPLASTIC
	$101,365.99	GAUCHER DISEASE
Total:	**$3,022,178.81**	

aetna™

Schools Health Insurance Fund

8/1/24 through 7/31/25 (Unless otherwise noted)

Dashboard

Medical Claims Paid Per Employee
July 2025 – July 2025

Total Medical Paid per Employee: **$2,203**

Network Discounts

Inpatient:	**67.3%**
Ambulatory:	**69.8%**
Physician/Other:	**62.3%**
TOTAL:	**66.2%**

Provider Network

% Admissions In-Network:	**97.0%**
% Physician Office:	**97.4%**

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
- Capital Health Medical Center

Catastrophic Claim Impact
(January 2025 - July 2025)

Number of Claims Over $50,000: **775**
Claimants per 1000 members: **13.8**
Avg. Paid per Claimant: **$127,980**
Percent of Total Paid: **34.2%**

- **Aetna BOB- HCC account for an average of 44.3% of total Medical Cost**

Aetna One Flex Member Outreach: Through July 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**

CVS Health. CVS Virtual Care
July 2025 – July 2025

Completed Visits : **180**
Unique Patients : **168**
Completed Visits in 2025 : **180**
Unique Patients in 2025: **168**
Total Scheduled Visits in 2025: **231**

Average visit duration: **9** Minutes
BoB Average First Available: **31**minutes
BoB Average First Available (6am-6pm): **28** Minutes

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution:	**93.85%**
Abandonment Rate:	**0.52%**
Avg. Speed of Answer:	**14.9 sec**

Claims Performance

Financial Accuracy: *Q1 2025	**97.95%***
90% processed w/in:	**8.4 days**
95% processed w/in:	**15.3 days**

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Claims Performance (Monthly)
(July 2025)

90% processed w/in:	**6.8 days**
95% processed w/in:	**15.3 days**

(Note: This is not a PG metric)

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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 2025-2026	# of EE'S 2025-2026	PER EE
JULY	$4,950,061.74	4910	$1,008.15	JULY	$12,109,044.78	4948	$2,447.26
AUGUST	$10,720,141.51	4909	$2,183.77	AUGUST	$8,419,637.02	4934	$1,706.45
SEPTEMBER	$8,847,652.65	5045	$1,753.74	SEPTEMBER			
OCTOBER	$10,365,262.03	5060	$2,048.47	OCTOBER			
NOVEMBER	$8,653,427.84	5056	$1,711.51	NOVEMBER			
DECEMBER	$8,567,222.40	5071	$1,689.45	DECEMBER			
JANUARY	$10,286,018.55	5044	$2,039.25	JANUARY			
FEBRUARY	$9,079,184.66	5044	$1,799.99	FEBRUARY			
MARCH	$8,518,752.76	5042	$1,689.55	MARCH			
APRIL	$9,830,080.69	5042	$1,949.63	APRIL			
MAY	$10,027,939.49	5058	$1,982.58	MAY			
JUNE	$10,741,048.92	5054	$2,125.25	JUNE			
TOTALS	**$110,586,793.24**			TOTAL	**$20,528,681.80**		
	AVERAGE	5028	$1,831.78		AVERAGE	4941.00	$2,076.86

AmeriHealth Administrators

Schools HIF

Paid Claims 7/1/25-6/30/26

Average payment per member PMPM 7/1/25- 6/30/26	$801.84
Number of claimants with paid claims over $100,000 for YTD	18
Total paid on those claimants:	$3,055,191.17

Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD	AHA MAY MTD	AHA JUNE MYD	AHA JULY MTD
1st Call Resolution	88.70%	89.60%	89.40%	89.00%	89.20%	90.30%	88.70%
ASA	79.57	29.07	7.95	5.21	5.88	5.54	14.95
Abandonment Rate	3.64%	1.67%	0.81%	0.72%	0.48%	0.57%	0.68%

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

Totals	2024-25 YTD
Total Inpatient Admissions	107
Total Inpatient Days	461
Total ER visits	395

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

AmeriHealth Administrators

PLAN SPONSOR INFORMATION SERVICES

Large Claimant Report- Claims Over $100,000.00

Group:	Schools Health Insurance Fund	Service Dates:	-
Paid Dates:	8/1/25-8/31/25	Line of Business: All	
Network Service	ALL	Product Line: All	

Claimant	Relationship	Paid Amount	Diagnosis
1	Spouse	$201,038	Complication Of Cardiovascular Device, Implant Or Graft, Initial Encounter
2	Dependent	$187,520	Other Nervous System Disorders (Neither Hereditary Nor Degenerative)
3	Employee	$137,389	Spondylopathies/Spondyloarthropathy (Including Infective)
4	Dependent	$121,186	Short Gestation; Low Birth Weight; And Fetal Growth Retardation
Total		$647,133.00	


EXPRESS SCRIPTS®

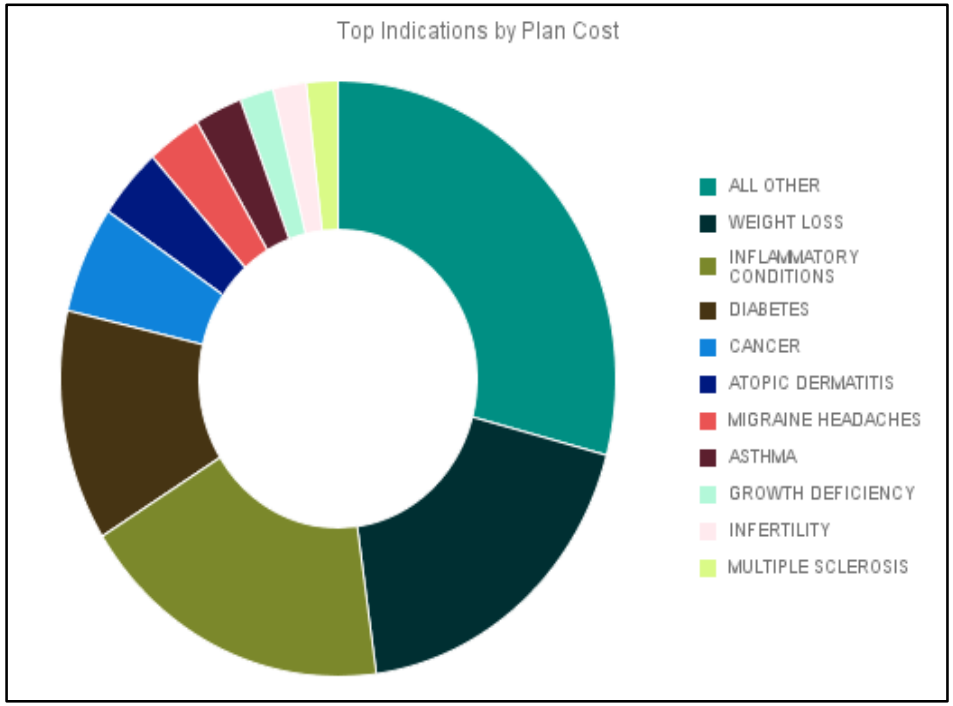
School Health Insurance Fund

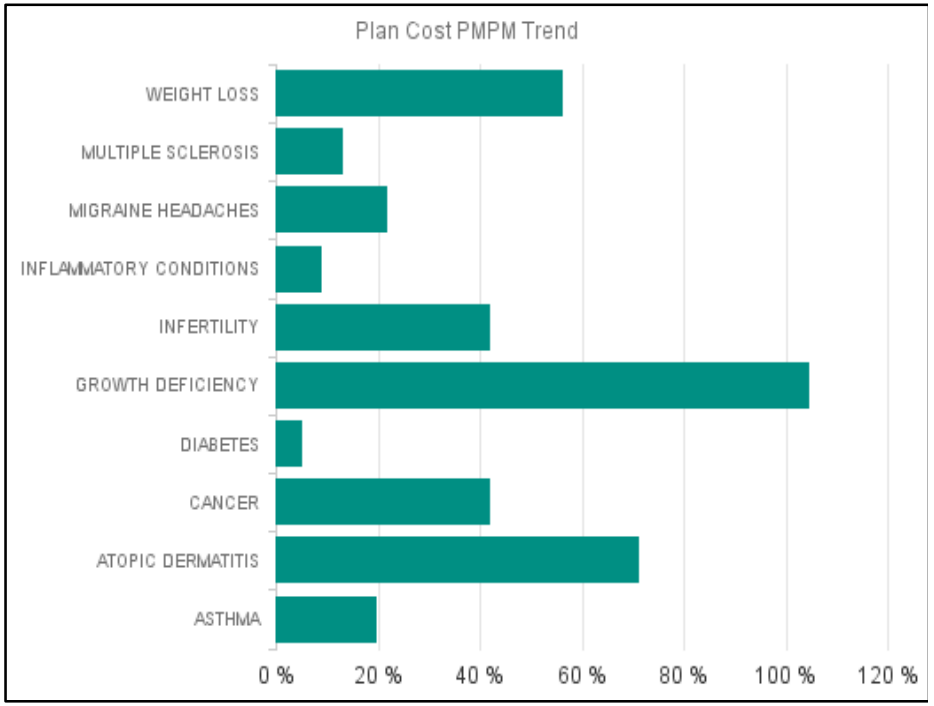
Total Component/Date of Service (Month)	2024 07	2024 08	2024 09	Q1	2024 10	2024 11	2024 12	Q2	2025 01	2025 02	2025 03	Q3	2025 04	2025 05	2025 06	Q4
Membership	33,591	33,602	33,865	33,686	33,911	33,868	33,967	33,915	34,866	34,872	34,987	34,908	35,177	35,182	35,428	35,262
Total Days	1,268,220	1,238,671	1,173,791	3,680,682	1,290,137	1,213,152	1,306,777	3,810,066	1,361,940	1,232,816	1,346,210	3,940,966	1,340,251	1,353,648	1,371,835	4,066,151
Total Patients	13,481	13,503	13,481	20,345	14,848	14,263	14,594	21,539	15,177	14,555	14,656	21,911	14,651	14,478	14,768	21,335
Total Plan Cost	$7,814,755	$8,339,759	$7,570,287	$23,724,800	$9,019,649	$8,405,413	$8,496,673	$25,921,735	$8,016,165	$7,624,072	$8,170,858	$23,811,095	$9,333,999	$9,108,093	$9,505,658	$27,969,739
Generic Fill Rate (GFR) - Total	85.6%	84.3%	80.8%	83.6%	78.7%	82.6%	85.2%	82.1%	86.8%	86.2%	85.7%	86.3%	85.5%	85.3%	85.1%	85.3%
Plan Cost PMPM	$232.64	$248.19	$223.54	$234.76	$265.98	$248.18	$250.14	$254.77	$229.91	$218.63	$233.54	$227.37	$265.34	$258.89	$268.31	$264.40
Total Specialty Plan Cost	$3,177,157	$3,570,911	$3,113,312	$9,861,381	$3,909,497	$3,797,096	$3,534,183	$11,240,776	$3,392,462	$3,066,022	$3,167,500	$9,625,984	$4,268,175	$4,171,528	$4,429,482	$12,891,045
Specialty % of Total Specialty Plan Cost	40.7%	42.8%	41.1%	41.6%	43.3%	45.2%	41.6%	43.4%	42.3%	40.2%	38.8%	40.4%	45.7%	45.8%	46.6%	46.1%

Total Component/Date of Service (Month)	2025 07	2025 08	2025 09	Q1	2025 10	2025 11	2025 12	Q2	2026 01	2026 02	2026 03	Q3	2026 04	2026 05	2026 06	Q4
Membership	36,178															
Total Days	1,386,366															
Total Patients	14,890															
Total Plan Cost	$9,714,559															
Generic Fill Rate (GFR) - Total	85.1%															
Plan Cost PMPM	$268.52															
% Change Plan Cost PMPM	15.4%															
Total Specialty Plan Cost	$4,423,292															
Specialty % of Total Specialty Plan Cost	45.5%															

Top Indications

SCHOOL ALLIANCE INS FUND (Current Period 01/2025 - 07/2025 vs. Previous Period 01/2024 - 07/2024) 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	26.3 %	10,724	$11,480,682	$46.54	1.7 %	4.1 %	21.3 %	5,567	$5,911,057	$29.81	3.1 %	5.5 %	56.1 %
2	2	INFLAMMATORY CONDITIONS	25.9 %	3,229	$11,276,267	$45.71	36.0 %	29.7 %	30.1 %	2,303	$8,349,139	$42.10	38.2 %	33.9 %	8.6 %
3	1	DIABETES	17.7 %	22,504	$7,711,394	$31.26	28.9 %	23.8 %	21.4 %	18,563	$5,918,040	$29.84	29.3 %	25.8 %	4.7 %
4	3	CANCER	8.2 %	1,494	$3,575,420	$14.49	83.7 %	75.4 %	7.3 %	1,109	$2,029,854	$10.24	86.5 %	76.2 %	41.6 %
5	5	ATOPIC DERMATITIS	5.5 %	4,575	$2,377,890	$9.64	81.4 %	80.3 %	4.0 %	3,393	$1,117,776	$5.64	87.6 %	84.2 %	71.0 %
6	6	MIGRAINE HEADACHES	4.5 %	3,065	$1,944,918	$7.88	43.6 %	51.3 %	4.6 %	2,310	$1,287,694	$6.49	47.7 %	52.6 %	21.4 %
7	7	ASTHMA	3.9 %	12,874	$1,699,878	$6.89	84.1 %	88.0 %	4.1 %	11,231	$1,145,296	$5.78	83.3 %	87.8 %	19.3 %
8	9	GROWTH DEFICIENCY	2.8 %	188	$1,201,766	$4.87	0.0 %	0.0 %	1.7 %	89	$472,573	$2.38	0.0 %	0.0 %	104.4 %
9	10	INFERTILITY	2.7 %	660	$1,188,332	$4.82	53.9 %	64.8 %	2.4 %	440	$673,802	$3.40	56.6 %	63.6 %	41.8 %
10	8	MULTIPLE SCLEROSIS	2.6 %	162	$1,133,485	$4.59	38.3 %	48.1 %	2.9 %	150	$807,670	$4.07	28.0 %	47.5 %	12.8 %
		Total Top 10		**59,475**	**$43,590,032**	**$176.70**	**42.7 %**	**43.4 %**		**45,155**	**$27,712,901**	**$139.74**	**46.9 %**	**46.2 %**	**26.4 %**

Top Drugs

SCHOOL ALLIANCE INS FUND (Current Period 01/2025 - 07/2025 vs. Previous Period 01/2024 - 07/2024) 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	6,480	1,219	$6,498,258	$26.34	2,437	635	$2,340,717	$11.80	123.2 %
2	12	WEGOVY	WEIGHT LOSS	N	3,955	792	$4,945,411	$20.05	2,858	677	$3,517,415	$17.74	13.0 %
3	1	MOUNJARO	DIABETES	N	2,083	369	$2,088,681	$8.47	1,091	224	$1,056,234	$5.33	59.0 %
4	4	OZEMPIC	DIABETES	N	1,947	344	$1,778,958	$7.21	1,827	345	$1,591,399	$8.02	-10.1 %
5	7	STELARA	INFLAMMATORY CONDITIONS	Y	133	30	$1,600,344	$6.49	147	25	$1,896,301	$9.56	-32.2 %
6	9	DUPIXENT PEN	ATOPIC DERMATITIS	Y	477	83	$1,524,491	$6.18	215	43	$582,061	$2.94	110.5 %
7	10	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	218	36	$1,491,190	$6.04	135	25	$848,528	$4.28	41.3 %
8	14	RINVOQ	INFLAMMATORY CONDITIONS	Y	214	35	$1,189,503	$4.82	101	20	$502,136	$2.53	90.4 %
9	11	JARDIANCE	DIABETES	N	1,405	236	$817,683	$3.31	1,063	193	$600,478	$3.03	9.5 %
10	26	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	76	14	$792,809	$3.21	26	4	$219,812	$1.11	189.9 %
11	28	HUMIRA(CF) PEN	INFLAMMATORY CONDITIONS	Y	115	22	$769,580	$3.12	280	47	$1,678,894	$8.47	-63.2 %
12	23	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	133	21	$764,400	$3.10	71	12	$348,063	$1.76	76.5 %
13	143	GONAL-F RFF REDI-JECT	INFERTILITY	Y	87	44	$707,492	$2.87	53	25	$412,876	$2.08	37.8 %
14	30	OTEZLA	INFLAMMATORY CONDITIONS	Y	161	31	$688,964	$2.79	90	18	$284,937	$1.44	94.4 %
15	31	NURTEC ODT	MIGRAINE HEADACHES	N	394	122	$584,620	$2.37	267	92	$360,378	$1.82	30.4 %
16	19	TREMFYA ONE-PRESS	INFLAMMATORY CONDITIONS	Y	82	15	$500,731	$2.03	49	10	$269,922	$1.36	49.1 %
17	45	UBRELVY	MIGRAINE HEADACHES	N	390	149	$482,865	$1.96	263	115	$297,932	$1.50	30.3 %
18	18	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	77	13	$471,385	$1.91	61	11	$319,407	$1.61	18.6 %
19	22	FARXIGA	DIABETES	N	804	143	$444,850	$1.80	565	108	$302,807	$1.53	18.1 %
20	47	XOLAIR	ASTHMA	Y	169	24	$442,861	$1.80	74	14	$146,215	$0.74	143.5 %
21	41	QULIPTA	MIGRAINE HEADACHES	N	395	79	$426,440	$1.73	231	49	$234,764	$1.18	46.0 %
22	33	DUPIXENT SYRINGE	ATOPIC DERMATITIS	Y	156	27	$400,243	$1.62	122	25	$311,059	$1.57	3.4 %
23	65	NGENLA	GROWTH DEFICIENCY	Y	52	8	$382,911	$1.55	7	3	$45,056	$0.23	583.2 %
24	82	GENOTROPIN	GROWTH DEFICIENCY	Y	76	14	$366,536	$1.49	34	10	$194,847	$0.98	51.2 %
25	54	OMNIPOD 5 DEXG7G6 PODS (GEN 5)	DIABETES	N	493	77	$352,466	$1.43	331	59	$238,588	$1.20	18.8 %
				Total Top 25	**20,572**		**$30,513,673**	**$123.69**	**12,398**		**$18,600,824**	**$93.80**	**31.9 %**

01/01/2025 - 08/31/2025	Approved PA Count	Denied PA Count	TOTAL PA count
Wegovy	538	511	1049
Zepbound	1031	699	1730

01/01/2024 - 08/31/2024	Approved PA Count	Denied PA Count	TOTAL PA count
Wegovy	740	163	903
Zepbound	827	107	934


DELTA DENTAL

SCHOOLS HEALTH INSURANCE FUND

Group 09475 | 15,133 Members | Q1 2024 - Q4 2024

Healthy

Peers 38%

These members had preventive care only

Moderate

Peers 18%

These members primarily had preventive care and treatment

Serious

Peers 12%

These members had emergency care only or extensive care

No Visit

Peers 28%

These members had no dental claims

Your Oral Health Score

81st Percentile

Your national benchmark comparison comes from Healthentic's database of over 60 million members from all 50 states

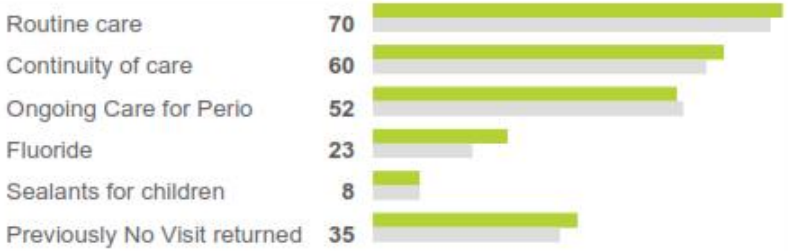
Dental Action Report

Crista C. Odonnell
Account Manager
codonnell@deltadentalnj.com

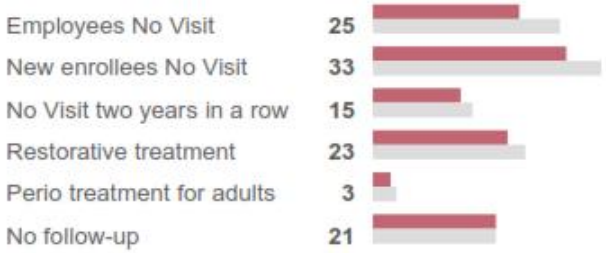
DELTA DENTAL

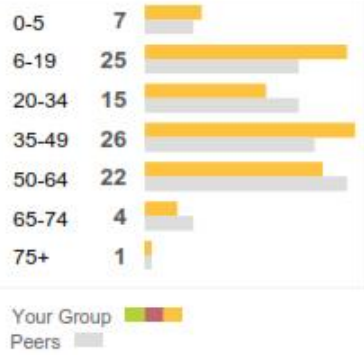
Healthentic

Members with care



Oral health opportunities





Your Peer Comparison

19 groups in Insurance Carriers and Related Activities, statewide

100+ members

High % of visits in NJ (your group has 96%)

DELTA DENTAL®

Wellness Perks

Who qualifies for this enhancement?

All members can take advantage of this online premium savings program at no extra cost.

How do Wellness Perks add value for members?

- Helps members save money on recognizable brands for oral health, hearing care, and lifestyle needs
- Promotes year-round wellness for members and their families
- Increases member satisfaction and engagement with their benefits package

Where can I find more information?

- DeltaDentalNJ.com/Perks
- DeltaDentalCT.com/Perks

amplifon — Hearing Savings Program with complimentary access to significant savings on hearing aids and services

LifeMart — A comprehensive savings marketplace with member discounts and deals on everything from flights and groceries to electronics and entertainment

Crest + Oral-B — Exclusive discounts on Oral-B electric toothbrushes, replacement brush heads, water flossers, and more

PHILIPS — Special pricing on a range of products, including Philips Sonicare, Avent mother-and-baby products, and Norelco shaving and grooming products

FIRSTGRIN — Discounts on curated children's oral health kits

Protect smiles with ADA-accepted, Delta Dental-branded mouthguards

IntelliDent® Products — Exclusive savings on toothbrush and mouthguard shields

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**_____

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

SCHOOLS HEALTH INSURANCE FUND

2025/2026 CASH MANAGEMENT AND INVESTMENT POLICY

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

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

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

2.) ***Permissible Investments***

Investments shall be limited to the following:

a.) Bonds or other obligations of the United States of America or obligations guaranteed by the United States of America.
b.) Any federal agency or instrumentality obligation authorized by Congress that matures within 397 days from the date of purchase, and has a fixed rate of interest not dependent on any index or external factors.
c.) Bonds or other obligations of the local unit or bonds or other obligations of school districts of which the local unit is a part or within which the school district is located; or
d.) Bonds or other obligations, having a maturity date not exceeding 397 days, approved by the Division of Investment of the Department of Treasury for investment by local units.

e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.

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

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

3.) ***Authorized Depositories***

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

TD Bank
Wells Fargo Bank
Parke Bank
Fulton Bank
Ocean First Bank
FourLeaf Federal Credit Union

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

4.) ***Authority for Investment Management***

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

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

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

5.) ***Preservation of Capital***

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

6.) ***Safekeeping***

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

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

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

8.) ***Reporting***

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

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

9.) ***Audit***

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

10.) ***Cash Flow Projections***

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

11.) ***Cash Management***

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

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

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

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

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

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

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

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

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

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

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: May 28, 2025
REVISED AND ADOPTED: September 24, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

REVISED RESOLUTION NO. 19-25

SCHOOLS HEALTH INSURANCE FUND

RESOLUTION AWARDING 25-01 NURSE ADVOCACY SERVICES COMPETITIVE CONTRACT

WHEREAS, there is a need for nurse advocacy services for the Schools Health Insurance Fund; and

WHEREAS, the New Jersey Local Public Contracts Law (N.J.S.A. 18A:18A-4.1et seq.) allows the use of competitive contracts and approved by council resolution; and

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 25-01 in a fair and open manner, consistent with N.J.S.A.19:44A-20.5 et. Seq., and

WHEREAS, the Fund received competitive contracts for wellness vendor services on April 8, 2025; and

WHEREAS, the rating committee has reviewed the submittals and rated according to the direction under competitive contracts as required within N.JA.C. 5:34-4 et. Seq., and

WHEREAS, Guardian Nurses Healthcare Advocates, PO Box 224, Flourtown, Pennsylvania, 19031 has provided for a proposal for three (3) years that has been found to be the response most advantageous to the Fund under the demands of price and other factors found within statute; and

WHEREAS, the RFP response included fees for a recommended 7th nurse of which the contracts committee is recommending to include in the contract award at a fee of $243,785.40 per nurse per year; and

WHEREAS, the process was administered as required by law by the Qualified Purchasing Agent who has concurred with the legality of the purchase in accord with the New Jersey Local Publics Contract Law (N.J.S.A. 40A:11-1 et seq.).

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Schools Health Insurance Fund that:

1. The contract for CC#25-01 nurse advocacy services is hereby awarded to Guardian Nurses Healthcare Advocates, PO Box 224, Flourtown, Pennsylvania, 19031 for a three (3) year contract.
2. The contract will include a fee for 7 nurses at $243,785.40 per nurse per year.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: MAY 28, 2025
REVISED AND ADOPTED: September 24, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 31-25

SCHOOLS HEALTH INSURANCE FUND
RESOLUTION TO OFFER MEMBERSHIP

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

WHEREAS, the Fund held a Public Meeting on **September 24, 2025** for the purposes of conducting the official business of the Fund; and

WHEREAS, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the entities listed below and recommend offers of membership; and

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

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

1. Hudson County School of Technology - Effective 1/1/2026 – Medical & Rx

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

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

ADOPTED: SEPTEMBER 24, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 32-25

SCHOOLS HEALTH INSURANCE FUND
(THE "FUND") RESOLUTION TO ENTER INTO CLOSED SESSION

BE IT RESOLVED by the Executive Committee of the Schools Health Insurance Fund, pursuant to the provisions of the Open Public Meetings Act, that it meet in closed session to discuss the following subject matter:

Matters within the Attorney Client Privilege and the recent report issued by the New Jersey Office of the State Comptroller.

AND BE IT FURTHER RESOLVED that, as precisely as can be determined at this time, the discussion conducted in the said closed session can be disclosed to the public when there has been a final resolution of the matters raised in said report , provided disclosure shall not violate the attorney-client privilege; and

BE IT FURTHER RESOLVED that, the Executive Committee will return to open session after this meeting.

ADOPTED: SEPTEMBER 24, 2025

BY:_____
CHAIRPERSON

ATTEST:

_____
SECRETARY

RESOLUTION NO. 33-25

SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF THE AUGUST AND SEPTEMBER 2025 BILLS LIST, WELLNESS BILLS LIST AND TREASURERS REPORT

WHEREAS, the **Schools Health Insurance Fund** (the "Fund") held a Public Meeting on **September 24, 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 August and September 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 July 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 August and September 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: SEPTEMBER 24, 2025

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

APPENDIX I

SHIF WELLNESS COMMITTEE METING

August 27, 2205

Teams Meeting

Attendees:
Chris Lessard, Wellness Chair
Donna DiLapo
Janice Grassia
Scott Kipers
Patrick Doyle
Emily Koval
Jordyn Robinson

- Jordyn Robinson opened the meeting by highlighting challenges with the current Wellness reimbursement process.
- The program has grown substantially (budget of $900,000+).
- Many reimbursements from 24-25 year have included non-wellness items.
- Aetna's guidelines list food and social gatherings as **not approved** expenses, but historically food was reimbursed in the wellness program.

Key Discussion Points

1. **Quick Reference Guide**
    - Jordyn drafted a new guide (below) with support from Aetna, a nurse consultant, Emily, and Brandon.
    - Proposed major change: **eliminate food/beverage reimbursements entirely** (starting 25–26 program year).
    - Educational cooking/nutrition classes by certified professionals would still be permitted.
2. **Current Year (24–25) Handling**
    - Food reimbursements will be processed as usual, except clearly inappropriate items will be denied.
    - Starting in 25–26, **no food or beverages** will be reimbursed.
3. **Gift Cards**
    - Still allowed as incentives or prizes, but concerns noted about misuse (e.g., purchases unrelated to wellness).
4. **Submission & Documentation Requirements**
    - Stronger controls: signed purchase orders, vendor invoices or receipts, proof of payment (check copies/payroll ledgers), board resolutions for stipends.
    - Without proper backup, reimbursements will be denied.
    - These requirements were also included in the grant approval letters.
5. **Budgeting & Applications**

- Some current applications included food. Instead of resubmitting budgets, districts will be expected to reallocate funds toward approved expenses.
- The finalized quick reference guide and master guidelines will be distributed and posted online with applications.

6. **Communication & Rollout**
   - Jordyn will finalize and send the guide to coordinators and brokers.
   - Proposed to add the new guidelines to the September meeting agenda for broader visibility.
   - The flyer will also be posted on the Fund's website.

Committee Feedback

- Committee Members (Chris, Donna, Janice, Scott, Patrick) expressed support for eliminating food from approved expenses.
- **Agreement that food is not consistent with the long-term goals of the wellness program like improving health and reducing claims**.
- Clarification added that cooking/nutrition classes by dietitians/nutritionists can still be approved.

SCHOOLS HEALTH INSURANCE FUND WELLNESS PROGRAM

Quick Reference Guide

This one-page flyer highlights the most important DOs and DON'Ts for using wellness funds. Use this as a quick check before submitting expenses. If you have any questions, please reach out to your broker.

☑ Approved Expenses

- Onsite biometric screenings (blood pressure, BMI, weight, etc.)
- Onsite vaccination clinics for preventive care
- Group exercise classes (yoga, Pilates, Zumba, stretching)
- Health coaching & educational programs (weight loss, smoking cessation, stress management, cooking demonstrations with certified dietitian/nutritionist)
- Onsite wellness coordinators with Fund approved vendors
- Wellness fairs by vendor (vendor screenings, staging, materials)
- Wellness-related giveaways (pedometers, water bottles, fitness trackers)
- Athletic shoes purchased in bulk for incentives
- Gift cards (Visa, AMEX, wellness retailers)
- Wellness magazine subscriptions
- Walkathon/5K registration fees
- Charitable donations, sponsorships, fundraisers

✖ Not Approved Expenses

- Food and beverages (catering, snacks, drinks – excludes water bottles)
- Competitions not open to all employees (e.g., Biggest Loser, step challenges)
- Gym Equipment (for home, personal or work)(bikes, fitness equipment)
- Stand-up desks
- Renovations, furniture, office supplies (wellness rooms, teachers lounge)
- Standard operating or corporate expenses
- Travel costs (hotel, flights, mileage, taxis)
- Social gatherings (picnics, appreciation lunches, sporting events, props, decorations)
- COVID-19 supplies (PPE, cleaning products, air filtration)
- Cash rewards or payroll contributions (excluding stipends)

📄 Submission Checklist

- Reimbursements must be Submitted within 30 days of plan year close
- Employer must reimburse employee first – no direct employee payments

• The Fund will reimburse approved expenses twice a year (December and July) by submitting a completed voucher (available on the website) and required documents to **HIFWellness@permainc.com.** Please include the signed voucher along with required back up documents/receipts. Without the below items, reimbursement will be denied:

- Signed Purchase Orders for all items
- Vendor Invoices if applicable OR purchase receipts (must match PO)
- Check Copies or proof of payment for each item listed on voucher
- Stipend Policy:
    - All stipends awarded under the SHIF Wellness Grant shall be processed through district payroll and treated as taxable compensation. Stipends must be:
        - Approved by board resolution;
        - Included in board minutes;
        - Reported as wages on Form W-2;
        - Supported by documentation of duties performed.

      Stipends shall not be issued via personal check or 1099 to salaried employees. Exceptions to this policy are not permitted unless the recipient is a bona fide independent contractor, as defined by IRS and NJDOE standards.

- The only vendors to be paid directly by the Fund are the 11 approved vendors.
- All expenses are reimbursed to the BOE only.