SCHOOLS HEALTH INSURANCE FUND

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AGENDA & REPORTS

JULY 22, 2026

12:00 PM

Moorestown Community House

SCHOOLS HEALTH INSURANCE FUND
MEETING: JULY 22, 2026
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
Patrick Doyle, Bellmawr BOE

OPEN MINUTES: May 27, 2026 (**Appendix I)**

ELECTION RESULTS ANNOUNCED

ATTORNEY SWEARS IN 2026-2027 OFFICERS AND BOARD OF TRUSTEES

OATH OF OFFICE – *APPENDIX III*

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
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Fran Adler, Clayton BOE
Katie Blew, North Hunterdon-Voorhees Regional HS
Scott Kipers, Black Horse Pike BOE
Stephen Jakubowski, West Deptford BOE
Janice Grassia, Gateway Regional BOE
Donna DiLapo, Mt. Holly BOE
Patrick Doyle, Bellmawr BOE
Michael Colling, Ewing BOE

COORESPONDENCE: – *None*

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 – James Rhodes)
Monthly Report**.....Page 5**

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

GUARDIAN NURSES
Monthly Report **.....Page N/A**

TREASURER – (Verrill & Verrill – Lorraine Verrill)
June and July 2026 Voucher List**.....Page 25**
Monthly Report (May)

ATTORNEY – (J. Kenneth Harris.)
Monthly Report

NETWORK & THIRD PARTY ADMINISTRATOR – (Aetna – Jason Silverstein)
Monthly Report**.....Page 39**

PERMA | Risk Management Services

SCHOOLS HEALTH INSURANCE FUND
EXECUTIVE DIRECTOR'S REPORT
JULY 22, 2026

FINANCE AND CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Report** – as of April and May 31, 2026 (page 8)

REORGANIZATIONAL RESOLUTIONS

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

1. Resolution 19-26: Risk Management Plan 26-27
2. Resolution 20-26: Designating the Custodian of Fund Records
3. Resolution 21-26: Authorizing Signatories for Bank

FUND QUALIFIED PURCHASING AGENT (QPA)

At the May meeting, the Fund authorized the issuance of quotes for QPA Services. Quotes were due by July 15th at 2:00 p.m., and two submissions were received. The Contracts Committee is currently reviewing the submissions and will present its recommendation at the September meeting, with an effective date retroactive to July 1, 2026.

No Requests for Proposals (RFPs) are planned for the Fund prior to that time.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND UPDATES

1. **BYLAW AMENDMENT -** The MRHIF met in May and June to hold a first and second reading of bylaw amendments, which passed on June 10. The next step is to have 75% of the membership also pass a resolution accepting the changes before it is sent to the State for final approval.

   A memo from the Executive Director is included in Appendix II, explaining the changes. Resolution 22-26 is with consent for Fund approval.

2. **MEDICAL THIRD-PARTY ADMINISTRATOR RFP –** A special meeting will be held on July 28th to release a Medical TPA RFP at the MRHIF level.

3. **REBATE AUDIT TIMELINE UPDATE –** Express Scripts has advised that the CY2025 rebate data will not be available until mid-July, as they have not completed the annual reconciliation

process. Given this delay, our onsite audit review has been rescheduled to late August. We will keep you updated as the audit continues.

4. **INDEMNITY AND TRUST AGREEMENT** – The Fund is a member of the Municipal Reinsurance Health Insurance Fund and must update the membership every three years. The Indemnity and Trust Agreement is in consent. Resolution 23-26 is in consent.

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 the fee is included on the June bills list on its behalf, which was included in its rates upon joining the Fund.

WELLNESS

WELLNESS APPLICATIONS

The deadline for the 2026–2027 Wellness Grant Applications was July 1st. The Wellness Committee met on July 14th and approved the wellness program allocation listed in Resolution 24-26 in the consent agenda. Grant Award Notices will be distributed in August through the Wellness Management System.

WELLNESS MANAGEMENT SYSTEM

The Fund is preparing to launch its new Wellness Management System, developed in partnership with Concourse Tech Inc., which will replace the current email-based process for managing district communications. The rollout is expected mid-to-late August. In the coming weeks, communication will be sent to all brokers, vendors, and participating school districts to confirm portal contacts and district assignments ahead of launch. A live virtual demonstration of the new portal will be held, and additional onboarding details will be shared with member districts as the rollout date approaches.

INDEMNITY AND TRUST AGREEMENTS

PERMA sent Indemnity and Trust Agreements and Resolutions for adoption by the governing bodies to renew membership with the Fund for an additional 3 years. Below is a list of members with agreements that have expired. Reminders have been sent to the brokers of the members below. Please submit the fully executed documents to hifadmin@permainc.com. The list was last updated on July 13, 2026.

Member	I&T End Date
Sandyston-Walpack Consolidated School District	12/31/2021
Glen Ridge Public Schools	6/30/2023
High Point Regional BOE	6/30/2024
West Morris BOE	12/31/2024
Oxford BOE	6/30/2025
Hope Township School District	6/30/2025
Hanover Park BOE	6/30/2025
Eastern Camden County BOE	6/30/2025
Paulsboro Public Schools	6/30/2025
Deptford Township BOE	6/30/2025
Lumberton BOE	12/31/2025
Glassboro BOE	6/30/2026
North Hunterdon-Voorhees BOE	6/30/2026
Lenape Valley Regional BOE	6/30/2026
Newton BOE	6/30/2026
Woodland Township BOE	6/30/2026
Leap Academy University Charter School	6/30/2026
Mount Laurel Township Schools	6/30/2026
Bogota BOE	6/30/2026
Montgomery BOE	6/30/2026

SCHOOLS HEALTH INSURANCE FUND

FINANCIAL FAST TRACK REPORT

AS OF April 30, 2026

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**70,506,814**	**675,755,422**	**3,406,475,607**	**4,082,231,030**
2.	**CLAIM EXPENSES**					
	Paid Claims		72,581,513	669,282,941	3,008,920,849	**3,678,203,790**
	IBNR		1,662,229	(2,309,334)	76,984,874	**74,675,540**
	Less Specific Excess		(4,956,333)	(10,671,739)	(43,700,210)	**(54,371,949)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**69,287,409**	**656,301,868**	**3,042,205,513**	**3,698,507,381**
3.	**EXPENSES**					
	MA & HMO Premiums		7,569	94,627	922,719	**1,017,346**
	Excess Premiums		1,477,317	13,842,540	81,011,249	**94,853,789**
	Administrative		3,800,472	41,005,438	235,900,131	**276,905,568**
	TOTAL EXPENSES		**5,285,358**	**54,942,605**	**317,834,099**	**372,776,703**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		(4,065,953)	(35,489,050)	46,435,996	**10,946,946**
5.	**INVESTMENT INCOME**		367,953	3,860,454	27,914,886	**31,775,340**
6.	**DIVIDEND INCOME**		0	0	12,676,917	**12,676,917**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**(3,698,000)**	**(31,628,596)**	**87,027,799**	**55,399,203**
8.	**DIVIDEND**		0	0	52,524,468	**52,524,468**
9.	**TRANSFERRED SURPLUS**				28,079,045	**28,079,045**
10	**STATUTORY SURPLUS (7-8)**		**(3,698,000)**	**(31,628,596)**	**62,582,376**	**30,953,780**
	SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	**Surplus**	214,697	4,380,479	126,814,311	**131,194,790**
		Cash	48,003	6,060,074	144,545,946	**150,606,020**
	2023/2024	**Surplus**	(64,166)	(2,884,385)	(20,267,647)	**(23,152,033)**
		Cash	(64,166)	(5,863,919)	(17,650,552)	**(23,514,472)**
	2024/2025	**Surplus**	1,413,013	1,999,884	(43,964,287)	**(41,964,403)**
		Cash	(441,603)	(52,098,764)	15,938,761	**(36,160,003)**
	2025/2026	**Surplus**	(5,261,545)	(35,124,573)		**(35,124,573)**
		Cash	(31,194,987)	18,457,400		**18,457,400**
	TOTAL SURPLUS (DEFICITS)		**(3,698,000)**	**(31,628,596)**	**62,582,377**	**30,953,781**
	TOTAL CASH		**(31,652,753)**	**(33,445,210)**	**142,834,154**	**109,388,945**
	CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS		**2,905**	**(1,804,958)**	**1,845,578,195**	**1,843,773,237**
	FUND YEAR 2023/2024					
	Paid Claims		81,970	3,236,189	528,080,150	**531,316,339**
	IBNR		0	0	0	**0**
	Less Specific Excess		0	(138,892)	(8,868,731)	**(9,007,623)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**81,970**	**3,097,297**	**519,211,419**	**522,308,716**
	FUND YEAR 2024/2025					
	Paid Claims		461,452	80,752,520	607,648,580	**688,401,100**
	IBNR		(615,879)	(75,945,578)	76,984,874	**1,039,296**
	Less Specific Excess		(1,265,551)	(6,526,603)	(7,217,556)	**(13,744,159)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**(1,419,978)**	**(1,719,662)**	**677,415,898**	**675,696,237**
	FUND YEAR 2025/2026					
	Paid Claims		72,035,185	587,099,191		**587,099,191**
	IBNR		2,278,108	73,636,244		**73,636,244**
	Less Specific Excess		(3,690,781)	(4,006,244)		**(4,006,244)**
	Less Aggregate Excess		0	0		**0**
	TOTAL		**70,622,512**	**656,729,190**	**0**	**656,729,190**
	COMBINED TOTAL CLAIMS		**69,287,409**	**656,301,868**	**3,042,205,513**	**3,698,507,381**

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

FINANCIAL FAST TRACK REPORT

AS OF May 31, 2026

			THIS MONTH	YTD CHANGE	PRIOR YEAR END	FUND BALANCE
1.	**UNDERWRITING INCOME**		**70,636,009**	**746,391,432**	**3,406,475,607**	**4,152,867,039**
2.	**CLAIM EXPENSES**					
	Paid Claims		71,859,169	741,142,110	3,008,920,849	**3,750,062,959**
	IBNR		1,662,229	(647,105)	76,984,874	**76,337,769**
	Less Specific Excess		(2,103,644)	(12,775,384)	(43,700,210)	**(56,475,594)**
	Less Aggregate Excess		-	-	-	**-**
	TOTAL CLAIMS		**71,417,753**	**727,719,621**	**3,042,205,513**	**3,769,925,134**
3.	**EXPENSES**					
	MA & HMO Premiums		6,660	101,286	922,719	**1,024,005**
	Excess Premiums		1,490,588	15,333,129	81,011,249	**96,344,378**
	Administrative		4,279,277	45,284,714	235,900,131	**281,184,845**
	TOTAL EXPENSES		**5,776,525**	**60,719,129**	**317,834,099**	**378,553,228**
4.	**UNDERWRITING PROFIT/(LOSS) (1-2-3)**		(6,558,269)	(42,047,319)	46,435,996	**4,388,677**
5.	**INVESTMENT INCOME**		356,166	4,216,621	27,914,886	**32,131,507**
6.	**DIVIDEND INCOME**		0	0	12,676,917	**12,676,917**
7.	**STATUTORY PROFIT/(LOSS) (4+5+6)**		**(6,202,102)**	**(37,830,698)**	**87,027,799**	**49,197,101**
8.	**DIVIDEND**		0	0	52,524,468	**52,524,468**
9.	**TRANSFERRED SURPLUS**				28,079,045	**28,079,045**
10	**STATUTORY SURPLUS (7-8)**		**(6,202,102)**	**(37,830,698)**	**62,582,376**	**24,751,678**
	SURPLUS (DEFICITS) BY FUND YEAR					
	Closed	**Surplus**	104,191	4,484,670	126,814,311	**131,298,981**
		Cash	(493,648)	5,566,426	144,545,946	**150,112,372**
	2023/2024	**Surplus**	(474,942)	(3,359,327)	(20,267,647)	**(23,626,975)**
		Cash	(474,942)	(6,338,862)	(17,650,552)	**(23,989,414)**
	2024/2025	**Surplus**	(812,895)	1,186,989	(43,964,287)	**(42,777,298)**
		Cash	(1,491,984)	(53,590,748)	15,938,761	**(37,651,987)**
	2025/2026	**Surplus**	(5,018,457)	(40,143,030)		**(40,143,030)**
		Cash	6,542,976	25,000,376		**25,000,376**
	TOTAL SURPLUS (DEFICITS)		**(6,202,102)**	**(37,830,698)**	**62,582,377**	**24,751,678**
	TOTAL CASH		**4,082,402**	**(29,362,808)**	**142,834,154**	**113,471,346**
	CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS		**131,941**	**(1,673,017)**	**1,845,578,195**	**1,843,905,178**
	FUND YEAR 2023/2024					
	Paid Claims		494,263	3,730,452	528,080,150	**531,810,602**
	IBNR		0	0	0	**0**
	Less Specific Excess		0	(138,892)	(8,868,731)	**(9,007,623)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**494,263**	**3,591,560**	**519,211,419**	**522,802,979**
	FUND YEAR 2024/2025					
	Paid Claims		1,513,524	82,266,043	607,648,580	**689,914,623**
	IBNR		(577,387)	(76,522,965)	76,984,874	**461,909**
	Less Specific Excess		(101,702)	(6,628,306)	(7,217,556)	**(13,845,861)**
	Less Aggregate Excess		0	0	0	**0**
	TOTAL		**834,434**	**(885,227)**	**677,415,898**	**676,530,671**
	FUND YEAR 2025/2026					
	Paid Claims		69,719,441	656,818,632		**656,818,632**
	IBNR		2,239,616	75,875,860		**75,875,860**
	Less Specific Excess		(2,001,942)	(6,008,186)		**(6,008,186)**
	Less Aggregate Excess		0	0		**0**
	TOTAL		**69,957,115**	**726,686,306**	**0**	**726,686,306**
	COMBINED TOTAL CLAIMS		**71,417,753**	**727,719,621**	**3,042,205,513**	**3,769,925,134**

This report is based upon information which has not been audited nor certified by an actuary and as such may not truly represent the condition of the fund.

Schools Health Insurance Fund
CONSOLIDATED BALANCE SHEET
AS OF MAY 31, 2026
BY FUND YEAR

	SHIF 2024/2025	SHIF 2024/2025	SHIF 2023/2024	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	25,000,376	(37,651,987)	(23,989,414)	150,112,372	113,471,346
Assesstments Receivable (Prepaid)	4,130,242	95,292	-	-	4,225,534
Interest Receivable	-	-	-	4	4
Specific Excess Receivable	6,008,186	1,674,241	362,439	-	8,044,866
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Deferred Assessment Receivable	-	-	-	407,249	407,249
Prepaid Admin Fees	3,554	-	-	-	3,554
Other Assets	13,528,808	(0)	-	-	13,528,808
Total Assets	48,671,166	(35,882,454)	(23,626,975)	150,519,625	139,681,361
LIABILITIES					
Accounts Payable	(0)	-	-	-	(0)
IBNR Reserve	75,875,860	461,909	-	-	76,337,769
A4 Retiree Surcharge	12,167,903	6,344,699	-	-	18,512,602
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	19,220,644	19,220,644
Accrued/Other Liabilities	770,433	88,236	-	-	858,668
Total Liabilities	88,814,195	6,894,844	-	19,220,644	114,929,683
EQUITY					
Surplus / (Deficit)	(40,143,030)	(42,777,298)	(23,626,975)	131,298,981	24,751,678
Total Equity	(40,143,030)	(42,777,298)	(23,626,975)	131,298,981	24,751,678
Total Liabilities & Equity	48,671,166	(35,882,454)	(23,626,975)	150,519,625	139,681,361
BALANCE	-	-	-	-	-

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Fund Year allocation of claims have been estimated.

SCHOOLS HEALTH INSURANCE FUND RATIOS

SCHOOLS HEALTH INSURANCE FUND RATIOS												
	FY 2024-25	2025-2026										
INDICES	YEAR END	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Cash Position	$ 142,834,154	$ 122,046,894	$ 141,106,732	$ 141,241,100	$ 141,134,235	$ 133,210,296	$ 124,488,542	$ 94,630,740	$ 102,790,886	$ 141,041,697	$ 109,388,945	$ 113,471,346
IBNR	$ 76,984,874	$ 75,536,279	$ 86,667,381	$ 86,992,908	$ 83,170,345	$ 79,347,783	$ 73,808,738	$ 73,752,078	$ 73,199,809	$ 73,013,311	$ 74,675,540	$ 76,337,769
Assets	$ 180,134,242	$ 162,019,862	$ 162,762,964	$ 155,606,481	$ 148,794,932	$ 154,840,237	$ 150,534,722	$ 145,750,363	$ 147,525,038	$ 144,787,931	$ 143,596,955	$ 139,681,361
Liabilities	$ 115,202,160	$ 104,626,868	$ 116,254,156	$ 117,688,373	$ 113,743,959	$ 112,724,931	$ 108,117,353	$ 109,166,093	$ 109,652,425	$ 110,136,150	$ 112,643,174	$ 114,929,683
Surplus	$ 64,932,082	$ 57,392,994	$ 46,508,807	$ 37,918,109	$ 35,050,973	$ 42,115,306	$ 42,417,370	$ 36,584,270	$ 37,872,613	$ 34,651,781	$ 30,953,781	$ 24,751,678
Claims Paid -- Month	$ 60,084,676	$ 70,171,978	$ 61,787,715	$ 69,310,233	$ 69,136,718	$ 60,675,724	$ 67,260,227	$ 68,119,459	$ 63,405,706	$ 66,833,668	$ 72,581,513	$ 71,859,169
Claims Budget -- Month	$ 54,119,738	$ 59,782,744	$ 60,796,868	$ 61,700,594	$ 61,597,637	$ 61,697,581	$ 61,735,909	$ 61,979,680	$ 63,167,122	$ 63,319,654	$ 64,852,947	$ 64,953,861
Claims Paid -- YTD	$ 669,488,020	$ 70,171,978	$ 131,959,693	$ 201,269,925	$ 270,406,644	$ 331,082,368	$ 398,342,595	$ 466,462,054	$ 529,867,760	$ 596,701,429	$ 669,282,941	$ 741,142,110
Claims Budget -- YTD	$ 629,538,515	$ 59,782,744	$ 120,579,612	$ 182,280,206	$ 243,877,843	$ 305,575,424	$ 367,311,333	$ 429,291,013	$ 492,458,135	$ 555,777,789	$ 620,630,736	$ 685,584,597
RATIOS												
Cash Position to Claims Paid	2.38	1.74	2.28	2.04	2.04	2.2	1.85	1.39	1.62	2.11	1.51	1.58
Claims Paid to Claims Budget -- Month	1.11	1.17	1.02	1.12	1.12	0.98	1.09	1.1	1	1.06	1.12	1.11
Claims Paid to Claims Budget -- YTD	1.06	1.17	1.09	1.1	1.11	1.08	1.08	1.09	1.08	1.07	1.08	1.08
Cash Position to IBNR	1.86	1.62	1.63	1.62	1.7	1.68	1.69	1.28	1.4	1.93	1.46	1.49
Assets to Liabilities	1.56	1.55	1.40	1.32	1.31	1.37	1.39	1.34	1.35	1.31	1.27	1.22
Surplus as Months of Claims	1.2	0.96	0.76	0.61	0.57	0.68	0.69	0.59	0.6	0.55	0.48	0.38
IBNR to Claims Budget -- Month	1.42	1.26	1.43	1.41	1.35	1.29	1.2	1.19	1.16	1.15	1.15	1.18

Schools Health Insurance Fund
2025/2026 Budget Status Report
as of May 31, 2026

Expected Losses	Actual Budget	Annualized Budget	Certifed as of 7/1/24	Actual Expensed	$ Variance	% Varaiance
Subtotal Medical Claims	608,395,190	665,994,723	630,283,944	630,658,366	(22,263,176)	-4%
Subtotal Prescription Claims	71,902,183	78,472,614	75,448,857	91,009,506	(19,107,323)	-27%
Dental Claims	5,287,224	5,755,591	5,553,422	5,018,434	268,790	5%
Subtotal Claims	685,584,597	750,222,928	711,286,223	726,686,306	(41,101,709)	-6%
Loss Fund Contingency	1,833,333	2,000,000	2,000,000	0	1,833,333	0%
DMO Premiums	83,305	89,123	96,304	101,286	(17,981)	-22%
Reinsurance						
Specific	15,333,129	16,782,290	15,038,115	15,333,129	-	0%
Total Loss Fund	702,834,364	769,094,341	728,420,642	742,120,721	(39,286,357)	-6%
Expenses						
Legal	36,945	40,303	40,303	36,945	-	0%
Treasurer	25,709	28,046	28,046	25,709	-	0%
Administrator	2,928,417	3,204,611	3,033,830	2,928,417	-	0%
Program Manager	7,808,177	8,541,781	8,094,666	7,947,432	(139,254)	-2%
Risk Management Consultants	8,993,674	9,907,328	9,218,671	8,840,806	152,868	2%
TPA - Aetna	8,513,397	9,328,845	8,681,467	8,539,456	(19,944)	0%
Nurse Advocates	1,846,600	2,021,125	1,910,609	1,564,290	282,310	15%
TPA - AmeriHealth	1,989,369	2,166,087	2,219,651	1,985,739	3,631	0%
TPA - Horizon	11,593	12,647	14,135	11,593	(0)	0%
TPA - Vision	6,115	6,652	7,568	Included above in Med Aetna		
TPA - Dental	250,557	272,724	268,817	250,557	-	0%
Actuary	34,018	37,110	37,110	32,586	1,432	4%
Auditor	19,650	21,436	21,436	19,650	(0)	0%
QPA	4,583	5,000	5,000	2,750	1,833	40%
Subtotal Expenses	32,468,803	35,593,697	33,581,307	32,185,929	282,875	1%
Misc/Cont	68,750	75,000	75,000	172,229	(103,479)	-151%
Wellness, Disease, Case Management	935,910	1,024,365	966,862	509,371	426,539	46%
Affordable Care Act Taxes	191,318	209,401	197,928	191,318	0	0%
A4 Surcharge	12,167,903	13,319,894	12,605,679	12,167,903	-	0%
Plan Documents	27,500	30,000	30,000	27,500	-	0%
Total Expenses	45,860,185	50,252,356	47,456,776	45,254,250	605,935	1%
Total Budget	748,694,549	819,346,697	775,877,418	787,374,971	(38,680,422)	-5%

REGULATORY
SCHOOLS HEALTH INSURANCE FUND
YEAR: 2026/2027

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	Filed
Unaudited Financials	Filed
Annual Audit	June 30, 2026 – to be 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	N/A
Contracts	Filed
Benefit Changes	N/A

SCHOOLS HEALTH INSURANCE FUND CONTACTS

YEAR: 2026-2027

PERMA | Risk Management Services

Executive Director Team: This team handles all the administrative and financial aspects of the Fund such as rates, state regulatory compliance, and Board of Trustee and subcommittee meetings.

Role	Name	Email	Phone
Executive Director	Jim Rhodes	jrhodes@permainc.com	856-552-4920
Associate Executive Director	Emily Koval	emilyk@permainc.com	201-518-7028
Assistant Account Manager	Jordyn Robinson	jrobinson@permainc.com	856-446-9287

CONNER STRONG & BUCKELEW

INSURANCE | RISK MANAGEMENT | EMPLOYEE BENEFITS

Program Management Team: This team handles all the benefits aspects of the Fund such as plan design, claim issues, cost containment strategies, and Third-Party communications.

Role	Name	Email	Phone
Public Entity & HIF Business Leader	Tammy Brown	tbrown@connerstrong.com	856-552-4694
HIF Business Leader	John Lajewski	jlajewski@connerstrong.com	856-552-4922
Senior Associate Consultant	Patrick Yacovelli	pyacovelli@connerstrong.com	856-446-9264
Senior Business Development Executive	Sean Critchley, Esq.	Scritchley@connerstrong.com	973-736-6511
Senior Business Development Executive	Jason Edelman	jedelman@connerstrong.com	856-552-4692

Client Services Team: This team handles all the enrollment and billing aspects of the Fund such as sending monthly invoices, open enrollment, and adjustments throughout the year.

Role	Name	Email	Phone
Senior Director, HIF Operations	Lenka Bystrianska	lbystrianska@permainc.com	856-479-2214
Director of HIF Policy, Process & Strategy	Crystal Bailey	cbailey@connerstrong.com	856-552-4914
Director of Benefits Operations	Karen Kidd	kkidd@connerstrong.com	856-552-4644

SCHOOLS HEALTH INSURANCE FUND
Program Manager Report – July 22, 2026

Agenda

- Executive Overview
- Industry Information
- Fund Performance/Observations
- Fund Strategic Initiatives
- New Fund Member Activity
- Legislative Updates
- Client Services/Eligibility/Enrollment
- Previously Reported Information

Executive Overview

The medical and pharmacy landscape continues to be challenging. Areas of increasing utilization for both medical & pharmacy claims have been identified, and strategic recommendations presented for consideration. The Office of the Program Manager looks forward to continuing discussions and implementing those solutions that will yield meaningful savings to ensure the long-term stability of the Schools Health Insurance Fund.

Industry Information

Medical & Pharmacy

According to the latest projections from the Centers for Medicare & Medicaid Services (CMS) issued on June 24th, US healthcare spending is expected to increase from approximately $5.3 trillion in 2024 to nearly $9 trillion by 2034, representing 20.6% of the nation's Gross Domestic Product (GDP). Healthcare costs are projected to grow at an average annual rate of approximately 5.8%, outpacing overall economic growth. Key headlines from CMS's report are below:

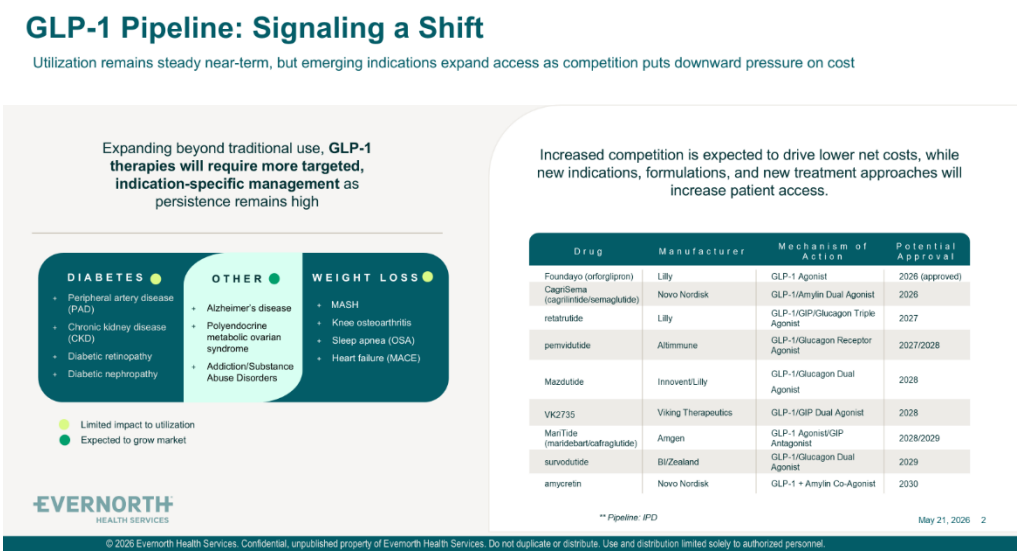
- Healthcare spending will continue to outpace economic growth, increasing pressure on employers, health plans, government programs, and consumers.
- Medicare spending is expected to grow the fastest, driven primarily by an aging population and increased utilization of healthcare services.
- Hospital care will remain the largest component of healthcare spending, while continued growth in physician services, specialty pharmaceuticals, GLP-1 medications, cancer therapies, and home healthcare will also contribute significantly to rising costs.
- Healthcare spending is projected to consume more than one-fifth of the U.S. economy by 2034, underscoring the long-term affordability challenges facing employers and public health programs.

These projections reinforce the need for employers and plan sponsors to aggressively pursue proactive cost-management strategies. Traditional approaches alone are unlikely to keep pace with projected cost trends. Employers and plan sponsors should continue evaluating opportunities such as alternative funding arrangements, pharmacy optimization, population health initiatives, provider contracting strategies, reference-based pricing, clinical navigation and advocacy programs, and innovative reimbursement models to improve affordability while maintaining access and quality.

Pharmacy

The obesity and weight loss treatment landscape will undergo substantial transformation in the coming years. Long-acting injectables may become initial treatments, followed by oral maintenance therapies. This shift could

drive the obesity market to exceed $100 billion annually, reducing overall healthcare costs by addressing comorbidities associated with obesity.



Fund Performance/Observations

Medical – Aetna

Beginning in 2027, the Aetna Smart Compare with Intelligent Matching will be a resource available to Fund members. Aetna Smart Compare uses a differentiated, data-driven methodology to guide members to high-performing, in-network physicians. Leveraging their advanced digital member platform, a robust dataset of provider quality outcomes and AI-powered behavioral engagement capabilities, Aetna Smart Compare identifies the best provider for each member based on their individual needs. This approach drives improved quality outcomes and meaningful cost savings.

Aetna Smart Compare evaluates Aetna participating providers in certain specialties and identifies those that meet a higher standard of quality and cost-effectiveness. It is not a network product and will have no impact on a member's plan/ benefit design unless combined with Informed Choice.

Current specialties designated for the program:

- Allergy & Immunology
- Cardiologist
- Cardiothoracic Surgery
- Dermatology
- Endocrinologist
- Gastroenterology
- General Surgeons
- Medical Oncologist
- Neurosurgeons
- Nephrology
- Neurology
- Obstetricians & Gynecologists
- Orthopedists
- Otolaryngology
- Plastic Surgery
- Primary Care Physicians

- Pulmonologists
- Psychiatrists (Behavioral Health)
- Rheumatology
- Urology
- Vascular Surgeons.

Providers are evaluated on clinical quality measurements and cost effectiveness. Members will see the designation as a label indicating "Quality & Effective Care" on the Aetna Health website, mobile app and public directory. Designated providers are prioritized in provider searches.

Pharmacy – ESI

GLP-1 for weight loss scripts after July 1st will be subject to the amended BMI requirement of ≧35, absent any comorbidities. The amended BMI threshold will require a new prior authorization before the medication can be dispensed. In addition, enrollment and ongoing engagement in the Omada program is required. (Enrollment automatically transferred if enrolled in program prior to July 1st)

Plan participants can track the following through the Omada website.

- https://support.omadahealth.com
- Prior authorization status
- Weigh In requirement – 4 per month
- Omada application engagement – 4 per month

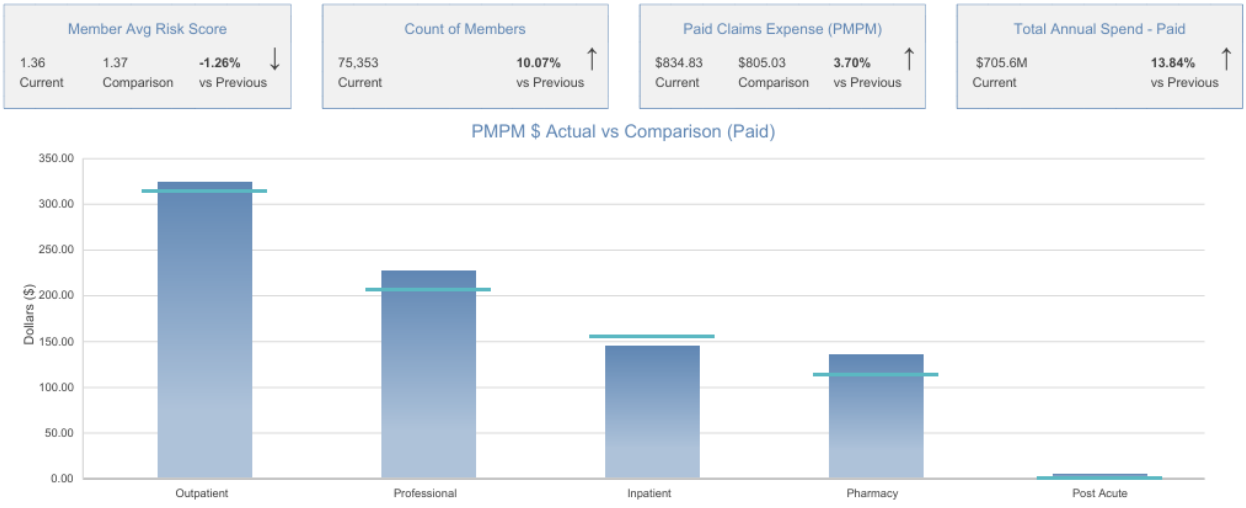
Medical & Pharmacy – Aetna/AHA/ESI

Data Review - Metrics compares Fund years July 2025-May 2026 vs. July 2024-May 2025.

Cost & Utilization Variance:

A health insurance risk score (often called a Risk Adjustment Factor or RAF score) is a numerical value assigned to a patient, typically between 0.0 and 2.0+, indicating their expected healthcare costs compared to the average patient. Higher scores reflect more chronic conditions or higher risk, leading to higher payments for providers.

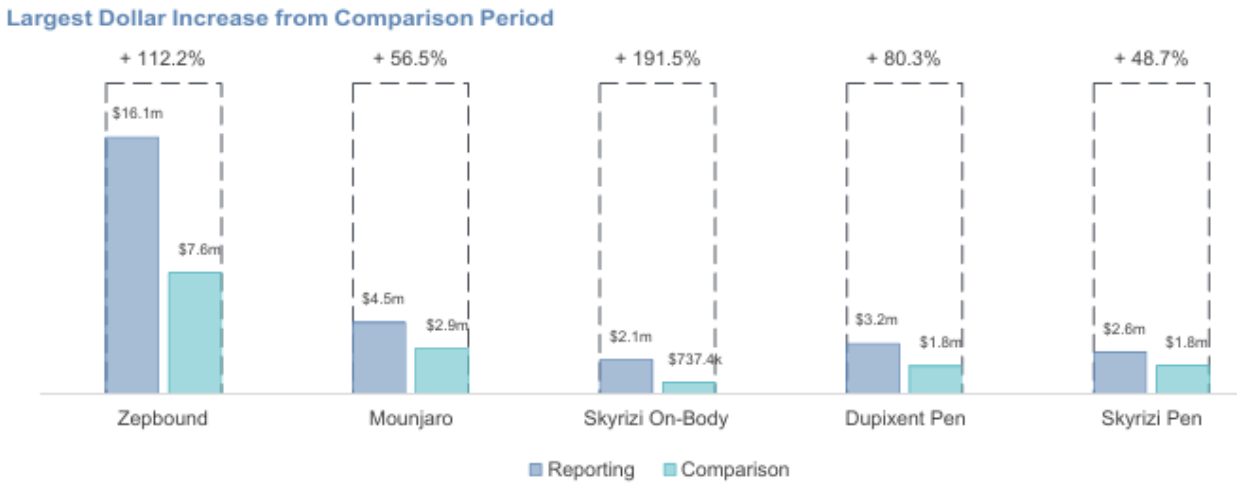
While both periods indicate a risk score of >1.0, the overall score has improved.



Top 20 Drugs – Comparison:

This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a

few individuals using a high-cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

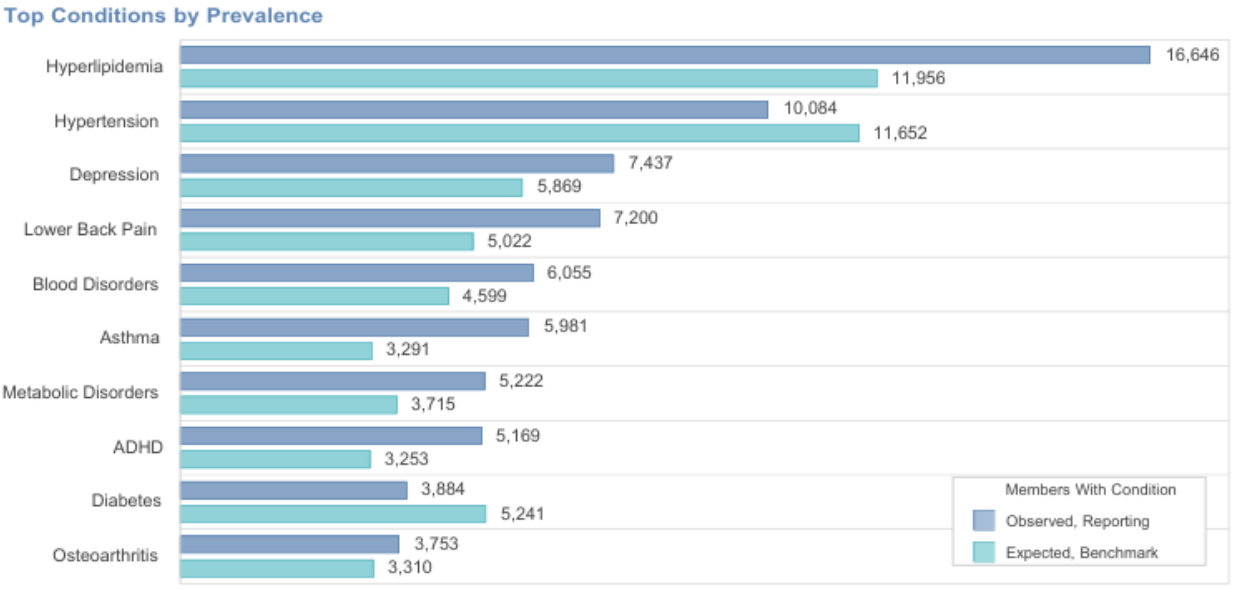


- Zepbound had the largest change in the reporting period with an increase of $8,523,840 from the comparison period
- Skyrizi On-Body has the most significant growth percentage in the reporting period at 192% ($2,149,751)

Chronic Conditions Prevalence:

This report presents the prevalence of specific chronic conditions in the population. According to the Centers for Disease Control (CDC) more than 40% of Americans have one or more chronic conditions and people with chronic diseases in the US account for 75% of healthcare spending. In addition to driving up healthcare costs for employers, chronic conditions also adversely impact employee productivity, attendance, and morale.

- Hyperlipidemia is the most prevalent chronic condition in the reporting period with 16,646 members.
- Hyperlipidemia was also the most prevalent condition in the comparison period with 16,107 members.
- The condition with the greatest % increase in prevalence per 1000 is Sickle Cell Disease with 18%.



Fund Strategic Initiatives

Through an extensive review of the historical medical & pharmacy utilization of the Funds, opportunities to impact key cost drivers were identified, vetted, and presented to multiple Fund Subcommittees for discussion and consideration.

The following were key strategic recommendations which continued to be discussed:

- GLP-1 for weight loss – Amending clinical protocols/formulary placement/oral version eligibility/direct to consumer options
- Site of Care – Steering of care to high-value providers & settings
- High performance provider network plan option/replacement
- Reference based pricing model
- Nurse advocacy Program
- Vendor procurement – TPA/PBM

New Fund Member Activity

All requests for new Fund member participation are coordinated by Sean Critchley or Jason Edelman. There is no new Fund member activity to be reported.

Legislative Updates

New Jersey Newborn Coverage Mandate – **ACTION REQUIRED**

New Jersey has enacted an updated newborn coverage mandate which extends the period of automatic newborn coverage from 60 days to 90 days under certain health plans. This NJ State mandate expanded the previous mandate enacted in 2018 which extends the period of automatic newborn coverage from 30 days to 61 days.

It is recommended the SCHOOLS HEALTH INSURANCE FUND comply with the Mandate effective July 1, 2026, and January 1, 2027, based on the respective Fund member's plan(s) renewal date.

MOTION: Motion to amend the member plan documents to comply with NJ State Newborn Coverage Mandate effective July 1, 2026 & January 1, 2027.

Client Services/Eligibility/Enrollment Team

Client Service Contacts & Systems Training

Lenka Bystrianska has joined the client service team as Senior Director of HIF Operations.

Service Team - Please direct all service requests to the following service team members.

- Lenka Bystrianska
- Crystal Gibson
- Renny Maier
- Liz Cronrath

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.

Annual Notice of Credible Coverage (NOCC)

Express Scripts (ESI) has been provided with all information required for them to send the 2027 NOCC letters. CMS Annual Enrollment Period is October 15, 2026, through December 7, 2026.

A sample letter is included with this report that ESI will be sending to all members, ages 65 and older who enrolled in CJHIF pharmacy benefits. The highlighted sections will be completed by ESI and mailed beginning the week of September 21, 2026.

Carrier Appeals – 14 Upheld/21 IRO/3 Overturned

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/24/2026	Aetna/Medical	SHIF 2026 03 11	Anesthesia	Upheld	5/25/2026
03/23/2026	Aetna/Medical	SHIF 2026 04 01	Genetic Testing	IRO	05/21/2026
04/02/2026	Aetna/Medical	SHIF 2026 04 06	Oncology	IRO	05/21/2026
04/02/2026	Aetna/Medical	SHIF 2026 04 09	Private Duty Nursing	IRO	05/21/2026
04/09/2026	Aetna/Medical	SHIF 2026 04 10	Medically Necessary ER Visit	Upheld	05/21/2026
04/13/2026	Aetna/Medical	SHIF 2026 04 11	Laboratory Tests	IRO	05/21/2026
04/11/2026	Aetna/Medical	SHIF 2026 0412	DME Rental	Upheld	5/25/2026
04/20/2026	Aetna/Medical	SHIF 2026 04 13	Infusion Therapy	Overturned	04/23/2026
04/26/2026	Aetna/Medical	SHIF 2026 05 02	Lab Services	IRO	03/12/2026
04/28/2026	Aetna/Medical	SHIF 2026 05 03	Otolaryngology	IRO	05/21/2026
04/29/2026	Aetna/Medical	SHIF 2026 05 04	Plastic Surgery	IRO	05/21/2026
04/24/2026	Aetna/Medical	SHIF 2026 05 05	Oncology	IRO	05/21/2026
05/06/2026	Aetna/Medical	SHIF 2026 05 06	Orthopedic	IRO	05/21/2026
05/13/2026	Aetna/Medical	SHIF 2026 05 07	Anesthesia	Upheld	5/25/2026
5/13/2026	Aetna/Medical	SHIF 2026 05 08	Complex Imaging	IRO	7/13/2026
5/19/2026	Aetna/Medical	SHIF 2026 05 09	Non-Covered Rx	Upheld	5/27/2026
5/28/2026	Aetna/Medical	SHIF 2026 05 10	DME Supplies	Overturned	6/2/2026
5/14/2026	Aetna/Medical	SHIF 2026 05 11	Gastroenterology	IRO	7/13/2026
5/21/2026	Aetna/Medical	SHIF 2026 06 01	Complex Imaging	IRO	7/13/2026
5/27/2026	Aetna/Medical	SHIF 2026 06 02	Anesthesia	Overturned	6/22/2026
5/27/2026	Aetna/Medical	SHIF 2026 06 03	Provider Administered Medication	Upheld	6/4/2026
5/21/2026	Aetna/Medical	SHIF 2026 06 04	Oncology	IRO	7/13/2026
5/22/2026	Aetna/Medical	SHIF 2026 06 05	Oncology	IRO	7/13/2026
6/3/2026	Aetna/Medical	SHIF 2026 06 06	Oncology	IRO	7/13/2026
6/5/2026	Aetna/Medical	SHIF 2026 06 07	Osteoporosis	IRO	7/10/2026
6/9/2026	Aetna/Medical	SHIF 2026 06 08	Orthopedic	IRO	7/13/2026
6/02/2026	Aetna/Medical	SHIF 2026 06 09	Complex Imaging	IRO	7/10/2026
6/9/2026	Aetna/Medical	SHIF 2026 06 10	Physician Administered Medication	IRO	7/13/2026
6/2/2026	Aetna/Medical	SHIF 2026 06 11	Genetic Testing	Upheld	6/5/2026
6/2/2026	Aetna/Medical	SHIF 2026 06 12	OON Claims	Upheld	6/5/2026
5/18/2026	Aetna/Medical	SHIF 2026 06 13	Behavioral Health	IRO	7/13/2026
6/8/2026	Aetna/Medical	SHIF 2026 06 14	Anesthesia	Upheld	6/11/2026

6/10/2026	Aetna/Medical	SHIF 2026 06 15	Anesthesia	Upheld	6/11/2026
6/3/2026	Aetna/Medical	SHIF 2026 06 16	Anesthesia	Upheld	6/11/2026
6/19/2026	Aetna/Medical	SHIF 2026 06 17	Anesthesia	Upheld	6/25/2026
6/19/2026	Aetna/Medical	SHIF 2026 06 18	Anesthesia	Upheld	6/25/2026
6/17/2026	Aetna/Medical	SHIF 2026 06 19	Assistant Surgeon	Upheld	6/25/2026
06/22/2026	Aetna/Medical	SHIF 2026 06 20	Chiropractic Services	IRO	7/8/2026

IRO Submissions – 8 Upheld/6 Overturned/13 Under Review

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/12/2026	Aetna/Medical	SHIF 2026 02 04	Lab Services	Upheld	6/5/2026
03/12/2026	Aetna/Medical	SHIF 2026 02 08	Lab Services	Upheld	5/28/2026
05/21/2026	Aetna/Medical	SHIF 2026 03 09	Imaging Services	Overturned	5/23/2026
05/21/2026	Aetna/Medical	SHIF 2026 03 10	Outpatient Services	Upheld	5/21/2026
05/21/2026	Aetna/Medical	SHIF 2026 04 01	Genetic Testing	Overturned	6/5/2026
05/21/2026	Aetna/Medical	SHIF 2026 04 06	Oncology	Upheld	5/21/2026
05/21/2026	Aetna/Medical	SHIF 2026 04 09	Private Duty Nursing	Upheld	5/21/2026
5/21/2026	Aetna/Medical	SHIF 2026 04 11	Lab Services	Upheld	6/5/2026
05/21/2026	Aetna/Medical	SHIF 2026 05 02	Lab Services	Partially Overturned	5/21/2026
05/21/2026	Aetna/Medical	SHIF 2026 05 03	Otolaryngology	Overturned	6/11/2026
05/21/2026	Aetna/Medical	SHIF 2026 05 04	Plastic Surgery	Upheld	5/21/2026
04/24/2026	Aetna/Medical	SHIF 2026 05 05	Oncology	IRO	6/5/2026
05/21/2026	Aetna/Medical	SHIF 2026 05 06	Orthopedic	Upheld	5/21/2026
7/13/2026	Aetna/Medical	SHIF 2026 05 08	Complex Imaging	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 05 11	Gastroenterology	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 06 01	Complex Imaging	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 0514	Provider Administered Medication	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 06 03	Provider Administered Medication	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 06 04	Oncology	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 0605	Oncology	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 0606	Oncology	Under Review	
7/10/2026	Aetna/Medical	SHIF 2026 06 07	Osteoporosis	Overturned	7/13/2026
7/13/2026	Aetna/Medical	SHIF 2026 06 08	Orthopedic	Under Review	
7/10/2026	Aetna/Medical	SHIF 2026 06 09	Complex Imaging	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 06 10	Physician Administered Medication	Under Review	
7/13/2026	Aetna/Medical	SHIF 2026 06 13	Behavioral Health	Under Review	

7/8/2026	Aetna/Medical	SHIF 2026 06 20	Chiropractic Services	Under Review	

Previously Reported Information

Medical: Aetna

Provider network -Hackensack Meridian contract renewal 7/1/2026 (2-week extension)
-Abilities in Action – Par in all networks excluding AWH effective 5/1/2026

Medical – AHA

Provider network
- Hackensack Meridian contract renewal 4/14/2026 finalized
- Saint Peter's contract renewal 8/15/2026
- RWJ Barnabas contract renewal 9/1/2026
- Holy Name contract renewal 9/1/2026
- Inspira contract renewal 10/1/2026
- AtlantiCare contract renewal 1/1/2027
- Cooper contract renewal 1/1/2027
- Abilities in Action – Participating in all networks effective TBD

Pharmacy - ESI

- 2026 National Preferred Formulary (NPF) – Effective 7/1/2026 (Attached)
- NPF Exclusions list– Effective 7/1/2026
- SaveOn List – Effective 7/1/2026

All impacted members were sent communications from ESI letting them know about the upcoming change(s) to their medications. The communications also include preferred alternatives medication(s). We recommend impacted members share communication with their provider to discuss next steps. Those that are unable to take the preferred alternative medication(s) will need an approved PA to continue to take their current medication(s).

No Surprise Billing and Transparency Act

- Transition to State Arbitration - Effective January 1, 2026:
- As a result of the transition, enrolled members will be receiving new ID cards from Aetna prior to January 1st. subscriber ID numbers and Fund member group numbers will not be changing.

HR Portal - Conner Strong & Buckelew makes available to all Fund members a robust HR Portal. For HR professionals, this is a valuable tool. Online resources and tools include:

- HR Policy and Resource Center
- Sample Forms and Policy Resource Center
- Salary Benchmarking Tools and Information
- Recruitment and Hiring Center
- Discipline and Employment Termination Center
- State Law Resource Center
- Sample Standard Documents

Included with the meeting materials is a presentation which overviews in detail the HR portal and its content. Communications materials are being prepared for all Fund stakeholders and will be distributed when completed.

TO ALL FUND COMMISSIONERS

January 2026

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, Conner Strong & Buckelew Companies, LLC, as a servicing organization of the **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.

SCHOOL HEALTH INSURANCE FUND
ACH/WIRE BILLS LIST

JUNE 2026

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

CheckNumber	Vendor Name	Comment	InvoiceAmount
W06260			
W06260	DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER IOT A# F1-7871700003 06/26	259.20
W06260	DELTA DENTAL INSURANCE CO (DELTACARE USA)	GLOUCESTER SSSD A# F1-7871700004 06/26	1,271.52
W06260	DELTA DENTAL INSURANCE CO (DELTACARE USA)	DEPTFORD/LENAPE/CINNAM. A#F1-7872100000	5,313.48
			6,844.20
W06261			
W06261	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 06/26	815,516.80
W06261	AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 06/26	536.90
			816,053.70
W06262			
W06262	DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 06/26	22,167.58
			22,167.58
W06263			
W06263	J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEES 06/26	3,358.61
W06263	J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCS 05/26	2,496.00
			5,854.61
W06264			
W06264	VERRILL & VERRILL, LLC	TREASURER FEE 06/26	2,337.15
			2,337.15
W06265			
W06265	CONNER STRONG & BUCKELEW	RX- PROG MGR FEES 06/26	92,487.55
W06265	CONNER STRONG & BUCKELEW	DENTAL- PROG MGR FEES 06/26	20,049.42
W06265	CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 06/26	11,611.20
W06265	CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 06/26	635,057.17
			759,205.34
W06266			
W06266	CONNER STRONG & BUCKELEW	BROKER FEES 06/26	72,886.77
			72,886.77
W06267			
W06267	GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	GUARDIAN NURSES INV 5371 06/26	142,208.20
			142,208.20
W06268			
W06268	INSPIRA FINANCIAL HEALTH, INC	CHATHAMS - 148762-2168734 FOR 05/26	9.00
W06268	INSPIRA FINANCIAL HEALTH, INC	W. WIND. PLAINSBORO 147194-2170316 05/26	7.50
W06268	INSPIRA FINANCIAL HEALTH, INC	WATCHUNG - 154108-2169090 FOR 05/26	1.85
W06268	INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN 137768-2170396 FOR 05/26	3.00
			21.35
W06269			
W06269	WELLNESS COACHES dba RAMP HEALTH	COACH- WATCHUNG HL INV 40503 06/26	1,300.00
W06269	WELLNESS COACHES dba RAMP HEALTH	COACH- BERLIN BOE INV 40503 06/26	1,088.00
W06269	WELLNESS COACHES dba RAMP HEALTH	COACH- DELRAN INV 40503 06/26	1,820.00
W06269	WELLNESS COACHES dba RAMP HEALTH	COACH- SWEDESBORO INV 40503 06/26	2,080.00
			6,288.00
W0626A			
W0626A	GREENBERG TRAURIG, LLP	OSC REVIEW THRU 04/26	9,523.00
			9,523.00
W0626B			
W0626B	GREENBERG TRAURIG, LLP	OSC REVIEW THRU 05/26	8,800.00
			8,800.00

W0626C			
W0626C	ALLEN ASSOCIATES	BROKER FEES 06/26	101,144.80
			101,144.80
W0626D			
W0626D	ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 06/26	4,375.76
			4,375.76
W0626E			
W0626E	BROWN & BROWN METRO, LLC	BROKER FEES 06/26	497,150.79
			497,150.79
W0626F			
W0626F	EMPLOYEE BENEFITS CONSULTING SERVICES	BROKER FEES 06/26	10,259.43
			10,259.43
W0626G			
W0626G	FOUNDATION RISK PARTERS, CORP	BROKER FEES 06/26 - SYNERGIES	6,962.04
			6,962.04
W0626H			
W0626H	INTEGRITY CONSULTING GROUP	BROKER FEES 06/26	143,994.52
			143,994.52
W0626I			
W0626I	STEVE ANUSZEWSKI FINANCIAL SERVICES	BROKER FEES 06/26	9,939.88
			9,939.88
W0626J			
W0626J	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 06/26	149,617.49
			149,617.49
		Total Payments FY 2025-2026	**2,775,634.61**
		TOTAL PAYMENTS ALL FUND YEARS	**2,775,634.61**

_____
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

JUNE 2026

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
LEBANON TOWNSHIP BOE	2026 RETAINED DIVIDEND RELEASE 06/26	60,000.00
		60,000.00
LEAP ACADEMY UNIVERSITY CHARTER SCHOOL	2026 RETAINED DIVIDEND RELEASE 06/26	104,353.61
		104,353.61
DELSEA REGIONAL BOE	2026 RETAINED DIVIDEND RELEASE 06/26	800,000.00
		800,000.00
	Total Payments FY CLOSED	**964,353.61**

FUND YEAR 2024-2025

Vendor Name	Comment	InvoiceAmount
STATE OF NJ HEALTH BENE FUND	2025 ACT. SURCHARGE 7/24-6/25	5,911,553.00
		5,911,553.00
	Total Payments FY 2024-2025	**5,911,553.00**

FUND YEAR 2025-2026

Vendor Name	Comment	InvoiceAmount
STATE OF NJ HEALTH BENE FUND	2026 EST. SURCHARGE 7/25-6/26	5,594,218.00
		5,594,218.00
EVERSIDE HEALTH, LLC	05/26 MEMBERSHIP FEES 06/26	2,546.00
		2,546.00
PERMA RISK MANAGEMENT SERVICES	POSTAGE 05/26	74.63
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 06/26	276,194.10
		276,268.73
TREADSTONE RISK MANAGEMENT LLC	BROKER FEES 06/26	16,911.36
		16,911.36
GALLAGHER BENEFIT SERVICES, INC	BROKER FEES 06/26	51,080.15
		51,080.15
HARDENBERG INSURANCE GROUP, INC	BROKER FEES 06/26	7,989.06
		7,989.06
THE CANNING GROUP LLC	QPA SERVICES INV 2026-06 FOR 06/26	250.00
		250.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379412 REVIEW 5/22/26	397.50
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379483 REVIEW 5/22/26	250.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379382 REVIEW 5/26/26	225.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5383636 REVIEW 5/27/26	397.50
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5374123 REVIEW 5/19/26	367.50
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379297 REVIEW 5/25/26	306.25
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379307 REVIEW 5/22/26	358.58
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5379303 REVIEW 5/26/26	673.75
		2,976.08

EWING TOWNSHIP BOARD OF ED	25-26 WELLNESS REIMBURSEMENT 06/26	2,500.00
		2,500.00
CLINTON TOWNSHIP BOE	25-26 WELLNESS REIMBURSEMENT 06/26	402.50
		402.50
SOMERSET HILLS BOARD OF EDUCATION	25-26 WELLNESS REIMBURSEMENT 06/26	2,500.00
		2,500.00
USA TODAY MEDIA CORP.	ORDER# 12069624 A# 1123724 05/26	40.14
		40.14
READINGTON TOWNSHIP BOARD OF ED.	25-26 WELLNESS REIMBURSEMENT 06/26	3,391.65
		3,391.65
VERNON NUTRITION CENTER LLC	NUTRITION PROG. METUCHEN & READ. 06/26	8,658.00
		8,658.00
LUMBERTON BOARD OF EDUCATION	25-26 WELLNESS REIMBURSEMENT 06/26	3,540.00
		3,540.00
MEDFORD TOWNSHIP BOARD OF EDUCATION	25-26 WELLNESS REIMBURSEMENT 06/26	18,090.00
		18,090.00
WEST WINDSOR-PLAINSBORO REG. SCHOOL DISTRICT	25-26 WELLNESS REIMBURSEMENT 06/26	2,500.00
		2,500.00
HQSI, INC	REVIEW CASE INV# 260531-MRHIF-1 06/26	1,800.00
HQSI, INC	REVIEW CASE INV# 260515-MRHIF-2 06/26	500.00
		2,300.00
NJ ADVANCE MEDIA	ORDER# 11073812 6/16/26 NOTICES	200.00
NJ ADVANCE MEDIA	ORDER# 11073811 5/19/26 NOTICES	200.00
		400.00
ADVANTA HEALTH SOLUTIONS	JUNE 26 MGMT FEE - CHESTERFIELD	144.00
ADVANTA HEALTH SOLUTIONS	JUNE 26 MGMT FEE - LENAPE	2,065.00
ADVANTA HEALTH SOLUTIONS	APRIL INCENTIVE CREDITS - LENAPE	3,280.00
ADVANTA HEALTH SOLUTIONS	APRIL INCENTIVE CREDITS - CHESTERFIELD	60.00
ADVANTA HEALTH SOLUTIONS	JUNE 2026 MGMT FEE - SOMERSET	190.26
		5,739.26
SOUTHAMPTON SCHOOL DISTRICT	25-26 WELLNESS REIMBURSEMENT 06/26	4,146.00
		4,146.00
VOORHEES TOWNSHIP BOARD OF EDUCATION	25-26 WELLNESS REIMBURSEMENT 06/26	2,000.00
		2,000.00
ACCESS	INV 12195777 DEPT 962 05/31/26 FOR 06/26	40.50
		40.50
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 06/26	1,449,160.74
		1,449,160.74
	Total Payments FY 2025-2026	**7,457,648.17**
	TOTAL PAYMENTS ALL FUND YEARS	**14,333,554.78**

_____

Chairperson

Attest:

_____ Dated: _____

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

_____

Treasurer

SCHOOL HEALTH INSURANCE FUND
SUPPLEMENTAL BILLS LIST

JUNE 2026

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 2025-2026

Vendor Name	Comment	Invoice Amount
MENDHAM BOROUGH BOE	**VOID AND REISSUE INV AMOUNT**	-5,120.37
		-5,120.37
MENDHAM BOROUGH BOE	2025-2026 WELLNESS REIMBURSEMENT	3,896.24
		3,896.24
GEORGETTI'S PASTA AND SAUCE MARKET	SHIF LUNCH CATERING 5/27/26	675.00
		675.00
COMMUNITY HOUSE OF MOORESTOWN	BALLROOM RENTAL SHIF MEET. 7/26-5/27	4,200.00
		4,200.00
	Total Payments FY 2025-2026	**8,771.24**
	TOTAL PAYMENTS ALL FUND YEARS	**8,771.24**

_____
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
WELLNESS CHECKS BILLS LIST

JULY 2026

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 2025-2026

Vendor Name	Comment	Invoice Amount
MENDHAM BOROUGH BOE	WELLNESS REIMB. 25-26 07/26	3,865.65
		3,865.65
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	2,200.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	4,500.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	250.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	5,750.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	442.40
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	1,164.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	3,200.00
RANCOCAS VALLEY REG HIGH SCHOOL	WELLNESS REIMB. 25-26 07/26	2,500.00
		20,006.40
NORTHERN BURLINGTON REGIONAL SCHOOL	WELLNESS REIMB. 25-26 07/26	6,296.68
		6,296.68
WATCHUNG BOROUGH BOE	WELLNESS REIMB. 25-26 07/26	2,500.00
		2,500.00
NORTH HUNTERDON-VOORHEES	WELLNESS REIMB. 25-26 07/26	3,599.00
		3,599.00
GLOUCESTER CO. VOCATIONAL-TECHNICAL SCHOOL DISTRIC	WELLNESS REIMB. 25-26 07/26	2,449.56
		2,449.56
EASTERN CAMDEN COUNTY REGIONAL SCHOOL DISTRICT	WELLNESS REIMB. 25-26 07/26	10,001.95
		10,001.95
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	74.75
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	150.00
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	389.90
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	750.00
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	300.00
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	410.40
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	100.00
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	100.00
WOODSTOWN-PILESGROVE REGIONAL BOE	WELLNESS REIMB. 25-26 07/26	23.99
		2,299.04
MANSFIELD TWSP SCHOOL DISTRICT	WELLNESS REIMB. 25-26 07/26	500.00
MANSFIELD TWSP SCHOOL DISTRICT	WELLNESS REIMB. 25-26 07/26	3,650.16
		4,150.16
FRANKFORD TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	12,000.00
		12,000.00

ALEXANDRIA TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	1,000.00
ALEXANDRIA TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	3,529.14
ALEXANDRIA TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	1,450.00
		5,979.14
MEDFORD LAKES BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	8,197.36
		8,197.36
STILLWATER TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	7,581.00
		7,581.00
LEBANON TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	6,421.24
		6,421.24
FRANKLIN TOWNSHIP BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	3,000.00
		3,000.00
HOPE TOWNSHIP BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	1,780.22
		1,780.22
LOGAN TOWNSHIP SCHOOL DISTRICT	WELLNESS REIMB. 25-26 07/26	2,000.00
		2,000.00
MOUNT HOLLY TOWNSHIP BOARD OF ED	WELLNESS REIMB. 25-26 07/26	17,021.67
		17,021.67
SOUTH HARRISON TWP BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	2,449.00
SOUTH HARRISON TWP BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	2,000.00
		4,449.00
SCHOOL DISTRICT OF THE CHATHAMS	WELLNESS REIMB. 25-26 07/26	17,239.09
		17,239.09
DELRAN BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	500.00
		500.00
FREDON TOWNSHIP BOARD OF ED	WELLNESS REIMB. 25-26 07/26	843.60
		843.60
METUCHEN BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	2,500.00
METUCHEN BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	164.83
		2,664.83
OGDENSBURG BOARD OF EDUCATION	WELLNESS REIMB. 25-26 07/26	1,922.92
		1,922.92
WHITE TOWNSHIP BOE	WELLNESS REIMB. 25-26 07/26	4,919.36
		4,919.36
	Total Payments FY 2025-2026	**151,687.87**
	TOTAL PAYMENTS ALL FUND YEARS	**151,687.87**

_____

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

JULY 2026

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 2023-2024

Vendor Name	Comment	Invoice Amount
CENTR FR MEDICARE&MEDICAID SER	ESI PAYMENT D. ZEVETCHIN REF#2512654	21,269.61
		21,269.61
	Total Payments FY 2023-2024	**21,269.61**

FUND YEAR 2025-2026

Vendor Name	Comment	Invoice Amount
EVERSIDE HEALTH, LLC	06/26 MEMBERSHIP FEES 07/26	2,546.00
		2,546.00
HORIZON BCBSNJ	MED TPA GROUP # 8503Q & 8513R 06/26	1,053.88
HORIZON BCBSNJ	MED TPA GROUP # 8503Q & 8513R 05/26	1,053.89
		2,107.77
PERMA RISK MANAGEMENT SERVICES	POSTAGE 06/26	80.58
		80.58
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5419667 REVIEW 6/24/26	530.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5413924 REVIEW 6/18/26	463.75
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5419980 REVIEW 6/26/26	245.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5302546 REVIEW 3/31/26	250.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5388767 REVIEW 6/2/26	225.00
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5413853 REVIEW 6/19/26	428.75
MEDICAL EVALUATION SPECIALISTS	MES CASE# 5413806 REVIEW 6/19/26	225.00
		2,367.50
USA TODAY MEDIA CORP.	ORDER# 12069679 A# 1123724 06/26	40.14
		40.14
LIFE LINE SCREENING OF AMERICA LLC	LIFE LINE inv 2851 05/26	11,156.00
		11,156.00
HQSI, INC	REVIEW CASE INV# 260615-MRHIF-1 07/26	2,000.00
		2,000.00
	Total Payments FY 2025-2026	**20,297.99**

FUND YEAR 2026-2027

Vendor Name	Comment	Invoice Amount
HORIZON BCBSNJ	MED TPA GROUP # 8503Q & 8513R 07/26	994.98
		994.98
PERMA RISK MANAGEMENT SERVICES	ADMINISTRATION FEES 07/26	288,482.24
		288,482.24
TREADSTONE RISK MANAGEMENT LLC	BROKER FEES 07/26	8,530.06
		8,530.06

GALLAGHER BENEFIT SERVICES, INC	BROKER FEES 07/26	50,537.79
		50,537.79
HARDENBERG INSURANCE GROUP, INC	BROKER FEES 07/26	8,214.70
		8,214.70
THE CANNING GROUP LLC	QPA SERVICES INV 2026-07 FOR 07/26	250.00
		250.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 08/26 INV E0372895 07/26	470.00
AETNA BEHAVIORAL HEALTH LLC	LEAP- FOR 07/26 INV E0370734 07/26	470.00
		940.00
ACCESS	INV 12258785 DEPT 962 06/30/26 FOR 07/26	41.44
		41.44
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 07/26	1,797,960.17
		1,797,960.17
	Total Payments FY 2026-2027	**2,155,951.38**
	TOTAL PAYMENTS ALL FUND YEARS	**2,197,518.98**

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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
ACH/WIRE BILLS LIST

JULY 2026

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 2025-2026

Vendor Name	Comment	Invoice Amount
J. KENNETH HARRIS, ATTY AT LAW	OSC REVIEW 06/26	528.00
J. KENNETH HARRIS, ATTY AT LAW	PLAN DOCS 06/26	1,357.00
		1,885.00
INSPIRA FINANCIAL HEALTH, INC	MOORESTOWN - 137768-2178484 FOR 06/26	3.00
INSPIRA FINANCIAL HEALTH, INC	CHATHAMS - 148762-2179110 FOR 06/26	9.00
INSPIRA FINANCIAL HEALTH, INC	W. WIND. PLAINSBORO 147194-2179224 06/26	7.50
INSPIRA FINANCIAL HEALTH, INC	WATCHUNG - 154108-2175814 FOR 06/26	1.85
		21.35
ACTUARIAL SOLUTIONS, LLC	Q3 2026 ACTUARY FEES 07/26	10,680.00
		10,680.00
	Total Payments FY 2025-2026	**12,586.35**

FUND YEAR 2026-2027

Vendor Name	Comment	Invoice Amount
J. KENNETH HARRIS, ATTY AT LAW	ATTORNEY FEES 07/26	3,425.75
		3,425.75
AETNA LIFE INSURANCE COMPANY	VISION TPA FEES 07/26	471.38
AETNA LIFE INSURANCE COMPANY	MEDICAL TPA FEES 07/26	842,956.80
		843,428.18
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 07/26	21,866.98
		21,866.98
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 07/26	175,143.60
		175,143.60
VERRILL & VERRILL, LLC	TREASURER FEE 07/26	2,384.00
		2,384.00
CONNER STRONG & BUCKELEW	DENTAL- PROG MGR FEES 07/26	18,867.86
CONNER STRONG & BUCKELEW	MEDICAL- PROG MGR FEES 07/26	627,702.45
CONNER STRONG & BUCKELEW	HEALTH CARE REFORM 07/26	11,334.79
CONNER STRONG & BUCKELEW	RX- PROG MGR FEES 07/26	88,998.65
		746,903.75

CONNER STRONG & BUCKELEW	BROKER FEES 07/26	92,629.07
		92,629.07
ACRISURE EAST INSURANCE SERVICES, LLC	BROKER FEES 07/26	4,323.04
		4,323.04
ALLEN ASSOCIATES	BROKER FEES 07/26	74,846.32
		74,846.32
BROWN & BROWN METRO, LLC	BROKER FEES 07/26	415,023.84
		415,023.84
EMPLOYEE BENEFITS CONSULTING SERVICES	BROKER FEES 07/26	5,916.90
		5,916.90
FOUNDATION RISK PARTERS, CORP	BROKER FEES 07/26	6,958.88
		6,958.88
INSURANCE SOLUTIONS INC	BROKER FEES 07/26	6,514.56
		6,514.56
INTEGRITY CONSULTING GROUP	BROKER FEES 07/26	190,833.82
		190,833.82
ROUND HILL RISK PARTNERS LLC	BROKER FEES 07/26	8,698.05
ROUND HILL RISK PARTNERS LLC	JUNE OVERPAYMENT 07/26	-7,970.82
		727.23
STEVE ANUSZEWSKI FINANCIAL SERVICES	BROKER FEES 07/26	10,139.40
		10,139.40
GUARDIAN NURSES HEALTHCARE ADVOCATES, INC	GUARDIAN NURSES INV 5437 07/26	146,474.45
		146,474.45
	Total Payments FY 2026-2027	**2,747,539.77**
	TOTAL PAYMENTS ALL FUND YEARS	**2,760,126.12**

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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

SCHOOLS HEALTH INSURANCE FUND

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2025-26 **Month Ending: May**	**Medical**	**Dental**	**Rx**	**Reinsurance**	**Admin**	**Closed Year**	**Retained Dividen**	**TOTAL**
OPEN BALANCE	(603,061.33)	6,903,253.48	(44,966,173.16)	2,141,015.99	21,131,466.95	104,594,298.10	20,188,144.50	109,388,944.53
RECEIPTS								
Assessments	65,840,792.95	531,051.28	7,613,132.10	1,644,244.60	4,744,538.57	0.00	0.00	80,373,759.50
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	78,879.26	13,923.74	0.00	4,838.96	42,621.80	210,964.88	40,719.14	391,947.78
Invest Adj	(0.02)	0.00	0.00	0.00	0.00	0.00	0.00	(0.02)
Subtotal Invest	78,879.24	13,923.74	0.00	4,838.96	42,621.80	210,964.88	40,719.14	391,947.76
Other *	165,677.43	0.00	3,032,414.61	0.00	0.00	0.00	0.00	3,198,092.04
TOTAL	66,085,349.62	544,975.02	10,645,546.71	1,649,083.56	4,787,160.37	210,964.88	40,719.14	83,963,799.30
EXPENSES								
Claims Transfers	61,656,147.09	416,508.07	12,703,145.01	0.00	0.00	0.00	0.00	74,775,800.17
Expenses	0.00	6,659.50	0.00	1,490,588.40	3,082,995.91	0.00	525,051.62	5,105,295.43
Other *	0.00	0.00	0.00	0.00	301.99	0.00	0.00	301.99
TOTAL	61,656,147.09	423,167.57	12,703,145.01	1,490,588.40	3,083,297.90	0.00	525,051.62	79,881,397.59
END BALANCE	**3,826,141.20**	**7,025,060.93**	**(47,023,771.46)**	**2,299,511.15**	**22,835,329.42**	**104,805,262.98**	**19,703,812.02**	**113,471,346.24**

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS												
SCHOOLS HEALTH INSURANCE FUND												
ALL FUND YEARS COMBINED												
CURRENT MONTH	**May**											
CURRENT FUND YEAR	**2025-26**											
	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**	**Fulton Bank Money Market Account**	**Four Leaf Federal Credit Union Money Market Account**	**First Harvest Federal Credit Union Money Market Account**
	ID Number:											
	Maturity (Yrs)											
	Purchase Yield:	**3.76**	**3.76**	**3.76**	**1.26**	**3.33**	**3.61**	**4.00**	**0.70**	**3.76**	**4.50**	**4.00**
	TOTAL for All Accts & instruments											
Opening Cash & Investment Balance	**$109,388,944.53**	**$ 2,221,140.11**	**$ 697,923.11**	**$ 37,280,577.57**	**$ 40,629.13**	**$ 1,045.35**	**$ 7,202,334.93**	**$ 9,899,066.83**	**$ 11,061.45**	**$ 20,474,010.15**	**$ 25,505,953.40**	**$ 6,055,202.50**
Opening Interest Accrual Balance	**$2.96**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 2.96**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**
1 Interest Accrued and/or Interest Cost	$0.05	$0.00	$0.00	$0.00	$0.00	$0.05	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
2 Interest Accrued - discounted Instr.s	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3 (Amortization and/or Interest Cost)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4 Accretion	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5 Interest Paid - Cash Instr.s	$391,947.78	$41,207.15	$5,528.31	$102,290.09	$43.16	$2.96	$22,148.86	$33,629.71	$6.58	$71,294.39	$95,527.04	$20,269.53
6 Interest Paid - Term Instr.s	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7 Realized Gain (Loss)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8 Net Investment Income	$391,947.83	$41,207.15	$5,528.31	$102,290.09	$43.16	$3.01	$22,148.86	$33,629.71	$6.58	$71,294.39	$95,527.04	$20,269.53
9 Deposits - Purchases	$103,657,899.69	$98,571,851.52	$5,086,048.17	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
10 (Withdrawals - Sales)	-$99,967,445.76	-$79,862,150.33	-$5,105,295.43	-$15,000,000.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
		OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	$113,471,346.24	$20,972,048.45	$684,204.16	$22,382,867.66	$40,672.29	$1,048.31	$7,224,483.79	$9,932,696.54	$11,068.03	$20,545,304.54	$25,601,480.44	$6,075,472.03
Ending Interest Accrual Balance	$3.01	$0.00	$0.00	$0.00	$0.00	$3.01	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Plus Outstanding Checks	$2,173,279.36	$0.00	$2,173,279.36	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
(Less Deposits in Transit)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Balance per Bank	$115,644,625.60	$20,972,048.45	$2,857,483.52	$22,382,867.66	$40,672.29	$1,048.31	$7,224,483.79	$9,932,696.54	$11,068.03	$20,545,304.54	$25,601,480.44	$6,075,472.03

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES

SCHOOLS HEALTH INSURANCE FUND

Month	**May**
Current Fund Year	**2026**

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
2025-26	Medical	587,833,130.34	61,656,147.09	0.00	649,489,277.43	0.00	649,489,277.43	587,833,130.34	61,656,147.09
	Dental	4,499,080.55	416,508.07	0.00	4,915,588.62	0.00	4,915,588.62	4,499,080.55	416,508.07
	Rx	106,367,475.05	12,703,145.01	0.00	119,070,620.06	0.00	119,070,620.06	106,367,475.05	12,703,145.01
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	**698,699,685.94**	**74,775,800.17**	**0.00**	**773,475,486.11**	**0.00**	**773,475,486.11**	**698,699,685.94**	**74,775,800.17**

SCHOOLS HEALTH INSURANCE FUND

Monthly Claim Activity Report

July 22, 2026

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**	$47,966,624	**21,901**	**$2,190**
SEPTEMBER	$33,695,184	19,940	**$1,690**	$54,656,888	**22,514**	**$2,428**
OCTOBER	$41,785,038	19,992	**$2,090**	$45,040,233	**22,416**	**$2,009**
NOVEMBER	$38,020,508	19,923	**$1,908**	$43,610,400	**22,507**	**$1,938**
DECEMBER	$39,989,716	19,934	**$2,006**	$57,728,233	**22,451**	**$2,571**
JANUARY	$35,748,691	21,134	**$1,692**	$45,808,108	**22,544**	**$2,032**
FEBRUARY	$38,598,420	21,165	**$1,824**	$44,121,161	**23,017**	**$1,917**
MARCH	$41,556,482	21,199	**$1,960**	$54,502,200	**23,059**	**$2,364**
APRIL	$47,668,605	21,280	**$2,240**	$50,309,515	**23,754**	**$2,118**
MAY	$44,073,924	21,283	**$2,071**	$57,589,968	**23,856**	**$2,414**
JUNE	$47,164,579	21,384	**$2,206**			
TOTALS	**$483,599,620**			**$549,737,646**		
				2025-2026 Avg.	**22,726**	**$ 2,199**
				2024-2025 Avg.	**20,546**	**$ 1,960**

Large Claimant Report (Drilldown) - Claims Over $100000

Plan Sponsor Unique ID :	All	**Paid Dates:**	04/01/2026 - 04/30/2026
Customer:	Schools Health Insurance Fund	**Service Dates:**	01/01/2011 - 04/30/2026
Group / Control:	00141839,00169498,00169659,00737392,0073741	**Line of Business:**	All

Paid Amt	Diagnosis/Treatment
$740,541.38	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$694,052.54	RADICULOPATHY, CERVICAL REGION
$366,295.87	ANEURYSM OF THE ASCENDING AORTA, WITHOUT RUPTURE
$264,741.93	SEVERE HYPOXIC ISCHEMIC ENCEPHALOPATHY (HIE)
$249,973.32	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$246,610.43	SPONDYLOSIS WITHOUT MYELOPATHY OR
$199,304.63	MODERATE HYPOXIC ISCHEMIC ENCEPHALOPATHY
$191,716.07	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
$187,136.53	NONRHEUMATIC MITRAL (VALVE) INSUFFICIENCY
$183,259.33	SECONDARY MALIGNANT NEOPLASM OF BONE
$177,461.13	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE
$173,703.16	NONRHEUMATIC MITRAL (VALVE) PROLAPSE
$168,162.34	DIFFUSE LARGE B-CELL LYMPHOMA OF OTHER EXTRANODAL AND SOLID
$150,414.39	ENCOUNTER FOR ANTINEOPLASTIC
$149,584.20	DEFECTS IN THE COMPLEMENT SYSTEM

$142,369.97	HARLEQUIN FETUS
$139,821.65	MALIGNANT NEOPLASM OF BRAIN, UNSPECIFIED
$134,665.23	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH
$130,982.51	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH
$128,005.93	ENCOUNTER FOR ANTINEOPLASTIC
$127,417.26	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED
$121,906.30	GAUCHER DISEASE
$118,949.27	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
$118,815.47	VARICOSE VEINS OF RIGHT LOWER EXTREMITY WITH
$114,090.30	ENCOUNTER FOR ANTINEOPLASTIC
$111,086.76	SPRAIN OF UNSPECIFIED LIGAMENT OF RIGHT ANKLE,
$105,059.21	OTHER SPONDYLOSIS WITH MYELOPATHY, CERVICAL
$103,893.49	ENCOUNTER FOR ANTINEOPLASTIC
$103,577.38	RELAPSING-REMITTING MULTIPLE SCLEROSIS
$103,550.36	OTHER SPRAIN OF RIGHT HIP, INITIAL ENCOUNTER
$102,786.59	UNSPECIFIED OPEN WOUND OF RIGHT BREAST, INITIAL
$102,730.05	VENTRICULAR PREMATURE DEPOLARIZATION
$101,159.77	POSTPROCEDURAL HEMATOMA OF A NERVOUS
$100,585.18	LEIOMYOMA OF UTERUS, UNSPECIFIED
Total	**$6,354,409.93**

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: 05/01/2026 - 05/31/2026
Service Dates: 01/01/2011 - 05/31/2026
Line of Business: All

Paid Amt	Diagnosis/Treatment
$620,125.59	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$561,314.91	RHEUMATIC MITRAL STENOSIS WITH
$512,803.55	UNSPECIFIED KYPHOSIS, CERVICAL REGION
$469,459.71	DISEASES OF THE NERVOUS SYSTEM COMPLICATING
$425,422.90	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$306,363.37	INTRADUCTAL CARCINOMA IN SITU OF LEFT BREAST
$244,301.60	OTHER SPONDYLOSIS WITH RADICULOPATHY, LUMBAR
$239,842.34	SPONDYLOSIS WITHOUT MYELOPATHY OR
$232,305.73	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH
$230,907.33	OTHER LOW BIRTH WEIGHT NEWBORN, 1250-1499
$220,438.46	NONRHEUMATIC AORTIC (VALVE) INSUFFICIENCY
$211,420.60	HARLEQUIN FETUS
$207,869.11	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY

$201,061.70	ENCOUNTER FOR ANTINEOPLASTIC
$193,766.96	ENCOUNTER FOR ANTINEOPLASTIC
$190,848.18	SUPERFICIAL ENDOMETRIOSIS OF THE LEFT UTER OSACRAL LIGAMENT
$182,082.24	NONRHEUMATIC PULMONARY VALVE
$178,812.79	RADICULOPATHY, CERVICAL REGION
$170,730.43	CERVICAL DISC DISORDER WITH RADICULOPATHY, HIGH
$149,368.02	MALIGNANT NEOPLASM OF OVERLAPPING SITES OF
$148,055.80	RADICULOPATHY, CERVICAL REGION
$143,644.01	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
$140,108.34	BIPOLAR DISORDER, CURRENT EPISODE
$134,895.17	VARICOSE VEINS OF LEFT LOWER EXTREMITY WITH
$134,094.85	ENCOUNTER FOR ANTINEOPLASTIC
$132,842.93	OTHER ARTERIAL EMBOLISM AND THROMBOSIS OF
$132,620.99	ENCOUNTER FOR ANTINEOPLASTIC
$132,401.37	ACUTE AND CHRONIC RESPIRATORY FAILURE WITH
$126,711.20	FOREIGN BODY IN COLON, INITIAL ENCOUNTER
$126,422.31	GASTROENTERITIS AND COLITIS DUE TO RADIATION
$126,355.57	PLEURAL EFFUSION, NOT ELSEWHERE CLASSIFIED
$124,240.03	OTHER BURSAL CYST, OTHER SITE
$122,433.60	SINGLE LIVEBORN INFANT, DELIVERED BY CESAREAN
$121,559.09	SYSTEMIC LUPUS ERYTHEMATOSUS,
$112,922.78	TRAUMATIC SUBDURAL HEMORRHAGE WITH LOSS OF
$111,507.49	SPONDYLOSIS WITHOUT MYELOPATHY OR
$109,700.07	OTHER APPENDICITIS
$105,558.36	END STAGE RENAL DISEASE
$104,300.22	ENCOUNTER FOR ANTINEOPLASTIC
$104,141.14	UNSPECIFIED OVARIAN CYST, RIGHT SIDE
$102,936.74	HYPOPLASTIC LEFT HEART SYNDROME
$102,375.94	TWIN LIVEBORN INFANT, DELIVERED BY CESAREAN
$101,084.64	MALIGNANT NEOPLASM OF PANCREAS, UNSPECIFIED

Total	**$8,550,158.16**

aetna™

Schools Health Insurance Fund
6/1/25 through 5/31/26 (Unless otherwise noted)

Dashboard

Medical Claims Paid
Average Per Employee Per Month (PEPM)
July 2025 – May 2026

Total Medical Paid per Employee: **$2,199**

Network Discounts

Inpatient:	**67.7%**
Ambulatory:	**71.0%**
Physician/Other:	**61.8%**
TOTAL:	**66.4%**

Provider Network

% Admissions In-Network:	**97.3%**
% Physician Office:	**97.4%**

Aetna Book of Business:
Admissions 97.8%; Physician 91.6%

Top Facilities Utilized
(by total Medical Spend)

- Virtua-West Jersey
- Morristown Medical Center
- Cooper University Hospital
- Children's Hospital of Philadelphia
- Capital Health Medical Center

Catastrophic Claim Impact
(January 2026 - May 2026)

Number of Claims Over $50,000: **630**
Claimants per 1000 members: **10.3**
Avg. Paid per Claimant: **$135,806**
Percent of Total Paid: **34.8%**

- **Aetna BOB- HCC account for an average of 45.7% of total Medical Cost**

Aetna One Flex Care Mgmt
Member Outreach:

Total Members Identified: **12,528**
Members Targeted for 1:1 Nurse Support : **2,635**
Members identified for Digital Activity: **9,893**
Members receiving Aetna Advice: **26,314**
Average Aetna Advice outreaches per member: **2.1**

CVS Health. CVS Virtual Care

Completed Visits : **276**
Unique Patients : **254**
Completed Visits in 2026 : **1,710**
Unique Patients in 2026: **1,295**

BoB Average First Available 24/7 Care: **26** Minutes
BoB Average First Available MH : **5** Days

Service Center Performance Goal Metrics YTD 2026

Customer Service Performance

1st Call Resolution:	**93.34%**
Abandonment Rate:	**0.15%**
Avg. Speed of Answer:	**5.1 sec**

Claims Performance

Financial Accuracy:	**97.76%**
90% processed w/in:	**7.4 days**
95% processed w/in:	**18.1 days**

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Claims Performance (Monthly)
(April 2026)

90% processed w/in:	**9.0 days**
95% processed w/in:	**18.7 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

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	$9,299,136.89	5022	$1,851.37
OCTOBER	$10,365,262.03	5060	$2,048.47	OCTOBER	$9,505,824.85	5026	$1,891.33
NOVEMBER	$8,653,427.84	5056	$1,711.51	NOVEMBER	$8,513,228.55	5040	$1,689.13
DECEMBER	$8,567,222.40	5071	$1,689.45	DECEMBER	$6,819,836.26	5042	$1,352.60
JANUARY	$10,286,018.55	5044	$2,039.25	JANUARY	$5,646,053.57	5065	$1,114.71
FEBRUARY	$9,079,184.66	5044	$1,799.99	FEBRUARY	$10,729,953.24	5083	$2,110.95
MARCH	$8,518,752.76	5042	$1,689.55	MARCH	$9,960,795.17	5081	$1,960.40
APRIL	$9,830,080.69	5042	$1,949.63	APRIL	$13,140,616.65	5083	$2,585.20
MAY	$10,027,939.49	5058	$1,982.58	MAY	$9,254,528.80	5084	$1,820.32
JUNE	$10,741,048.92	5054	$2,125.25	JUNE	$8,874,267.50	4927	$1,801.15
TOTALS	**$110,586,793.24**			**TOTAL**	**$112,272,923.28**		
	AVERAGE	**5028**	**$1,831.78**		**AVERAGE**	**5027.92**	**$1,860.91**

AmeriHealth Administrators

PLAN SPONSOR INFORMATION SERVICES

Large Claimant Report- Claims Over $100,000.00

Group:	Schools Health Insurance Fund		Service Dates:
Paid Dates:	6/1/2026 - 6/30/2026		Line of Business: All
Network Service	ALL		Product Line: All

Claimant	Relationship	Paid Amount	Diagnosis
1	Spouse	$161,880.24	Drug Induced Or Toxic Related Condition
2	Subscriber	$152,485.30	Secondary Malignancies
3	Dependent	$143,832.13	Cardiac And Circulatory Congenital Anomalies
4	Subscriber	$113,729.91	Cardiac Dysrhythmias
5	Spouse	$103,653.11	Cardiac Dysrhythmias
	Total	$675,580.69	

Schools HIF

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

Average payment per member PMPM 7/1/25- 6/30/26	$741.63
Number of claimants with paid claims over $100,000 for YTD	144
Total paid on those claimants:	$31,805,486.12

Top Facilities Utilized based on paid claims:
VIRTUA WEST JERSEY HOSPITAL MARLTON, NJ
COOPER UNIVERSITY HOSPITAL MEDICAL CENTER, NJ
CHILDRENS HOSPITAL OF PHILADELPHIA, PA
VIRTUA OUR LADY OF LOURDES HOSPITAL, NJ
INSPIRA MEDICAL CENTER MULLICA HILL

Provider Network
% Inpatient In- Network: 97.3%
% Professional providers In-Network: 91%
% Outpatient providers In-Network: 94.1%

Metric	AHA January MTD	AHA February MTD	AHA March MTD	AHA April MTD	AHA MAY MTD
1st Call Resolution	88.70%	98.42%	95.51%	88.68%	88.29%
ASA	14.00	3.25	7.27	24.17	26.71
Abandonment Rate	0.22%	0.48%	0.45%	1.56%	1.78%

Totals	2025-26 YTD
Total Inpatient Admissions	596
Total Inpatient Days	2,738
Total ER visits	1,893


EXPRESS SCRIPTS®

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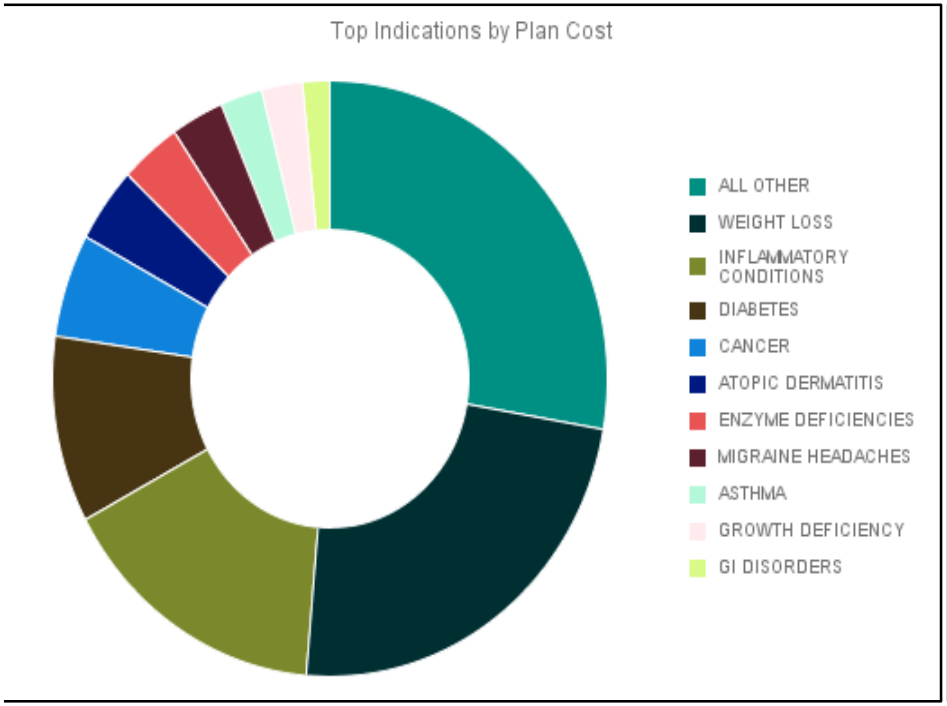
School Health Insurance Fund

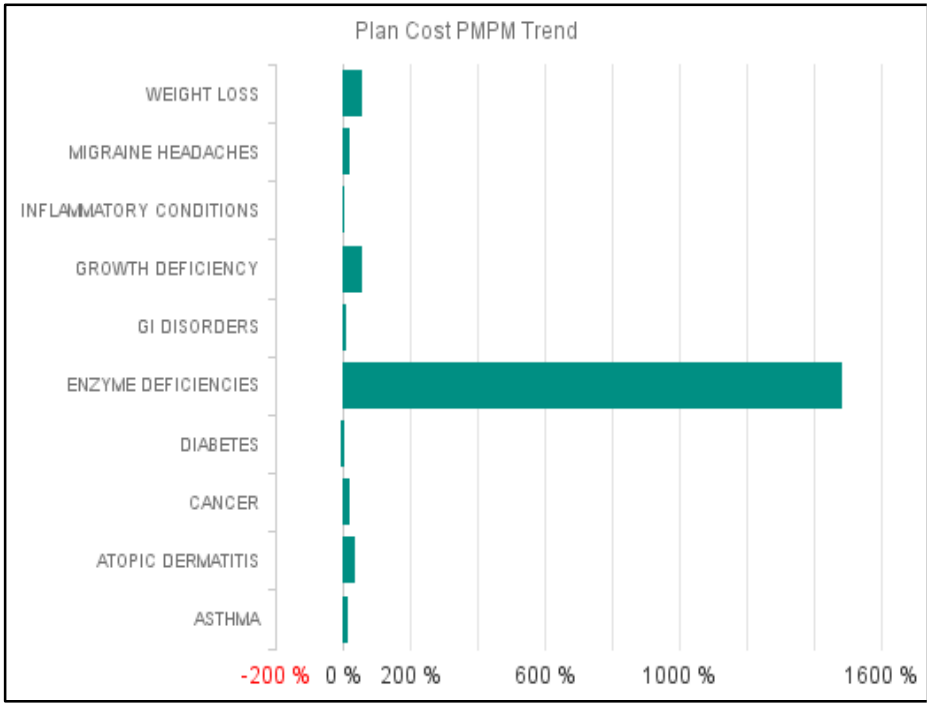
Total Component/Date of Service (Month)	2024 07	2024 08	2024 09	Q1	2024 10	2024 11	2024 12	Q2	2025 01	2025 02	2025 03	Q3	2025 04	2025 05	2025 06	Q4
Membership	33,591	33,602	33,865	33,686	33,911	33,868	33,967	33,915	34,866	34,872	34,987	34,908	35,177	35,182	35,428	35,262
Total Days	1,268,220	1,238,671	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	36,566	36,800	36,515	36,785	36,840	36,924	36,850	36,712	36,631	36,771	36,705	36,788	36,435	36,080	36,434
Total Days	1,386,810	1,374,729	1,328,638	4,090,177	1,423,871	1,357,454	1,478,345	4,259,670	1,453,964	1,373,296	1,504,504	4,327,848	1,474,933	1,465,028	1,528,580	4,468,541
Total Patients	14,891	14,882	15,026	22,379	16,844	16,223	17,163	23,980	16,680	16,182	16,902	23,701	16,428	16,292	16,220	22,967
Total Plan Cost	$9,729,437	$9,410,806	$10,162,671	$29,302,914	$10,958,257	$9,177,165	$11,356,644	$31,492,066	$9,822,038	$9,285,953	$11,093,587	$30,610,300	$11,638,995	$11,239,241	$11,449,622	$34,327,858
Generic Fill Rate (GFR) - Total	85.1%	84.2%	80.4%	83.2%	78.9%	81.9%	83.9%	81.6%	84.5%	85.6%	85.0%	85.0%	84.5%	84.6%	84.2%	84.4%
Plan Cost PMPM	$268.93	$257.36	$276.16	$267.50	$297.90	$249.11	$307.57	$284.87	$267.54	$253.50	$301.69	$277.99	$316.38	$308.47	$317.34	$314.06
% Change Plan Cost PMPM	15.6%	3.7%	23.5%	13.9%	12.0%	0.4%	23.0%	11.8%	16.4%	15.9%	29.2%	22.3%	18.8%	19.3%	18.3%	18.8%
Total Specialty Plan Cost	$4,438,423	$4,054,203	$4,579,454	$13,072,079	$4,926,030	$3,546,082	$5,076,980	$13,549,092	$3,959,350	$3,801,365	$4,613,453	$12,522,517	$5,260,884	$4,973,977	$4,517,734	$14,752,594
Specialty % of Total Specialty Plan Cost	45.6%	43.1%	45.1%	44.6%	45.0%	38.6%	44.7%	43.0%	40.3%	40.9%	41.6%	40.9%	45.2%	44.3%	39.5%	43.0%

Top Indications

SCHOOL ALLIANCE INS FUND (Current Period 01/2026 - 06/2026 vs. Previous Period 01/2025 - 06/2025) 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	3	WEIGHT LOSS	32.6 %	14,448	$15,392,189	$70.15	1.5 %	3.3 %	26.7 %	8,961	$9,585,204	$45.53	1.6 %	5.3 %	54.1 %
2	2	INFLAMMATORY CONDITIONS	22.0 %	2,988	$10,385,802	$47.33	33.5 %	30.4 %	27.1 %	2,734	$9,731,452	$46.23	35.4 %	32.9 %	2.4 %
3	1	DIABETES	14.0 %	19,391	$6,590,896	$30.04	30.0 %	27.0 %	18.2 %	19,180	$6,545,773	$31.09	29.0 %	26.3 %	-3.4 %
4	4	CANCER	7.8 %	1,459	$3,662,783	$16.69	85.1 %	78.3 %	8.4 %	1,278	$3,025,334	$14.37	83.2 %	77.1 %	16.2 %
5	5	ATOPIC DERMATITIS	5.7 %	4,161	$2,680,284	$12.22	78.1 %	80.2 %	5.5 %	3,763	$1,979,993	$9.41	81.2 %	83.5 %	29.9 %
6	9	ENZYME DEFICIENCIES	4.9 %	37	$2,299,124	$10.48	10.8 %	9.2 %	0.4 %	21	$139,520	$0.66	4.8 %	11.0 %	1481.0 %
7	6	MIGRAINE HEADACHES	4.2 %	2,979	$1,991,687	$9.08	44.5 %	51.4 %	4.6 %	2,583	$1,641,528	$7.80	43.5 %	54.6 %	16.4 %
8	7	ASTHMA	3.4 %	10,776	$1,583,245	$7.22	84.8 %	89.7 %	3.9 %	11,217	$1,406,778	$6.68	84.4 %	89.3 %	8.0 %
9	10	GROWTH DEFICIENCY	3.3 %	237	$1,552,686	$7.08	0.0 %	0.0 %	2.7 %	156	$960,982	$4.56	0.0 %	0.0 %	55.0 %
10	8	GI DISORDERS	2.2 %	1,828	$1,034,671	$4.72	57.4 %	58.0 %	2.6 %	1,636	$934,811	$4.44	58.1 %	58.4 %	6.2 %
		Total Top 10		**58,304**	**$47,173,366**	**$214.99**	**39.5 %**	**43.5 %**		**51,529**	**$35,951,376**	**$170.78**	**43.3 %**	**45.3 %**	**25.9 %**

Top Drugs

SCHOOL ALLIANCE INS FUND (Current Period 01/2026 - 06/2026 vs. Previous Period 01/2025 - 06/2025) 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	3	ZEPBOUND	WEIGHT LOSS	N	10,459	1,982	$10,680,336	$48.68	5,334	1,128	$5,328,878	$25.31	92.3 %
2	9	WEGOVY	WEIGHT LOSS	N	3,613	742	$4,586,753	$20.90	3,387	752	$4,225,375	$20.07	4.1 %
3	1	MOUNJARO	DIABETES	N	2,618	494	$2,754,625	$12.55	1,724	348	$1,723,744	$8.19	53.3 %
4	109	STRENSIQ	ENZYME DEFICIENCIES	Y	21	2	$2,106,678	$9.60	NA	NA	NA	NA	NA
5	8	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	229	42	$1,585,811	$7.23	188	35	$1,287,590	$6.12	18.2 %
6	21	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	123	25	$1,308,309	$5.96	61	14	$625,336	$2.97	100.7 %
7	5	OZEMPIC	DIABETES	N	1,324	257	$1,262,990	$5.76	1,680	331	$1,529,306	$7.26	-20.8 %
8	10	DUPIXENT PEN	ATOPIC DERMATITIS	N	326	98	$1,141,253	$5.20	NA	NA	NA	NA	NA
9	15	RINVOQ	INFLAMMATORY CONDITIONS	Y	196	38	$1,128,455	$5.14	182	35	$989,497	$4.70	9.4 %
10	10	DUPIXENT PEN	ATOPIC DERMATITIS	Y	217	80	$696,444	$3.17	399	77	$1,257,383	$5.97	-46.9 %
11	17	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	100	21	$681,107	$3.10	62	12	$365,970	$1.74	78.6 %
12	22	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIONS	Y	102	19	$680,333	$3.10	113	21	$628,573	$2.99	3.8 %
13	27	NURTEC ODT	MIGRAINE HEADACHES	N	405	159	$608,767	$2.77	327	116	$488,354	$2.32	19.6 %
14	101	GENOTROPIN	GROWTH DEFICIENCY	Y	101	17	$541,064	$2.47	65	13	$305,292	$1.45	70.0 %
15	36	STELARA	INFLAMMATORY CONDITIONS	Y	33	7	$525,948	$2.40	129	30	$1,558,628	$7.40	-67.6 %
16	42	QULIPTA	MIGRAINE HEADACHES	N	460	108	$517,427	$2.36	333	72	$359,343	$1.71	38.1 %
17	53	UBRELVY	MIGRAINE HEADACHES	N	383	169	$497,463	$2.27	330	133	$408,127	$1.94	16.9 %
18	141	OMNITROPE	GROWTH DEFICIENCY	Y	72	15	$495,686	$2.26	38	7	$239,788	$1.14	98.3 %
19	30	OTEZLA	INFLAMMATORY CONDITIONS	Y	112	23	$469,336	$2.14	144	31	$603,621	$2.87	-25.4 %
20	44	KISQALI	CANCER	Y	34	7	$425,684	$1.94	22	4	$272,239	$1.29	50.0 %
21	23	JARDIANCE	DIABETES	N	1,313	252	$423,129	$1.93	1,200	230	$697,609	$3.31	-41.8 %
22	82	NGENLA	GROWTH DEFICIENCY	Y	51	9	$410,192	$1.87	39	7	$282,850	$1.34	39.1 %
23	46	LENALIDOMIDE	CANCER	Y	21	4	$346,151	$1.58	12	2	$180,724	$0.86	83.8 %
24	55	OMNIPOD 5 DEXG7G6 PODS (	DIABETES	N	462	86	$344,551	$1.57	420	74	$300,099	$1.43	10.2 %
25	37	DEXCOM G7 SENSOR	DIABETES	N	943	184	$343,151	$1.56	755	155	$261,699	$1.24	25.8 %
				Total Top 25	**23,718**		**$34,561,643**	**$157.52**	**16,944**		**$23,920,025**	**$113.63**	**38.6 %**

SCHOOLS HEALTH INSURANCE FUND
CONSENT AGENDA
JULY 22, 2026

The following Resolutions listed on the Consent Agenda will be enacted in one motion. Copies of all Resolutions are available to any person upon request. Any Commissioner wishing to remove any Resolution(s) to be voted upon, may do so at this time, and said Resolution(s) will be moved and voted separately.

Motion_____ **Second**_____

RESOLUTION NO. 19-26

SCHOOLS HEALTH INSURANCE FUND
RISK MANAGEMENT PLAN FOR FUND
YEAR: 2026-2027

Effective: 7/30/2026

Adopted: 7/22/2026

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, 2026 and ending on June 30, 2027 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.

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.)

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.

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) 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.

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

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.

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.

28.) IDENTIFICATION AND CORRECTIVE ACTION FOR 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.

29.) New Jersey Protections for Involuntary, Inadvertent and Emergency Out of Network Claims

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

1. Involuntary and inadvertent out-of-network services

You are protected from balance bills by a New Jersey out-of-network health care professional for covered services when you use an in-network health care facility (e.g. hospital, ambulatory surgery center, etc.) located in New Jersey and, for any reason, in-network health care services are unavailable at that facility (an "inadvertent out-of-network service"). This includes laboratory testing (e.g., imaging, X-rays, blood tests and anesthesia).
Except as provided below, you should not be balance billed by an out-of-network health care professional or facility, for any amount in excess of what your deductible, copayment, or coinsurance amounts (also known as "cost-sharing") would be if you received the same service in-network. If you receive a bill for any other amount, please contact us at the number on your Identification Card and we will help address it. You may also file a complaint with the Department of Banking and Insurance by visiting https://www.state.nj.us/dobi/consumer.htm.
If you receive a bill for an amount above of your cost-sharing responsibilities for an inadvertent out-of-network service, Aetna and the out-of-network health care professional or facility may negotiate and settle on an amount for the service. If that negotiated amount exceeds what was shown on your initial Explanation of Benefits (EOB), your out-of-pocket cost-sharing responsibility may increase. If this occurs, you will be provided a second EOB showing your total cost-sharing responsibility.
If an agreement cannot be reached, Aetna or the out-of-network health care professional or facility may initiate binding arbitration to determine the amount to be paid for the inadvertent out-of-network service. The amount awarded by the arbitrator may exceed what Aetna has already paid to the out-of-network health care professional or facility; however, any additional payment for the arbitration award **will not** increase your cost-sharing responsibility above the amount indicated on your second EOB. In addition, if an arbitration takes place, you will also receive a final EOB showing the total allowed charge/amount for the service(s).

2. Medically necessary treatment on an emergency or urgent basis

You have additional protections from balance bills by any New Jersey facility involving medically necessary treatment on an emergency or urgent basis. Under this heading, "emergency and urgent care basis" means all emergency and urgent care services including, but not limited to, the services required pursuant to N.J.A.C. 11:24-5.3, which includes: (1) medical and psychiatric care, which shall be available 24 hours a day, seven days a week; (2) coverage for trauma services at any designated Level I or II trauma center as medically necessary (such coverage shall continue at least until, in the judgment of the attending physician, you are medically stable, no longer require critical care, and can be safely transferred to another facility; (3) coverage for out-of-service area medical care when medically necessary for urgent or emergency conditions where you cannot reasonably access in-network services; (4) prehospital care and hospital services regardless of location when medically necessary for injury or emergency illness; and (5) upon a your arrival in a hospital, coverage of a medical screening examination, as required by the Federal

Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, and as specified in N.J.A.C. 8:43G-12.

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

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

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

ADOPTED: 7/22/2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 20-26

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 22, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 21-26

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 22, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 22-26

SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF A BYLAW AMENDMENT FOR THE MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

WHEREAS, the Schools Health Insurance Fund is a member of the Municipal Reinsurance Health Insurance Fund; and

WHEREAS, an amendment to the Bylaws of the Municipal Reinsurance Health Insurance Fund has been approved by its Executive Committee following a public hearing on June 10, 2026; and

WHEREAS, pursuant to NJSA 40A:10-43, the amendment must be approved by the Governing Body of 75% of the participating members in the Municipal Reinsurance Health Insurance Fund;

NOW, THEREFORE BE IT RESOLVED, by the Governing Body of the Schools Health Insurance Fund that the Bylaw Amendment changing the name of the Fund from Municipal Reinsurance Health Insurance Fund to The Municipal and Public Schools Reinsurance Health Insurance Fund Executive Committee and revising Servicing Organizations previously approved by the Executive Committee of the Municipal Reinsurance Health Insurance Fund and annexed hereto as amending Bylaws be and the same are hereby approved.

ADOPTED: JULY 22, 2026

BY:_____

CHAIRPERSON

ATTEST:

_____

SECRETARY

RESOLUTION NO. 23-26

SCHOOLS HEALTH INSURANCE FUND
INDEMNITY and TRUST AGREEMENT

THIS AGREEMENT made this 22nd day of July, 2026, by and between the Municipal Reinsurance Health Insurance Fund, hereinafter referred to as the "REINSURANCE FUND", and the SCHOOLS HEALTH INSURANCE FUND , hereinafter referred to as the "FUND".

WITNESSETH:

WHEREAS, several local governmental units are desirous of forming a Reinsurance claims joint insurance fund as authorized and described in N.J.S.A. 40A:10-36 et seq., and the administrative regulations promulgated pursuant thereto; and,

WHEREAS, the FUND has agreed to become a member of the REINSURANCE FUND and to share in the obligations and benefits flowing from such membership with other members of the REINSURANCE FUND in accordance with and to the extent provided for in the Bylaws of the REINSURANCE FUND, and in consideration of such obligations and benefits to be shared by the membership of the REINSURANCE FUND.

NOW, THEREFORE, be it agreed as follows:

1.) The FUND accepts the REINSURANCE FUND's Bylaws as approved and adopted and agrees to be bound by and to comply with each and every provision of the said Bylaws, the pertinent statutes and administrative regulations pertaining to same and as set forth in the Risk Management Plan.

2.) The FUND agrees to participate in the REINSURANCE FUND with respect to the types of insurance listed in the FUND's Resolution to Join.

3.) The FUND agrees to become a member of the REINSURANCE FUND for an initial period not to exceed three (3) years, commencing effective January 1, 2026.

4.) The FUND certifies that it has not defaulted on any claims if self-insured and has not been cancelled for non-payment of insurance premiums for a period of at least two (2) years prior to the date hereof.

5.) In consideration of membership in the REINSURANCE FUND, the FUND agrees that it shall jointly and severally assume and discharge the liability of each and every member of the REINSURANCE FUND, all of whom as a condition of membership in the REINSURANCE FUND shall execute a verbatim counterpart of this agreement, and by execution hereof the full faith and credit of the FUND is pledged to the punctual payment of any sum which shall become due to the REINSURANCE FUND in accordance with the

Bylaws thereof, this agreement, the REINSURANCE FUND's Risk Management Plan, or any applicable statute.

6.) If the REINSURANCE FUND in the enforcement of any part of this agreement shall incur necessary expense, or become obligated to pay attorney's fees and/or court costs, the FUND agrees to reimburse the REINSURANCE FUND for all such reasonable expenses, fees, and costs on demand.

7.) The FUND and the REINSURANCE FUND agree that the REINSURANCE FUND shall hold all monies paid by the FUND to the REINSURANCE FUND as fiduciaries for the benefit of the REINSURANCE FUND's claimants, all in accordance with administrative regulations.

8.) The REINSURANCE FUND shall establish a Trust Account entitled "Claims or Loss Retention Fund". The REINSURANCE FUND shall maintain the Trust Account in accordance with N.J.S.A. 40A:10-36 et seq., N.J.S.A. 40A:5-1, and such other regulations or statutes as may be applicable. More specifically, the Trust Account shall be utilized solely for the payment of claims, allocated claim expense, and excess insurance or reinsurance premiums for such risk or liability or as "surplus" as such term is defined by the administrative regulations.

9.) Each FUND that becomes a member of the REINSURANCE FUND shall be obligated to execute this agreement.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 22, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION 24-26

SCHOOLS HEALTH INSURANCE FUND
ADOPTING 2026-2027 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, 2026 through June 30, 2027. This budget includes $3.23 per employee, per month for individual member wellness grants which totaled $ $1,136,573 as of July 1, 2026;

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

WHEREAS, on July 22, 2026 the Board of Trustees of the Schools Health Insurance Fund approved Wellness Grant Programs for the following members:

DISTRICT	Wellness Grant Award
Alexandria BOE	$ 7,000
Bellmawr BOE	$ 12,000
Berlin Borough BOE	$ 12,000
Bethlehem BOE	$ 6,350
Black Horse Pike BOE	$ 9,900
Burlington Twp BOE	$ 22,650
Byram Twp BOE	$ 5,000
Chesterfield BOE	$ 6,000
Clayton BOE	$ 7,100
Clearview BOE	$ 8,500
Clinton Township BOE	$ 8,453
Collingswood BOE	$ 27,938
Delran BOE	$ 21,840
Delsea BOE	$ 25,000
District of the Chathams	$ 25,000
Eastern Camden BOE	$ 13,500
Ewing BOE	$ 24,900
Florence BOE	$ 8,000
Frankford BOE	$ 13,000
Franklin Twp BOE (GC)	$ 9,950
Franklin Twp BOE (H)	$ 5,000
Fredon BOE	$ 3,150
Gloucester County IT	$ 8,500
Gloucester County SSSD	$ 15,000
Gloucester Twp BOE	$ 10,450
Hanover Park BOE	$ 12,000
Hardyston BOE	$ 4,900

Hope Township BOE	$	3,000
Hunterdon - Central BOE	$	14,542
Jamesburg BOE	$	8,000
Kingsway Regional BOE	$	31,000
LEAP	$	27,680
Lebanon Township BOE	$	10,500
Lenape Regional BOE	$	32,236
Lenape Valley Regional	$	20,200
Lindenwold BOE	$	15,000
Logan Twp BOE	$	15,600
Lumberton BOE	$	20,000
Mansfield Twp BOE	$	4,965
Maple Shade BOE	$	9,000
Medford BOE	$	30,000
Medford Lakes BOE	$	9,000
Mendham Borough BOE	$	13,440
Mendham Twp BOE	$	18,560
Metuchen BOE	$	21,000
Montgomery BOE	$	25,000
Mount Laurel BOE	$	15,900
Mt. Holly BOE	$	18,000
North Hunterdon Voorhees	$	15,000
Northern Burlington BOE	$	22,000
Oakland BOE	$	15,150
Ogdensburg BOE	$	4,000
Rancocas BOE	$	24,100
Readington BOE	$	30,000
Robbinsville BOE	$	11,000
Somerset Hills BOE	$	15,000
South Harrison BOE	$	7,000
Southampton BOE	$	13,650
Springfield BOE	$	2,195
Stillwater BOE	$	7,600
Summit BOE	$	34,000
Swedesboro-Woolwich BOE	$	23,550
Tabernacle BOE	$	14,240
Upper Pittsgrove BOE	$	6,750
Voorhees BOE	$	23,060
Washington Boro BOE	$	6,000
Watchung Boro BOE	$	6,000
Watchung Hills BOE	$	18,000
West Deptford BOE	$	20,470
West Windsor-Plainsboro RSD	$	60,000
White Twp BOE	$	5,440

Woodbury City BOE	$	15,500
Woodstown Pilesgrove BOE	$	10,000
Frelinghuysen Township BOE	$	5,300
Paramus BOE	$	16,900
Middlesex Borough BOE	$	19,500
Glassboro BOE	$	15,400
Ringwood BOE	$	6,000
Blairstown BOE	$	3,800
Bogota BOE	$	5,300
Gloucester City BOE	$	15,000
Burlington City BOE	$	13,500
Newton BOE	$	14,300

WHEREAS, the Wellness Committee reviewed historical wellness grant budgets and determined that prior budgets have ran on an average of 11% under budget and the requests for the 2026-2027 grants are about 10% over the $1,136,573 budget;

WHEREAS, members that received grant money for wellness programs from 2025-2026 must submit a year-end report of that program prior to receiving 2026-2027 grant money.

NOW THEREFORE BE IT RESOLVED the Board of Trustees of the **Fund** hereby approves the Wellness Grants as listed.

SCHOOLS HEALTH INSURANCE FUND

ADOPTED: JULY 22, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

RESOLUTION NO. 25-26

SCHOOLS HEALTH INSURANCE FUND
APPROVAL OF JUNE AND JULY 2026 BILLS LISTS, WELLNESS BILLS LISTS AND TREASURERS REPORT

WHEREAS, the **Schools Health Insurance Fund** (the "Fund") held a Public Meeting on **July 22, 2026** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of 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 Juny and July 2026 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 22, 2026

BY:_____
CHAIRPERSON

ATTEST:_____
SECRETARY

APPENDIX I

SCHOOLS HEALTH INSURANCE FUND
BOARD OF TRUSTEES – OPEN MINUTES
May 27, 2026
Moorestown Community House
12:00 P.M.

MEETING CALLED TO ORDER – OPEN PUBLIC MEETING NOTICE READ BY THE CHAIR

Chairman Collins called the meeting to order and read the Open Public Meeting notice.

FLAG SALUTE

ROLL CALL OF 2025-2026 BOARD OF TRUSTEES

TRUSTEE	BOARD OF EDUCATION	ROLE	ATTENDANCE
Joseph Collins	Delsea Regional BOE	Chairman	Present
Beth Ann Coleman	Collingswood BOE	Secretary	Present
Christopher Lessard	Frankford Township BOE		Present
Evon DiGangi	Medford Township BOE		Absent
Nicholas Bice	Burlington Township BOE		Present
Helen Haley	Voorhees Township BOE		Present
John Bilodeau	Gloucester Township BOE		Absent
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 Regional BOE		Present
Donna DiLapo	Mt. Holly BOE		Present
Patrick Doyle	Bellmawr BOE		Present

A quorum of the Board of Trustees was present and the meeting proceeded to the order of business.

PROFESSIONALS AND STAFF IN ATTENDANCE

ROLE / ORGANIZATION	REPRESENTATIVE
Executive Director (PERMA)	James Rhodes
Associate Executive Director (PERMA)	Emily Koval
Assistant Account Manager (PERMA)	Jordyn Robinson

ROLE / ORGANIZATION	REPRESENTATIVE
Program Manager (Conner Strong & Buckelew)	John Lajewski
Fund Treasurer (Verrill & Verrill)	Lorraine Verrill — Absent
Fund Attorney (Harris Law Offices)	J. Kenneth Harris
Network & TPA — Aetna	Jason Silverstein
Network & TPA — AmeriHealth	Tracy Maloney, Erin Davidowicz, Tyler Jackson
Network & TPA — Horizon	Present
Prescription Administrator (Express Scripts)	Present
Dental Administrator (Delta Dental)	Crista O'Donnell
Guardian Nurses Healthcare Advocates	Kelli Axner, Janice Penn, Jen White

OTHERS PRESENT

The following member representatives, brokers, and staff were also in attendance, per the meeting sign-in sheet:

NAME	AFFILIATION
Danielle Dolci	Mansfield BOE
Michael Collins	Ewing BOE
Tricia Malady	Voorhees Township BOE
April Casers	Mt. Holly BOE
Rob Wechter	Mount Laurel BOE
Mike Bleck	Maple Shade
Rob Kraft	Lumberton
Derek Mead	West Windsor-Plainsboro
Barb Farquhar	Delran
John Ogunkanmi	Pennsauken BOE
Kara Huber	Lenape Regional
Ken Duffy	Integrity Consulting
Anthony Tonzini	Integrity Consulting Group
Chuck Grande	Integrity Consulting Group
Jolene Colantonio	Brown & Brown
Joel Sand	Round Hill Risk
Stella Riginos	Corporate Synergies

NAME	AFFILIATION
Dina Murray	Allen Associates
Patrick Yacovelli	Conner Strong & Buckelew
Susan Panko	Conner Strong & Buckelew
Robert Weil	Conner Strong & Buckelew
Ian Dalton	Conner Strong & Buckelew
Scott Davenport	Conner Strong & Buckelew

APPROVAL OF PRIOR MINUTES

Chairman Collins requested a motion to approve the minutes of the March 25, 2026 meeting as presented.

MOTION TO APPROVE THE MINUTES OF MARCH 25, 2026 AS PRESENTED
Moved: Trustee Lessard
Second: Trustee Coleman
Vote: Unanimous

CORRESPONDENCE

None reported.

PUBLIC COMMENT — FOR AGENDA ITEMS ONLY

MOTION TO OPEN THE MEETING TO THE PUBLIC FOR AGENDA ITEMS ONLY
Moved: Trustee Coleman
Second: Trustee Bice
Vote: Unanimous

No members of the public offered comment on agenda items.

MOTION TO CLOSE THE MEETING TO THE PUBLIC FOR AGENDA ITEMS ONLY
Moved: Trustee Coleman
Second: Trustee Bice
Vote: Unanimous

EXECUTIVE DIRECTOR'S REPORT — PERMA

Financial Fast Track Reports — February and March 2026

Two Financial Fast Track Reports were presented, covering the periods ending February 28 and March 31, 2026. February was a positive month, adding approximately $1.8 million to surplus, although the last three open Fund years continue to show deficits. The March Fast Track reflected a loss. A buffer was added to the Fund's IBNR reserve in December 2025 and again in March 2026 on the recommendation of the Fund Actuary, in response to NSA claims previously identified. High-cost claimants are accounting for roughly 10% of total monthly plan cost, and reimbursements from the MRHIF are anticipated. The Fund is maintaining the stop-loss specific limit at the same level as the prior year in order to recover more from the MRHIF while reducing risk at the shared level.

Management expressed confidence that the July renewal will be sufficient for the trend currently being observed.

Reorganization Resolutions — Effective July 1, 2026

Ballots for the 2026-2027 Board of Trustees will be distributed prior to the July meeting, at which the election will occur; reorganization resolutions contingent upon the election results will be presented at that time. Trustees not planning to attend the July meeting were asked to return their ballots.

The following reorganization resolutions were reviewed and placed in the Consent Agenda:

Resolution 8-26 — Professional Services Contracts. On the recommendation of the Contracts Committee, the Fund is exercising the first of two remaining one-year extensions for its professionals: Harris Law Offices, Actuarial Solutions LLC, PKF O'Connor Davies, and Verrill & Verrill LLC.
Resolution 9-26 — Service Provider (EUS) Contracts.
Resolution 10-26 — Agent for Process of Service
Resolution 11-26 — Fund Newspapers.
Resolution 12-26 — 2026-2027 Meeting Dates. Sets the Fund's meeting schedule; the next meeting is the July 22, 2026 Reorganization Meeting.
Resolution 13-26 — Cash Management Plan. Adopts the 2026-2027 Cash Management Plan. Management highlighted the member monthly billing provisions, noting that language will be added to provide flexibility on payment due dates at the July fiscal-year transition — raised in response to a Trustee's concern regarding members unable to make a prepayment when paying in the month bills are received.
Resolution 14-26 — Compensating Producers. Establishes the producer/broker compensation schedule, contingent on the agreements between brokers and their districts; members were asked to advise PERMA of any changes.
Resolution 15-26 — Authorizing Treasurer for Contracted Payments.
Resolution 16-26 — Wellness Management System Contract. Awards the Wellness Management System contract to Concourse Tech Inc.
Resolution 17-26 — Offering Membership. Offers membership to the new entities addressed in the Program Manager's report.
Resolution 18-26 — April and May 2026 Bills List. Approves the April and May 2026 Bills List and Treasurer's Report.
A separate resolution regarding Guardian Nurses will be presented at the July meeting, pending completion of the legal review.

Fund Qualified Purchasing Agent (QPA)

The current QPA contract expires June 30, 2026. Because the next meeting is not until late July, the Board was asked to authorize the solicitation of quotes so that the Contracts Committee may review responses and recommend an award prior to expiration.

MOTION TO AUTHORIZE THE SOLICITATION OF QUOTES FOR QUALIFIED PURCHASING AGENT (QPA) SERVICES FOR THE 2026-2027 FUND YEAR, AND TO PERMIT THE CONTRACTS COMMITTEE TO REVIEW ALL RESPONSES AND PROVIDE A RECOMMENDATION FOR CONTRACT AWARD PRIOR TO JUNE 30, 2026
Moved: Trustee Coleman
Second: Trustee Haley

Vote: Unanimous

WELLNESS

Wellness Management System RFP (CC# 26-01)

Ms. Robinson reported that the Wellness Committee conducted full evaluations of the four proposals received in response to RFP 26-01 for a Wellness Management System, with demonstrations completed for the top two respondents. The Committee recommended award of the contract to Concourse Tech Inc. A rating summary is included in the meeting appendix. The Fund thanked the remaining respondents — Advanta Health Solutions, Kokomo24/7, and RAPS Consulting Inc. — for their interest. Resolution 16-26, included in the Consent Agenda, awards the contract.

Wellness Application

The wellness application link was distributed with the agenda on May 20, 2026, and is available at www.schoolshif.com/wellness along with the updated guidelines. Applications will continue to be handled as in prior years, and the Board will be updated on the progress of bringing the Wellness Management System live.

Wellness Guidelines and Updated Policies

Effective July 1, 2026, the vendor contracting structure has been revised so that three approved vendors — Ramp Health, US Wellness, and Advanta — are contracted directly with and paid by the Fund. Previously approved vendors may still be used, but through a direct contract between the district's Board of Education and the vendor rather than the Fund paying on the district's behalf. Additional changes include a revised incentive policy governing gift cards and branded giveaways, updated reimbursement deadlines, and strengthened language reinforcing that grant funds are to be used for wellness programming only.

MOTION TO ADOPT THE UPDATED SHIF WELLNESS GRANT PROGRAM GUIDELINES FOR THE 2026-2027 PLAN YEAR
Moved: Trustee Lessard
Second: Trustee DiLapo
Vote: Unanimous

The Chair and staff thanked the Wellness Committee for its extensive work and recommendations throughout the review.

Financial Disclosure Statements — 2026

The filing deadline was April 30, 2026. As of May 19, 2026, three Fund Commissioners had not yet filed. Affected filers were asked to contact Ms. Robinson for their PIN or filing email, or to reach out to the State for assistance, and were encouraged to complete the filing before the end of the month to avoid a fine.

Indemnity and Trust Agreements

The list of members with expired or expiring Indemnity and Trust Agreements has been updated.

PROGRAM MANAGER'S REPORT — CONNER STRONG & BUCKELEW

Mr. Lajewski presented the Program Manager's report beginning on page 17 of the agenda.

Industry Information

An article co-authored by Joseph DiBella, Co-President of PERMA Risk Control Services, in the April 2026 edition of NJ Municipalities magazine addresses the ability of New Jersey public-sector plan sponsors to modify plan design outside of collective bargaining. The article speaks directly to the Fund's action, effective July 1, 2026, amending the clinical protocols for GLP-1 medications for weight loss, and to prior discussion regarding potential amendment of the out-of-network reimbursement schedule, on which further conversation is anticipated.

Fund Performance / Observations

Aetna: The Hackensack Meridian contract expires July 1, 2026; a two-week extension has been granted, and a resolution is expected prior to its expiration. Abilities in Action — a specialty pediatric OT/PT provider — is participating at the in-network level effective May 1, 2026. Aetna has consolidated prior authorization so that a medical procedure and its associated pharmacy prescription are reviewed together in a single authorization, and has introduced a conversational AI navigation tool across its website and application.

AmeriHealth Administrators: The Hackensack Meridian contract renewal was finalized April 14, 2026, with several additional contracts up for renewal in the coming months. AmeriHealth is also bringing Abilities in Action into its network, with credentialing in progress.

Express Scripts (Pharmacy): Effective July 1, 2026, all GLP-1 weight-loss prescriptions — existing and new — will require a new prior authorization. The BMI eligibility requirement is 35 or greater, or 27 or greater with qualifying comorbidities, and members must enroll in the Omada program. Communications have been distributed to Fund brokers, and affected members began receiving direct notification approximately 60 days in advance of the change.

Quarterly Utilization Review (July 2025-March 2026 vs. July 2024-March 2025)

The health insurance risk score stands at 1.37 — on the higher end of the scale but not dramatically changed period over period. Among the top 20 diagnosis groups, notable increases appeared in mental health and spine-related (musculoskeletal) disorders; from a procedure standpoint, surgeries and inpatient days rose correspondingly. The top-drug comparison reflects a significant increase in GLP-1 medications for weight loss, consistent with the broader market. These data continue to inform the Fund's cost-containment strategy work with its subcommittees.

Fund Strategic Initiatives

Ongoing strategic recommendations under continued discussion include GLP-1 weight-loss clinical protocols, formulary placement, oral-version eligibility and direct-to-consumer options; site-of-care steering to high-value providers and settings; a high-performance provider network plan option; a reference-based pricing model; and TPA/PBM procurement.

New Fund Member Activity

Six employers have petitioned to join the Schools Health Insurance Fund — one effective May 1, 2026 and the remainder effective July 1, 2026. All have met the current underwriting requirements and been approved by the Fund Actuary. Resolution 17-26 offers membership to the following entities:

Hampton Township BOE (5/1/2026, Medical/Rx); North Hanover Township School District (7/1/2026, Medical/Rx); Ocean County Vocational & Technical School District (7/1/2026, Medical); Matawan-Aberdeen BOE (7/1/2026, Medical); Bound Brook BOE (7/1/2026, Medical); and Millstone BOE (7/1/2026, Medical/Rx).

Client Services / Eligibility / Enrollment

Open enrollment materials for the Fund year beginning July 1, 2026 were distributed to brokers and participants on or about the week of April 9, 2026. Conner Strong & Buckelew is also making an HR Portal available at no cost to member districts as a baseline human-resources resource, not intended to replace legal counsel; a communication piece will be distributed to members.

Appeals and IRO Submissions

The status of carrier appeals and Independent Review Organization (IRO) submissions was reviewed; detail is provided in the appeals and IRO tables included in the Program Manager's report.

In response to a Trustee's question regarding a special HRA / direct-to-consumer option for GLP-1 medications, Mr. Lajewski advised that the Fund is in the final stages of vetting vendors capable of administering the arrangement, which remains relatively new to the market.

GUARDIAN NURSES HEALTHCARE ADVOCATES

A Guardian Nurses representative reported on the Maternal and Child Health (MCH) Program, which had a soft opening in March 2026. The program has received approximately 49 referrals to date, with active nurse involvement in 19 of those cases, and has already helped avoid several rehospitalizations. The program will continue to be refined as it grows.

The representative also cautioned the Board that the summer months — often referred to as the "100 deadliest days" between Memorial Day and Labor Day — typically bring an uptick in serious and catastrophic injuries. An increase in burn cases has already been observed; an initial burn-care hospital stay alone can range from approximately $50,000 to $250,000, before any trauma-ICU or ICU care. The Board should anticipate a possible related uptick in claims over the coming months.

TREASURER'S REPORT — VERRILL & VERRILL

Treasurer Lorraine Verrill was not in attendance. The Fund's financial reports were circulated in advance, and no verbal report was presented; there were no immediate questions.

FUND ATTORNEY'S REPORT — J. KENNETH HARRIS

Office of the State Comptroller (OSC) Matter

Mr. Harris reported that, in early May, the Fund submitted a response to the OSC's report, which had questioned the related-entity relationship between the Executive Director and the Program Manager (as a potential conflict of interest), the TPA procurement process (as potentially steering the selection to certain vendors), and the historical use of the HIF Fund logo. The Fund explained that the logo appeared on an advertising website that has since been discontinued, and pointed out that DOBI and DCA have historically approved the related-entity relationship between a program manager and executive director.

On May 19, 2026, the Lowenstein firm, on behalf of PERMA, submitted a detailed letter to the OSC noting that a newly formed health insurance fund — New Jersey Solutions — has bylaws substantially identical to the Fund's with respect to the program manager and executive director roles, with a single entity (primarily Horizon) both driving the procurement process and providing administrative services; the letter questioned how such an arrangement could be approved while the Fund's comparable structure is questioned. A response is awaited.

The Fund continues to seek OSC review of the TPA RFP. The principal obstacle is the OSC's position that, under current law, the award must go to the lowest responsible bidder — a standard not well suited to TPA services. The Fund is hopeful the new head of the OSC will take a more flexible view, and noted that DCA is issuing new cooperative-purchasing regulations intended to address the issue. In response to a Trustee's question, Mr. Harris described the procurement history, including prior efforts to proceed through EUS, competitive contracting, and a cooperative-purchasing co-op.

OSC Document Production — Cost Reimbursement

In August 2024, the OSC issued a document production request comprising approximately 69 separate requests directed to the SHIF, the MRHIF, and the Southern Fund. The Lowenstein firm handled the document production, Bates-stamping, and cataloging, at a total fee of approximately $138,000. Approximately 37% of the documents pertained specifically to the SHIF; on that pro-rata basis, Mr. Harris recommended that the SHIF reimburse $52,138.72. The Southern Fund and the MRHIF are each paying their respective pro-rata shares. Payment will be made to Conner Strong & Buckelew, which has already paid the invoice.

MOTION TO APPROVE PAYMENT OF $52,138.72 AS REIMBURSEMENT OF THE SHIF PRO-RATA SHARE OF OSC DOCUMENT-PRODUCTION FEES
Moved: Trustee Coleman
Second: Trustee Bice
Vote: Unanimous

Regulatory Note

Mr. Harris noted that the Office of the Surgeon General recently issued an advisory on screen time for children and adolescents, including a toolkit with guidance for schools. Upon review, he did not find the guidance to introduce materially new recommendations, but flagged it for districts implementing cell-phone or screen-time policies.

NETWORK & THIRD PARTY ADMINISTRATOR REPORT — AETNA

Aetna presented the monthly Claim Activity Report beginning on page 43 of the agenda, reviewing high-cost claim activity for February and March 2026. From a network standpoint, Aetna reported continued progress on the Hackensack Meridian negotiations, noting that additional extensions have been granted and that the agreement is expected to be finalized.

NETWORK & THIRD PARTY ADMINISTRATOR REPORT — AMERIHEALTH

AmeriHealth presented the monthly Claim Activity Report beginning on page 50. For the month of April 2026, total claims were $13,140,616.65 across 5,083 covered employees, a per-employee-per-month figure of $2,585.20; the fund-year average remains approximately $1,870.94 per employee per month. Eight members exceeded the $100,000 high-cost threshold in April, totaling $1,188,255.41. The top facilities were Virtua, Cooper, Kennedy, and Inspira, and network metrics continue to perform well. AmeriHealth advised of an upcoming service-team transition, as a current contact is moving to IBX.

PRESCRIPTION ADMINISTRATOR REPORT — EXPRESS SCRIPTS

Express Scripts presented the monthly pharmacy report beginning on page 55. Total plan cost was reported at approximately $30,610,300, with an 85% generic fill rate and a plan cost per member per month of $277.99 — an increase of approximately 22% from the third quarter of 2025. Total specialty medication plan cost was approximately $12,522,517, or about 40% of the overall spend.

Among the top indications, enzyme deficiencies rose from approximately $63,000 to approximately $783,000. A high-cost pediatric bone-growth medication (two members, both pediatric) accounted for nearly $700,000; the therapy is long-term and weight-based, and continued utilization is expected.

DENTAL ADMINISTRATOR REPORT — DELTA DENTAL

Delta Dental presented the monthly dental report beginning on page 59, reviewing network discounts and cost of payments for the calendar-year period. Network discounts totaled approximately $5,636,845, representing roughly 37.7% of submitted charges on an in-network basis. There were no questions.

CONSENT AGENDA

The Chairman presented the Consent Agenda, comprising the following resolutions, to be enacted in one motion:

Resolution 8-26 (Professional Services Contracts); Resolution 9-26 (Service Provider / EUS Contracts); Resolution 10-26 (Agent for Process of Service); Resolution 11-26 (Fund Newspapers); Resolution 12-26 (2026-2027 Meeting Dates); Resolution 13-26 (Cash Management Plan); Resolution 14-26 (Compensating Producers); Resolution 15-26 (Authorizing Treasurer for Contracted Payments); Resolution 16-26 (Wellness Management System Contract — Concourse Tech Inc.); Resolution 17-26 (Offering Membership); and Resolution 18-26 (April and May 2026 Bills List and Treasurer's Report).

MOTION TO APPROVE THE CONSENT AGENDA — RESOLUTIONS 8-26 THROUGH 18-26
Moved: Trustee Coleman
Second: Trustee Lessard
Vote: Unanimous

OLD BUSINESS

None.

NEW BUSINESS

None.

PUBLIC COMMENT

No members of the public offered comment.

MEETING ADJOURNED

MOTION TO ADJOURN
Moved: Trustee DiLapo
Second: Trustee Coleman
Vote: Unanimous

There being no further business, the meeting was adjourned.

Next Meeting: July 22, 2026 (Reorganization Meeting) | Moorestown Community House | 12:00 P.M.

_____

Jordyn Robinson

On behalf of Secretary Coleman, Board of Trustees

Schools Health Insurance Fund

APPENDIX II

June 10, 2026

Memo to: Municipal Reinsurance Health Insurance Fund Members

From: Office of the Executive Director

Re: Bylaw Amendment – Fund Name Change and Servicing Organizations

The Municipal Reinsurance Health Insurance Fund held a Public Hearing on June 10, 2026, on a proposed bylaw amendment, changing the name of the Fund from the Municipal Reinsurance Health Insurance Fund to the Municipal and Schools Reinsurance Health Insurance Fund. In addition, the current bylaws were not aligned with State regulations concerning Fund professionals. The Program Manager position is being moved into the Servicing Organizations section, where it appears in the regulations. This provides the Fund with more flexibility and control in procuring these services.

Please note the following attachments:

1. MRHIF Resolution 15-26 approving the changes
2. The updated bylaws with strikeouts and changes
3. Resolution 20-26 for the Metro HIF to consider

When 75% of the MRHIF membership has passed the resolution, the proper filings will be made with the State.

APPENDIX III

OATH OF OFFICE

State of New Jersey

County of Burlington

I, _____, do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the state of New Jersey; that I will bear true faith and allegiance to the same and to the governments established in the United States and in this state, under the authority of the people and that I will faithfully, impartially, and justly perform all the duties as a member of the Board of Trustees of the Schools Health Insurance Fund, according to the best of my ability. (so help me God).

_____

Sworn and subscribed to

before me this (day of 2026)

_____, Esquire

Attorney-at-law of New Jersey