



**AGENDA & REPORTS  
JANUARY 25, 2021  
CONFERENCE CALL  
1:15 PM**

Join Zoom Meeting  
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**Meeting ID: 917 5614 8297**

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**Meeting ID: 917 5614 8297**

## **STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT**

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

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

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

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA**  
**MEETING: JANUARY 25, 2021**  
**CONFERENCE CALL**  
**1:15 PM**

**MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ**

**FLAG SALUTE**

**ROLL CALL OF THE 2020 EXECUTIVE COMMITTEE**

**APPROVAL OF MINUTES:** November 10, 2020..... Appendix I

**ADJOURN SINE DIE MEETING** - Chairs vacated - Chair asks Executive Director to run meeting

**MEETING OF FUND COMMISSIONERS CALLED TO ORDER**

**ROLL CALL OF ALL FUND COMMISSIONERS**

Commissioner	Member
Shannon DuBois-Brody	Alloway Township BOE
Nicole Albanese	Bridgeton BOE
Pasquale Yacovelli	Buena Regional BOE
Molly O'Neill	City of Brigantine
Christina Murphy	Cumberland Charter School Network
Gerard Velazquez	Cumberland County Improvement Authority
Megan Duffield	Cumberland County Tech Ed
Bruce Harbinson	Cumberland Regional BOE
Paige Rumaker	Dennis Township BOE
Lisa Dinovi	Downe Township
Stephanie Kuntz	Hopewell BOE
Lisa DiNovi	Lawrence Township BOE
John Hansen	Lower Township
Mark Mallett	Lower Cape May Regional BOE
Richard Davidson	Millville BOE
Timothy Kelly	Ocean City BOE
John Washington	Penns Grove
charles hughes	Pittsgrove Township
Stacy Pennington	Salem County
Cherie Bratty	Upper Deerfield BOE
Scott Musterel (alternate)	Vineland BOE
Dan fox	Waterford Townhship BOE
Todd D'Anna	West Cape May BOE
Darrin Harris	Woodbine BOE
Heather Bobbitt	Woodstown Borough

## **ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES**

Executive Director asks for nominations. Attorney swears in Officers and Executive Committee.

### **Nominating Committee Recommendation**

Pasquale Yacovelli, Chair

Nicole Albanese, Secretary

Bruce Harbinson, Executive Committee

Jerry Velazquez, Executive Committee

Stephanie Kuntz, Executive Committee

Richard Davidson, Executive Committee

Paige Sharpe-Rumaker, Executive Committee

Megan Duffield, Executive Committee Alternate

Cherie Bratty, Executive Committee Alternate

## **MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER**

### **ROLL CALL OF 2021 EXECUTIVE COMMITTEE**

### **CORRESPONDENCE**

### **PUBLIC COMMENT**

### **REPORTS:**

#### **EXECUTIVE DIRECTOR (PERMA)**

Monthly Report.....Page 1

#### **PROGRAM MANAGER- (Shared Health Alliance)**

Monthly Report.....Page 8

#### **GUARDIAN NURSES**

Monthly Report.....Page 15

#### **TREASURER - (Michael Zambito/Verrill & Verrill)**

December 2020 Bills List.....Page 19

January 2021 Bills Lists (Resolution 13-21).....Page 23

December 2020 Treasurers Report.....Page 25

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

#### **ATTORNEY - (Marmero Law, LLC)**

Monthly Report

#### **NETWORK & THIRD PARTY ADMINISTRATOR - (Aetna)**

Monthly Report.....Page 28

#### **NETWORK & THIRD PARTY ADMINISTRATOR - (Amerihealth)**

Monthly Report.....Page 33

**PRESCRIPTION ADMINISTRATOR – (Express Scripts)**

Monthly Report..... Page 41

**CONSENT AGENDA .....Page 43**

Resolution 1-21: Professional Service Fees for 2021 ..... Page 44

Resolution 2-21 EUS Contract Award..... Page 47

Resolution 3-21: Designation of Service of Process ..... Page 52

Resolution 4-21: Designation of Secretary as Custodian of Records..... Page 53

Resolution 5-21: Designation of Official Newspaper ..... Page 54

Resolution 6-21: Designation of Regular Meeting Times and Place..... Page 55

Resolution 7-21: Designation of Bank Depositories & CMP..... Page 57

Resolution 8-21: Designation of Authorized Signatories ..... Page 61

Resolution 9-21: Approval of Risk Management Plan..... Page 62

Resolution 10-21: Appointment of MRHIF Fund Commissioners ..... Page 73

Resolution 11-21: Establishing a plan for Compensating Producers ..... Page 74

Resolution 12-21: Authorizing Treasurer to Process Contracted

Payments and Expenses ..... Page 76

Resolution 13-21: Approval of the December 2020

and January 2021 Bills Lists.....Page 77

**OLD BUSINESS**

**NEW BUSINESS**

**PUBLIC COMMENT**

**RESOLUTION - EXECUTIVE SESSION FOR CERTAIN SPECIFIED PURPOSES**

**PERSONNEL - CLAIMS – LITIGATION**

**MEETING ADJOURNED**

**Southern Coastal Regional Employee Benefits Fund  
Executive Director's Report  
January 25, 2021**

**FINANCES & CONTRACTS**

**PRO FORMA REPORTS**

- **Fast Track Financial Reports** – as of November 30, 2020 (page 3)
  - **Historical Income Statement**
  - **Consolidated Balance Sheet**
  - **Indices and Ratios Report**
  - **Budget Status Report**

**OPERATIONS & NOMINATIONS**

**2021 REORGANIZATION**

The Reorganization resolutions are included in the consent agenda for approval. Please note the following:

- #6-21 – September meeting is the 3<sup>rd</sup> Monday to allow for enough time between budget introduction and adoption
- #8-21 – Current Signatories – Pat Yacovelli, Nicole Albanese, Deputy Treasurer and Fund Treasurer. Need to determine for 2021
- #9-21 – RMP – There are a few changes from 2020 which are highlighted.
- #11-21 – The MRHIF representatives should be appointed for the 2021 Fund Year. Pat Yacovelli currently serves as the alternate.

**MUNICIPAL REINSURANCE HEALTH INSURANCE FUND**

The MRHIF met on December 9 in which the 2021 budget was adopted as originally introduced. The reinsurance renewal for Coastal HIF that was included in the budget had not changed.

**INDEMNITY AND TRUST AGREEMENTS**

Indemnity and Trust Agreements and Resolutions to be adopted by the governing bodies to renew membership with the Fund for an additional 3 years were sent out to members who have renewing agreements due by December 31, 2020 and older. An updated listing of compliance is included below.

MEMBER	I & T end date
Pittsgrove	in progress
WOODSTOWN BOROUGH	in progress
CITY OF BRIGANTINE	6/30/2021
DENNIS TOWNSHIP BOE	6/30/2021
Penns Grove	6/30/2021
Vineland Board of Education	6/30/2021
West Cape May	6/30/2021
Woodbine BOE	7/31/2021
Cumberland County Charter School Network	6/30/2022
Downe Township BOE	6/30/2022
HOPEWELL BOE	6/30/2022
Lower Township	6/30/2022
Ocean City BOE	6/30/2022
Waterford BOE	6/30/2022
Cumberland County Improvement Authority	12/31/2022
UPPER DEERFIELD BOE	6/30/2023
Alloway Township BOE	12/31/2023
Bridgeton BOE	12/31/2023
BUENA REGIONAL BOE	12/31/2023
CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	12/31/2023
CUMBERLAND REGIONAL BOE	12/31/2023
LOWER CAPE MAY REGIONAL BOE	12/31/2023
MILLVILLE BOE	12/31/2023
Salem County	12/31/2023
Lawrence Township BOE	12/31/2023

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**  
**FINANCIAL FAST TRACK REPORT**  
**AS OF November 30, 2020**

	<i>THIS MONTH</i>	<i>YTD CHANGE</i>	<i>PRIOR YEAR END</i>	<i>FUND BALANCE</i>
1. <b>UNDERWRITING INCOME</b>	<b>8,399,441</b>	<b>92,755,926</b>	<b>296,770,627</b>	<b>389,526,553</b>
2. <b>CLAIM EXPENSES</b>				
Paid Claims	7,062,315	72,311,600	235,122,843	307,434,444
IBNR	51,566	414,797	7,945,000	8,359,797
Less Specific Excess	-	(1,037,345)	(5,085,914)	(6,123,258)
Less Aggregate Excess	-	-	-	-
<b>TOTAL CLAIMS</b>	<b>7,113,881</b>	<b>71,689,053</b>	<b>237,981,930</b>	<b>309,670,982</b>
3. <b>EXPENSES</b>				
MA & HMO Premiums	33,527	367,051	979,031	1,346,082
Excess Premiums	(1,015)	2,670,866	10,150,786	12,821,653
Administrative	806,038	8,748,369	27,861,533	36,609,901
<b>TOTAL EXPENSES</b>	<b>838,550</b>	<b>11,786,286</b>	<b>38,991,350</b>	<b>50,777,636</b>
4. <b>UNDERWRITING PROFIT (1-2-3)</b>	447,010	9,280,587	19,797,347	29,077,935
5. <b>INVESTMENT INCOME</b>	22,538	417,739	1,249,807	1,667,545
6. <b>DIVIDEND INCOME</b>	0	558,434	1,042,668	1,601,102
7. <b>STATUTORY PROFIT (4+5+6)</b>	<b>469,548</b>	<b>10,256,760</b>	<b>22,089,822</b>	<b>32,346,582</b>
8. <b>DIVIDEND</b>	6,000,000	17,333,867	2,645,315	19,979,182
9. <b>Transferred Surplus</b>	0	0	9,855,397	9,855,397
<b>STATUTORY SURPLUS (7-8+9)</b>	<b>(5,530,452)</b>	<b>(7,077,107)</b>	<b>29,299,904</b>	<b>22,222,797</b>

**SURPLUS (DEFICITS) BY FUND YEAR**

<b>Closed</b>	<b>Surplus</b>	(2,970,857)	(10,369,917)	20,310,238	9,940,321
	<b>Cash</b>	30,968	(1,597,282)	21,725,239	20,127,957
<b>2019</b>	<b>Surplus</b>	(3,033,679)	(4,207,558)	8,989,666	4,782,108
	<b>Cash</b>	110,093	(4,835,539)	15,970,806	11,135,267
<b>2020</b>	<b>Surplus</b>	474,083	7,500,369		7,500,369
	<b>Cash</b>	(2,378,707)	14,087,499		14,087,499
<b>TOTAL SURPLUS (DEFICITS)</b>		<b>(5,530,452)</b>	<b>(7,077,107)</b>	<b>29,299,904</b>	<b>22,222,797</b>
<b>TOTAL CASH</b>		<b>(2,237,646)</b>	<b>7,654,679</b>	<b>37,696,045</b>	<b>45,350,723</b>

**CLAIM ANALYSIS BY FUND YEAR**

<b>TOTAL CLOSED YEAR CLAIMS</b>	<b>(20,935)</b>	<b>23,945</b>	<b>156,813,112</b>	<b>156,837,057</b>
<b>FUND YEAR 2019</b>				
Paid Claims	82,895	6,648,063	73,536,573	80,184,637
IBNR	0	(7,929,763)	7,929,763	-
Less Specific Excess	0	(533,038)	(297,519)	(830,557)
Less Aggregate Excess	0	0	0	0
<b>TOTAL FY 2019 CLAIMS</b>	<b>82,895</b>	<b>(1,814,738)</b>	<b>81,168,818</b>	<b>79,354,080</b>
<b>FUND YEAR 2020</b>				
Paid Claims	7,000,355	65,601,150		65,601,150
IBNR	51,566	8,359,797		8,359,797
Less Specific Excess	0	(481,102)		(481,102)
Less Aggregate Excess	0	0		0
<b>TOTAL FY 2020 CLAIMS</b>	<b>7,051,921</b>	<b>73,479,846</b>		<b>73,479,846</b>
<b>COMBINED TOTAL CLAIMS</b>	<b>7,113,881</b>	<b>71,689,053</b>	<b>237,981,930</b>	<b>309,670,982</b>

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.



# Southern Coastal Regional Employee Benefits Fund

## CONSOLIDATED BALANCE SHEET

AS OF NOVEMBER 30, 2020

BY FUND YEAR

	COASTAL 2020	COASTAL 2019	CLOSED YEAR	FUND BALANCE
<b>ASSETS</b>				
Cash & Cash Equivalents	14,087,499	11,135,267	20,127,957	45,350,723
Assessments Receivable (Prepaid)	1,753,811	0	(0)	1,753,811
Interest Receivable	61	(23)	(38)	0
Specific Excess Receivable	481,102	1,397	-	482,499
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	558,434	558,434
Prepaid Admin Fees	2,989	-	-	2,989
Other Assets	247,551	-	-	247,551
<b>Total Assets</b>	<b>16,573,013</b>	<b>11,136,641</b>	<b>20,686,353</b>	<b>48,396,007</b>
<b>LIABILITIES</b>				
Accounts Payable	-	-	-	-
IBNR Reserve	8,359,797	(0)	-	8,359,797
A4 Retiree Surcharge	532,057	-	-	532,057
Dividends Payable	-	6,200,000	10,746,033	16,946,033
Accrued/Other Liabilities	180,790	154,534	-	335,324
<b>Total Liabilities</b>	<b>9,072,644</b>	<b>6,354,534</b>	<b>10,746,033</b>	<b>26,173,210</b>
<b>EQUITY</b>				
Surplus / (Deficit)	7,500,369	4,782,108	9,940,321	22,222,797
<b>Total Equity</b>	<b>7,500,369</b>	<b>4,782,108</b>	<b>9,940,321</b>	<b>22,222,797</b>
<b>Total Liabilities &amp; Equity</b>	<b>16,573,013</b>	<b>11,136,641</b>	<b>20,686,353</b>	<b>48,396,007</b>
<b>BALANCE</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

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

Fund Year allocation of claims have been estimated.

**Southern Coastal Regional Employee Benefits Fund**  
**2020 Budget Report**  
as of November 30th, 2020

Expected Losses	Cumulative	Annual	Latest Filed	Cumulative Expensed	\$ Variance	% Variance
Medical Aetna 1/1 Renewal	29,381,956	32,034,765	32,488,800			
Medical Aetna 7/1 Renewals	32,054,384	34,948,538	35,872,738			
Medical AmeriHealth 1/1 Renewal	15,394,588	16,798,979	16,857,987			
Medical AmeriHealth 7/1 Renewal	1,048,564	1,147,572	1,108,074			
Subtotal Medical	77,879,492	84,929,854	86,327,599	70,091,091	7,849,274	10%
Prescription Claims 1/1 Renewals	1,033,725	1,126,557	1,217,287			
Prescription Claims 7/1 Renewals	1,984,340	2,162,915	2,161,981			
Less Formulary Rebates	(452,710)	(493,421)	(503,400)			
Subtotal Prescription	2,565,355	2,796,051	2,875,868	3,317,688	(752,333)	-29%
Dental Claims 1/1 Renewals	0	0	0			
Dental Claims 7/1 Renewals	120,422	131,530	126,449			
Subtotal Dental	120,422	131,530	126,449	71,067	49,355	41%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	60,873	66,341	95,704			
Subtotal Vision	60,873	66,341	95,704	Included in Medical		
Subtotal Claims	80,626,142	87,923,776	89,425,620	73,479,846	7,146,296	9%
Loss Fund Contingency	617,865	674,035	450,000	0	617,865	100%
Medicare Advantage	367,051	400,753	324,793	367,051	-	0%
Reinsurance						
Specific	2,671,881	2,915,365	2,965,634			
Subtotal Reinsurance	2,671,881	2,915,365	2,965,634	2,670,866	1,015	0%
Total Loss Fund	84,282,939	91,913,929	93,166,048	76,517,763	7,765,176	9%
Expenses						
Legal	22,917	25,000	25,000	26,002	(3,085)	-13%
Treasurer	18,006	19,643	19,643	18,041	(35)	0%
Executive Director	1,049,990	1,145,683	1,156,350	1,049,611	379	0%
Program Manager	1,939,057	2,115,715	2,141,353	1,950,082	(11,025)	-1%
Brokerage	1,605,956	1,751,878	1,757,387	1,605,658	299	0%
TPA - Med Aetna	1,819,155	1,978,339	2,211,508	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	524,027	571,168	610,517	2,346,527	892	0%
TPA - Dental	5,101	5,579	5,616	5,098	3	0%
TPA - Vision	4,238	4,623	6,486	Included below in Med AmerihealthAdmin		
Actuary	32,881	35,870	35,870	32,881	(0)	0%
Auditor	17,783	19,400	19,400	17,787	(4)	0%
Subtotal Expenses	7,039,110	7,672,898	7,989,130	7,051,686	(12,576)	0%
Contingency	35,525	38,755	38,755	7,469	28,056	79%
Wellness Program	183,333	200,000	200,000	130,795	52,538	29%
Plan Documents	22,917	25,000	25,000	34,505	(11,588)	-51%
Affordable Care Act Taxes	26,068	28,444	28,934	30,694	(4,625)	-18%
Retiree Surcharge	1,210,725	1,320,074	1,490,857	1,269,892	(59,167)	-5%
Total Expenses	8,517,679	9,285,171	9,772,677	8,525,041	(7,362)	0%
Total Budget	92,800,618	101,199,100	102,938,724	85,042,804	7,757,814	8%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND												
RATIOS												
INDICES	2019	FY2020										
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
Cash Position	37,696,045	\$ 33,929,954	\$ 36,035,952	\$ 39,893,593	\$ 40,817,935	\$ 42,653,912	\$ 46,154,819	\$ 45,363,028	\$ 46,428,116	\$ 44,518,003	\$ 47,588,369	\$ 45,350,723
IBNR	7,945,000	\$ 7,857,543	\$ 7,836,016	\$ 7,838,108	\$ 7,824,931	\$ 7,828,985	\$ 8,016,717	\$ 8,132,988	\$ 8,213,335	\$ 8,241,085	\$ 8,308,231	\$ 8,359,797
Assets	39,638,740	\$ 40,230,581	\$ 41,547,950	\$ 41,874,804	\$ 41,298,754	\$ 44,614,589	\$ 48,099,963	\$ 48,516,227	\$ 48,199,695	\$ 48,923,760	\$ 47,745,495	\$ 48,396,007
Liabilities	10,338,836	\$ 10,383,749	\$ 10,497,142	\$ 10,645,420	\$ 9,520,289	\$ 9,666,570	\$ 17,818,873	\$ 18,009,200	\$ 17,077,392	\$ 20,433,301	\$ 19,992,245	\$ 26,173,210
Surplus	29,299,904	\$ 29,846,832	\$ 142,303	\$ 31,229,384	\$ 31,778,465	\$ 34,948,019	\$ 30,281,090	\$ 30,507,027	\$ 31,122,302	\$ 28,490,459	\$ 27,753,249	\$ 22,222,797
Claims Paid -- Month	6,697,324	\$ 7,010,303	\$ 6,219,400	\$ 7,558,413	\$ 6,890,142	\$ 4,290,570	\$ 4,480,198	\$ 7,004,368	\$ 6,668,685	\$ 7,074,377	\$ 8,052,829	\$ 7,062,315
Claims Budget -- Month	7,557,439	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031	\$ 7,373,031
Claims Paid -- YTD	83,005,907	\$ 7,010,303	\$ 13,229,703	\$ 20,788,116	\$ 27,678,258	\$ 31,968,828	\$ 36,449,026	\$ 43,453,394	\$ 50,122,080	\$ 57,196,456	\$ 65,249,285	\$ 72,311,600
Claims Budget -- YTD	89,568,585	\$ 7,373,031	\$ 14,746,062	\$ 22,119,093	\$ 29,492,124	\$ 36,865,155	\$ 44,238,186	\$ 51,611,217	\$ 58,984,248	\$ 66,357,279	\$ 73,730,310	\$ 81,103,341
RATIOS												
Cash Position to Claims Paid	5.63	4.84	5.79	5.28	5.92	9.94	10.30	6.48	6.96	6.29	5.91	6.42
Claims Paid to Claims Budget -- Month	0.89	0.95	0.84	1.03	0.93	0.58	0.61	0.95	0.9	0.96	1.09	0.96
Claims Paid to Claims Budget -- YTD	0.93	0.95	0.9	0.94	0.94	0.87	0.82	0.84	0.85	0.86	0.88	0.89
Cash Position to IBNR	4.74	4.32	4.6	5.09	5.22	5.45	5.76	5.58	5.65	5.40	5.73	5.42
Assets to Liabilities	3.83	3.87	3.96	3.93	4.34	4.62	2.7	2.69	2.82	2.39	2.39	1.85
Surplus as Months of Claims	3.88	4.05	0.02	4.24	4.31	4.74	4.11	4.14	4.22	3.86	3.76	3.01
IBNR to Claims Budget -- Month	1.05	1.07	1.06	1.06	1.06	1.06	1.09	1.10	1.11	1.12	1.13	1.13

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**  
**Year: 2021, As of January 1, 2021**

<b><u>Yearly Items</u></b>	<b><u>Filing Status</u></b>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed
Fund Officers	To Be Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	N/A
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed
Cash Management Plan	To Be Filed
Unaudited Financials	Q4 unsigned filed
Annual Audit	12/31/19 Filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	N/A
Bylaw Amendments	N/A
Contracts	To be Filed
Benefit Changes	N/A

# Shared Health Alliance Program Manager Report January 25, 2021

## Prospects

### Lower Township BOE

- Joined Effective 1/1/21 – Implementation Complete

### Ventnor BOE

- In review for 7/1/2021

### Wildwood Crest, Boro of

- In preliminary discussions

### Hamilton Twp BOE

- In review for 7/1/2021

### Vineland, City of

- Will begin 2 year review of claims in July

### Egg Harbor Twp

- In review for 7/1/2021

## Coastal Fund Meeting Dates (Zoom Mtg till further notice)

- January 25, 2021
- March 22, 2021
- May 24, 2021
- July 26, 2021
- September 20, 2021
- October 25, 2021
- November 22, 2021

## Coastal Fund Brokers

- Allen Associates
- AR Fanucci
- Assured Partners
- Brown & Brown Benefit Advisors
- J Byrne Agency
- Conner Strong & Buckelew
- Cornerstone Insurance Group
- Hardenbergh Insurance Group
- Innovative Risk Solutions
- Integrity Consulting Group

## Executive Committee

- Pasquale Yacovelli, Chair
- Nicole Albanese, Secretary
- Bruce Harbinson, Executive Committee
- Jerry Velazquez, Executive Committee
- Paige Sharpe-Rumaker, Executive Committee (pending resolution approval)
- Stephanie Kuntz, Executive Committee
- Richard Davidson, Executive Committee
- Cherie Bratty, Executive Committee Alternate
- Megan Duffield, Executive Committee Alternate (pending resolution approval)

## 2021 Committees

### Finance & Contracts

Pat Yacovelli, Chair  
Jerry Velazquez  
Richard Davidson\*

### Operations & Nominations

Nicole Albanese, Chair  
Jerry Velazquez  
Stephanie Kuntz

### Wellness & Claims

Paige Sharpe Rumaker, Chair  
Bruce Harbinson  
Megan Duffield\*

\*Per Recommendation

## WELLNESS COMMITTEE UPDATE

Please be advised that you still have time to submit an application for a wellness grant. Please go online to [www.coastalhif.com](http://www.coastalhif.com) and review the wellness grant guidelines and information in order to submit a new application. Applications received now would be granted for the 2021 year. Please note the new website information from Health Fairs Direct for Biometric Screening information and other new resources. Please contact us for any additional information or assistance. [www.coastalhif.com/wellness](http://www.coastalhif.com/wellness)

- In light of the Social Distancing guidelines, many of our groups have not been able to use all of their 2020 Wellness Grant money. As a result, the Wellness Committee agreed to allow any remaining funds to be rolled over into 2021. Please reach out to [corey@allenassoc.com](mailto:corey@allenassoc.com) if you would like to know your remaining balance.
- In addition, the Wellness Committee has agreed to extend the November submission deadline for 2021 Wellness Grants. Submission of 2021 Wellness Grant Applications will be accepted on a rolling basis throughout the year. Upon receipt and approval by the Wellness Committee, grant applications will be submitted to the Coastal Fund for approval via Resolution.

### WELLNESS COMMITTEE

- There is a Wellness section on the Coastal HIF Website. Please note, applications can be submitted online.
- 2020 Grant Applications status (see below)
- 2021 Budget for Wellness Grants is \$152,471
- Attached please find the 2021 Wellness Guideline Chart.

**Reminder:** Please visit the Coastal HIF website for more details on how to apply, what is eligible,

<b><u>COASTAL WELLNESS GRANTS - 2020</u></b> <b><u>Budget Amount: \$200,000</u></b>					
<b><u>Group Name</u></b>	<b><u>Date Submitted to Committee</u></b>	<b><u>Amount Requested</u></b>	<b><u>Amount Approved</u></b>	<b><u>Date Committee Approved</u></b>	<b><u>Date Resolution Passed</u></b>
Cumberland Co Tech	10/22/2019	\$7,000	\$7,000	10/22/2019	1/27/2020
Hopewell Twp BOE	10/31/2019	\$3,500	\$3,500	11/19/2019	1/27/2020
Cumberland Regional BOE	11/20/2019	\$7,500	\$7,500	11/20/2019	1/27/2020
Millville BOE	11/27/19	\$20,000	\$20,000	12/2/2019	1/27/2020
Bridgeton BOE	5/14/2020	\$20,000	\$20,000	5/14/2020	7/27/2020
Waterford BOE	6/3/2020	\$7,400	\$7,400	6/3/2020	7/27/2020
Cumb Co Improve Auth	6/17/2020	\$4,725	\$4,725	6/18/2020	7/27/2020
Vineland BOE	9/1/2020	\$30,000	\$30,000	9/10/2020	11/10/2020

ideas for an application and additional resource information. You can always contact us for any assistance that you might need. Here's the link: <https://coastalhif.com/wellness/application>

## ADVANTA HEALTH SOLUTIONS ADDED AS NEW WELLNESS PROGRAM VENDOR TO COASTAL HIF

Many employers and health plan executives identify physical inactivity as a key modifiable health risk and are looking to the fitness and wellness industry to assist them in improving the health of their employees, increasing worker productivity, reducing healthcare costs, and providing competitive benefits to attract and retain employees. Advanta Health Solutions designs physical activity programs to engage and motivate people, and to foster personal accountability for healthy behaviors. Advanta Health Solutions has been a successful vendor for wellness programs in the Schools health Insurance Fund (SHIF). [see attached flier]

## GUARDIAN NURSES

A Coastal HIF member recently shared that the best thing that ever happened for all Coastal HIF members is the Guardian Nurses. \*\*\*\*\* **SEE ATTACHED LETTER FROM WIFE OF MEMBER**\*\*\*\*\* (page 13)

It is important to note that the Nurses are a key piece of your health care benefits and have been authorized to work with medical providers, labs and other facilities, hospitals and also the health care carriers Aetna and AmeriHealth Administrators.

Some of the services provided are:

- **VISIT YOU AT HOME** or in the hospital to assess your care needs.
- **BE YOUR GUIDE**, coach and advocate for any healthcare issue.
- **MAKE APPOINTMENTS** for you so you can be seen as quickly as possible.
- **GO WITH YOU** to see doctors, to ask questions and to get answers.
- **IDENTIFY PROVIDERS** for all care needs and second opinions.
- **GET THINGS YOU NEED** such as healthcare equipment.
- **PROVIDE DECISION SUPPORT** when you are thinking about treatments or surgery.
- **EXPLAIN A NEW DIAGNOSIS** to help you make informed decisions.

We have shared several informational email messages and several flyers since April for distribution to your employees. If your employees don't know who the Guardian Nurses are, they will not be inclined to request their services. **So, we are asking for your help in getting the word out that the Guardian Nurses are available.** If you would like them to attend a staff meeting, a faculty meeting, an in-service event, a professional development day, a wellness event or any type of opportunity to be introduced and be of service, they are available. Please consider having your school nurses develop a relationship with the Nurses so that they become part of your wellness endeavors. They are also available to address COVID-19 issues and have already successfully conducted virtual "town hall meetings" which can help deal with stress and anxiety...for adults, as employees, and also for dealing with children.

Please let us know if you have any questions about the Guardian Nurses and how to introduce them to your staff. We look forward to them becoming a more familiar face for our healthcare benefits. Our two Nurses assigned to the Coastal HIF are Lauren Gant/609-276-4990 and Charlie Reiter/609-276/5001.

**Attached is the flyer again for distribution.**

Also attached is the most recent Guardian Nurses newsletter “The Flame”

#### **ADMINISTRATIVE UPDATES:**

- **Online Enrollment System Training** - If you need training or would like a refresher course on the online enrollment system, please reach out to Karen Kidd at [kkidd@permainc.com](mailto:kkidd@permainc.com) of PERMA.
- **Monthly Billing** -As a reminder, please be sure to check your monthly invoice for accuracy. If you find a discrepancy, please report it to the Coastal Fund enrollment team. The Fund’s policy is to limit retro corrections, including terminations, to 60 days. We have noticed an increase in requests for enrollment changes, billing changes, terminations and additions well past the 60-day time frame. Moving forward, it is of the utmost importance to review bills for rate and enrollment accuracy on a monthly basis. If there is an error, please bring it to our attention.
- **Broker Contact Information** - Please direct any escalated claims, benefit coverages, prescription coverage, Medicare advantage or appeal related questions to our dedicated Benefit Specialists as follows: Rose Meimbresse [rose@allenassoc.com](mailto:rose@allenassoc.com) , or Annie Jimenez [annie@allenassoc.com](mailto:annie@allenassoc.com) .

#### **EXPRESS SCRIPTS UPDATE**

##### **2021 NATIONAL PREFERRED FORMULARY UPDATE**

ESI announced their Basic Formulary updates for the 2021 plan year. ESI will work to make the transition to more affordable medications as simple and seamless as possible for any member who is impacted:

- The percentage of members required to switch to preferred medications will receive personalized notifications, reminder communications and targeted alerts about preferred options. ESI will notify physicians and pharmacists before the exclusions become effective.
- ESI’s Academic Detailing pharmacists and Accredo® Physician Engagement team are actively educating prescribers on lower-cost alternatives.
- Proair, Respiclick and Ventolin HFA are leading at a combined disruption of 0.966%
- We are seeing quick movement to albuterol HFA not only from Proair HFA but also the single source brands. At the end of July, we’ve already seen 63% of brand claims converted to generic.
- For this reason, we anticipate the disruption % will be significantly lower by 1/1/21.

#### **AETNA UPDATE**

##### **TELADOC MAILING**

Aetna announced they began a member communication campaign for Teladoc. Welcome Letters containing information on Teladoc as well as member cost-share information for the 2021 plan-year, are being mailed to Aetna members.

#### **LEGISLATIVE UPDATES**

##### **COVID-19 VACCINE UPDATES**

- **Vaccine Coverage**
  - In December 2020 the U.S. Food and Drug Administration (FDA) issued Emergency Use Authorizations (EUAs) for the use of the Pfizer-BioNTech and Moderna COVID-19 Vaccines for the prevention of coronavirus disease. Vaccines recommended by the CDC Advisory Committee on Immunization Practices (ACIP) and the U.S. Preventive Services Task Force (USPSTF) will be covered under the plan. The cost of the vaccine itself, will be paid by the



federal government for the foreseeable future. The plan will fully cover the cost of administering the vaccine at participating and non-participating providers/facilities.

- **Vaccine Eligibility**

- The New Jersey Department of Health (DOH) released a memorandum concerning the eligibility of individuals who may currently receive the COVID-19 vaccine under Phase 1A of the State's vaccination plan of which includes (1) healthcare workers; (2) long-term care facility residents; and, (3) sworn law enforcement officers, firefighters, and other first responders.

**Updated Indexed Dollar Limits**

The Internal Revenue Service (IRS) recently announced the below 2021 limits regarding High Deductible Health Plans (HDHP) and Health Savings Accounts (HSA).

	2020	2021
<b>HDHP Minimum Required Deductible- Self Only</b>	\$1,400	\$1,400
<b>HDHP Minimum Required Deductible- Family</b>	\$2,800	\$2,800
<b>HSA Contribution Limit- Self only HDHP</b>	\$3,550	\$3,600
<b>HSA Contribution Limit- Family HDHP</b>	\$7,100	\$7,200
<b>HSA/HDHP OOP Maximum- Self Only</b>	\$6,900	\$7,000
<b>HSA/HDHP OOP Maximum- Family</b>	\$13,800	\$14,000

**COVID-19 FSA RELIEF**

The recently passed COVID-19 relief bill permits employers to allow members with Flexible Spending Accounts (FSAs) to roll over unused funds.

Key provisions of the new ruling include:

- option to amend cafeteria plans and FSAs to allow employees to:
  - carryover unused amounts from plan year ending in 2020 to the 2021 plan year
  - carryover unused amounts from plan year ending in 2021 to the 2022 plan year
  - provide a 12-month grace period at the end of the 2020 and/or 2021 plan years
- option to amend FSAs allowing employees to make prospective election changes for plan years ending in 2021 (with no change in status)
- allowing employees who cease participation in an FSA during calendar years 2020 or 2021 to receive post-termination reimbursements from unused benefits through the end of the plan year when participation ceases (including grace period if applicable)

**APPEALS** (as of 1/18/2021) -

Type	Determination
Medical	n/a
RX	n/a

**SPECIAL NOTICE:** As Program Managers for the Coastal HIF, Shared Health Alliance prioritizes the health and safety of the communities we serve. The worldwide COVID-19 outbreak has us all concerned and taking extra precautions. As a result, we wanted to assure members that we have activated our business continuity plan to ensure appropriate support to all members.

Betty Long,

I wanted to write this letter to share our experience with Guardian Nurses and more specifically, Lauren Gant.

About five years ago, my husband was having pain in his upper arm and a tumor was found. We were quickly sent to the oncology department at Cooper where we were informed that it was a benign tumor that would need surgery in order help the pain. This worked for a short time and the tumor came back about two years later. He underwent another surgery where they scraped again. Once again, this procedure gave him relief from the pain, but not for long. The pain returned. My husband refused to go back to the doctors assuming he would have the same outcome as previous times.

Luckily, we heard about Guardian Nurses and realized that we could have support while trying to navigate the puzzle of getting a second opinion, transferring medical records, and figuring out which doctors were covered under our insurance. We had no idea just how much Lauren would do for us. I know that she is the only reason my husband was willing to see another doctor.

During this round of x-rays and a biopsy, we were informed that the tumor had grown significantly in size and was now a grade one chondrosarcoma, a type of bone cancer. Lauren scheduled every appointment, scheduled every test, accompanied him to appointments, and made sure he was comfortable with options and decisions.

Because of his diagnosis, he underwent a pretty intensive surgery where they removed the section of the bone that contained the tumor and replaced it with a combination of his fibula, a cadaver, and a rod. The surgery was followed with spending a week in the hospital. While he was in the hospital Lauren called us daily to check-in. She was also in contact with his doctors and nurses to check on his progress and gave us any information that we needed. By the time of surgery, the tumor had already progressed to a grade two chondrosarcoma.

The day we got home from the hospital, Lauren called to schedule a time that she could do a home visit. She could tell that I was a little uncomfortable with the amount of medications he needed to take and the schedule of when he needed to take them. She came over first thing the next morning and sat with me as went over all medications, made a schedule, and she sorted a week's worth of medication into a pill organizer that she brought with her!

It has been about 8 weeks since surgery and she continues to schedule follow-up appointments, attend appointments, and check-in regularly to make sure that he is following his doctor's instructions. Believe me, this is no easy task!

We are so grateful to have such a great nurse that is going through this whole process with us. We truly believe that she saved my husband's life. I can assure you that he would not have gone through this process without her being there every step of the way. I have already referred many coworkers to her and everyone has been just as thrilled with Lauren and the rest of the company as we are!

Sincerely,

The Wife of a Patient



# Wellness.

## Help Your Members Get Healthy and Stay Healthy

### Remove the barriers to wellness participation

Physical and mental fitness have never been more important, but the key to member participation and compliance with a wellness program is meeting your population where they are on the fitness continuum. Too many programs throw up barriers that make it difficult to participate — specific gyms, wearables, and other special equipment.

Advanta Health removes these types of barriers with a program that can be done anytime, anywhere, and without special equipment or joining a gym. All it takes to get started is a quick download of our mobile app on your smartphone and a little motivation.

### How does it work?

Each person is tasked with completing wellness activities every month. You can choose to:

- + Walk/jog/run with or without a wearable device
- + Exercise at home with your own equipment
- + Go to the gym or fitness center of your choice
- + Participate in live instructor-led and on-demand virtual fitness programs (e.g. yoga, HIIT, boxing, Barre, Pilates, martial arts, and more)
- + Reduce anxiety and stress by completing a series of self-help mental fitness exercises
- + Track your food intake to help reach personal nutrition goals

Advanta Health can design a cash incentive or other type of recognition program to reward members who successfully reach their wellness goals.

### What's the investment?

Programs range from **\$1 - \$2.50** per eligible per month. Advanta Health will freeze its 2020 pricing for Southern Coastal Fund groups who commit by the end of January, 2021.

### Let's get started.

Contact **Courtenay Higgins** today at [chiggins@advantahealth.com](mailto:chiggins@advantahealth.com) for an **ADVANTA** demo and proposal.

## Apply for 2021 wellness credits today!



[advantahealth.com](https://advantahealth.com)



Coastal Health Insurance Fund  
Board Meeting Summary  
January 25, 2021

SouthernCoastal FUND

Total Referrals		11/9/20 thru 1/9/21	Program Start 4/1/20 thru 1/9/21
Total Members Referred		161	1,269
Total Members Referred (ACUTE)		148	1,161
Total Members Referred (COMPLEX)		13	108
Hospitalizations			
Total Members Hospitalized		66 members/71 hospitalizations	230 members/304 hospitalizations
Members Requiring ICU		4	20
COVID-19 Inpatients		9	15
Mobilizations---Acute Program		17	105
Inpatient Visits		3	56
Accompaniments – 7 telephonic, 4 in person		11	33
Home Visits		3	16
Mobilizations---Complex Program		6	16
Inpatient Visits		0	3
Accompaniments - 1 telephonic, 4 in person		5	7
Home Visits		1	6
Top 2 Diagnostic Categories		#Cases	#Cases
Cardiac		26	124
Digestive System		24	145
Top Inpatient Hospitals		Total %	Total %
Inspira		41%	40%
Cooper		6%	8%
HUP		6%	7%
School Districts with Most Referrals		# Cases	# Cases
Vineland BOE		42	401
Bridgeton BOE		31	200
Millville BOE		29	225
(Paid) High Claims 1/1/20---11/30/20 from Conner Strong		Status	Insurer
High Claimant	Amount		
High Claimant #1 <i>continue treatment</i>	\$618,757.12	Engaged	Aetna
High Claimant #2 <i>should fall off HC</i>	\$616,036.22	Engaged	Aetna
High Claimant #3 <i>should fall off HC</i>	\$558,389.14	Disengaged	AHA
High Claimant #4	\$483,092.75	Deceased	AHA
High Claimant #5	\$477,092.52	Engaged	Aetna
High Claimant #6	\$460,676.00	Disengaged	AHA
High Claimant #7	\$451,512.57	Retired	Aetna
High Claimant #8	\$389,352.70	Engaged	Aetna
High Claimant #9	\$373,053.72	Deceased	Aetna
High Claimant #10 <i>continue treatment</i>	\$353,246.42	Engaged	Aetna
Potential High Claimants			
(3) ICU admissions this quarter		Engaged with all patients	
(3) Pediatric admissions with prolonged stays @ CHOP		Engaged with all families	

Guardian Nurses Healthcare Advocates  
*Lighting Your Way Through the Healthcare Maze*  
GuardianNurses.com





*the* FLAME®

## *Healthcare News and Tips*

January 19, 2021

### **HAPPY NEW YEAR!!!**

Though 2021 has had a rough start in the U.S., with record numbers of people contracting and dying from COVID, at least 2020 is over and there is a vaccine at the end of the tunnel!

But, with the extraordinary numbers of patients requiring hospitalization, patients, families, nurses, physicians, and other members of the hospital team are feeling extraordinary stress. Not a recipe for good communication.

This past Friday, we received a call from the mother of a 36 year old woman who had been hospitalized, critically ill, since January 3rd. The mother reported that she was spending HOURS on the phone trying to get information about her daughter. She reported an endless loop of being transferred and long hold times with never the right person picking up. Then, on Friday, she



## **Tips to Get Information**

To say that healthcare workers in U.S. hospitals have been stressed because of the impact of COVID19 is too polite. The full impact of what they've gone through is yet to be known because, until this pandemic is under control (and it is far from that), nurses, doctors, respiratory therapists, housekeepers, and others are still working exhaustively to care for every patient, to save every life they can.

That was true in April and is true, now, in January. What is also true is that there is less communication to families. Prior to COVID, families could visit their loved one and often get an in-person update from nurses. With facilities on tight restrictions, and patients in ICU not having access to phones or perhaps the ability to talk, those updates have to occur by phone with a nurse or doctor. Here are two scenarios. If you need to call to get information on your loved one, here are some tips.

### **Your Loved One is in ICU and Cannot Talk to You**

received a call from her daughter's nurse saying that her daughter had *"taken a turn for the worse and was being moved to ICU."* Not permitted to visit because of COVID restrictions and not able to get through to anyone, Mom was frightened and frustrated and at wit's end.

Scenarios like this are playing out all over the healthcare system as visitors are denied entry and any available nurses are spending uninterrupted hours in patients' rooms wrapped in gowns, gloves, masks and face shields.

Even before COVID19 wreaked havoc in our healthcare system, communication has always been one of the top three challenges for families and patients. But during the crush of these last few months, it is an absolute nightmare for families.

We hope you never need the tips in this issue of *The Flame*, but if you do, we hope that they help get you the information you deserve.



*Happy  
New Year!*

**Betty**

Betty Long, RN,  
MHA  
President/CEO

- Visit the hospital website for information on their COVID19 visitation policy. It's likely that no visitors are allowed but do your homework.
- There may have to be a designated 'point person' to be the one who speaks on behalf of the family.
- Try not to call the unit between 6:30 and 7:30AM or PM. This is typically change of shift when nurses are giving report to each other and they are less likely to be able to come to the phone.
- Before you call, make a list of questions that you'd like to ask. Have paper and pen at the ready to take notes and jot down names and phone numbers.
- If you don't have the direct phone number to the ICU nurses' station, call the main hospital number and ask to be connected to the nurses' station in ICU. It will help to have the room number, too, but not critical.
- Depending on how busy the unit is when you call, it may take a while for someone to answer. Remember, it is the ICU. Introduce yourself to the person answering and explain your relationship to the patient. *"Hi, this is Nancy Drew, my daughter is Diane Drew, in Room 15. If she's available, I'd like to speak with her nurse."*
- If you are told that the nurse is not available, which often is true, ask to speak with the ICU Charge Nurse. This nurse is overseeing the unit for the shift and typically does not have a patient assignment which means they're more available to talk to you.
- When the charge nurse picks up, explain who you are, your relationship to the patient and why you're calling. Some hospitals require a code or password before they will share any clinical information. Make sure you have that before you call.
- Ask for a clinical update. If the charge nurse can't answer specific questions, she will be able to speak with the nurse who's caring for your loved one and get back on the phone to tell you the answer.
- Don't forget to ask about their routine communication protocol, when can you expect a call, is there an iPad in the unit that can be used to Facetime with your loved one (if they are sedated, it may not be possible), ask when that can happen. If you don't have an iPhone, check into an app called Duo for Android phones.
- While a frightening topic to bring up, if you can, ask about the hospital's visitation policy at end of life. Even with COVID restrictions, if a patient is dying, some visitors may be allowed. It will help to be prepared.

#### **Your Loved One is Admitted or Transferred to a Medical Floor or a Rehab Facility**

- When your loved one is in the hospital and has their cell phone and can talk to you, great. But if you still want to talk to their nurse to get a clinical update, it still may be challenging.



**Click Here to  
Get More Information  
about COVID Vaccines  
in Your Area**

- If your loved one doesn't have their cell phone, you can still try calling their room by calling the main hospital number and asking to be transferred into their room.
- If you do get transferred, and no one answers, don't despair. There may not be a phone in the room, it may be broken, or if it is there and working, it may not be within reach. The patient may be sitting out of bed in the chair and the phone is across the room. Or maybe they're having a test and are not in the room.
- Call back to the main hospital number and ask to be transferred to the nurses' station. Ask the unit clerk, or whoever answers the phone, "Can you go into Room xxx and be sure she can reach the phone?"
- Don't assume that your loved one will know the details you may want to know. If you want to get an update on their clinical status, call the nurses' station and ask for their nurse.

If you are still unable to get the information you need by trying these tips, don't be afraid to call the main hospital number---at any time, 24/7---and asking the Operator to page the House Supervisor. This is usually a nursing supervisor whose job it is to manage the 'house.' We hope it doesn't come to that, but explain your frustration and ask for help.

**Know That You Have a Right to Know  
How Your Loved One is Doing. Stay Calm,  
Be Polite and Be Persistent.**

*And if all else fails, give us a call.*

Lighting your way  
through the  
healthcare maze.®

**Guardian Nurses Healthcare Advocates**

215-836-0260 | Toll Free 888-836-0260

[info@guardiannurses.com](mailto:info@guardiannurses.com) | [GuardianNurses.com](http://GuardianNurses.com)



# SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND BILLS LIST

Confirmation of Payment

DECEMBER 2020

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

BE IT RESOLVED that the Southern Coastal Regional Employee Benefits 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 2020**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001723			
001723	AETNA HEALTH MANAGEMENT LLC	MEDICARE ADVTG 12/20	33,701.66
			<b>33,701.66</b>
001724			
001724	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 4/20 (OVERDUE)	7,756.25
001724	SaveonSP LLC	CLAIMS ADMIN FEE - ESI - 10/20	7,166.00
			<b>14,922.25</b>
001725			
001725	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 12/20	480.48
			<b>480.48</b>
001726			
001726	AETNA LIFE INSURANCE COMPANY	VISION TPA 12/20	396.76
001726	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 12/20	160,798.41
			<b>161,195.17</b>
001727			
001727	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/20	-1,343.75
001727	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/20	47,751.50
			<b>46,407.75</b>
001728			
001728	PERMA	POSTAGE 11/20	8.40
001728	PERMA	ADMIN FEES - MEDICAL 12/20	96,075.76
			<b>96,084.16</b>
001729			
001729	ALLEN ASSOCIATES	BROKER FEE 12/20	146,220.53
			<b>146,220.53</b>
001730			
001730	SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEE 12/20	177,382.17
			<b>177,382.17</b>
001731			
001731	SHARED HEALTH ALLIANCE	GUARDIAN NURSE SERVICE FEE 12/20	35,000.00
			<b>35,000.00</b>
001732			
001732	MARMERO LAW, LLC	LEGAL SERVICES 9/20	67.50
001732	MARMERO LAW, LLC	LEGAL SERVICES 9/20	67.50
001732	MARMERO LAW, LLC	LEGAL SERVICES 11/20	135.00
001732	MARMERO LAW, LLC	LEGAL SERVICES 11/20	270.00
001732	MARMERO LAW, LLC	LEGAL SERVICES 10/20	45.00
001732	MARMERO LAW, LLC	PROFESSIONAL FEES 11/20	2,548.50
001732	MARMERO LAW, LLC	LEGAL SERVICES 10/20	45.00
001732	MARMERO LAW, LLC	LEGAL SERVICES 9/20	67.50
001732	MARMERO LAW, LLC	LEGAL SERVICES 9/20	67.50
001732	MARMERO LAW, LLC	LEGAL SERVICES 9/20	67.50
			<b>3,381.00</b>
001733			
001733	ALLSTATE INFORMATION MANAGEMNT	ACCT#963 - ARC & STOR - 10.31.20	8.38
			<b>8.38</b>
001734			
001734	PRESS OF ATLANTIC CITY	BALANCE FORWARD 11/20	16.80
001734	PRESS OF ATLANTIC CITY	ACCT#8006196 - AD - 11.5.20	13.44
			<b>30.24</b>
001735			
001735	MUNICIPAL REINSURANCE HIF	REINSURANCE 12/20	244,498.46
			<b>244,498.46</b>
		<b>Total Payments FY 2020</b>	<b>959,312.25</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>959,312.25</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer



# SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

## DIVIDEND BILLS LIST

Confirmation of Payment

DECEMBER 2020

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

**BE IT RESOLVED** that the Southern Coastal Regional Employee Benefits Fund's Executive Board, hereby authorizes the Fund treasurer to issue warrants in payment of the following claims; and

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

**FUND YEAR CLOSED**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001736			
001736	WOODBINE BOE	DIVIDENDS 12/20 - CY	3,705.00
001736	WOODBINE BOE	DIVIDENDS 12/20 - 2019	16,455.00
			<b>20,160.00</b>
001737			
001737	MIDDLE TOWNSHIP	DIVIDENDS 12/20 - CY	115,685.00
001737	MIDDLE TOWNSHIP	DIVIDENDS 12/20 - 2019	13,512.00
			<b>129,197.00</b>
001738			
001738	CUMBERLAND COUNTY IMPROVEMENT AUTH	DIVIDENDS 12/20 - CY	19,761.00
001738	CUMBERLAND COUNTY IMPROVEMENT AUTH	DIVIDENDS 12/20 - 2019	32,573.00
			<b>52,334.00</b>
001739			
001739	BRIDGETON PUBLIC CHARTER SCHOOL	DIVIDENDS 12/20 - CY	506.00
			<b>506.00</b>
001740			
001740	MILLVILLE PUBLIC CHARTER SCHOOL	DIVIDENDS 12/20 - CY	4,339.00
			<b>4,339.00</b>
001741			
001741	VINELAND PUBLIC CHARTER SCHOOL	DIVIDENDS 12/20 - CY	3,141.00
			<b>3,141.00</b>
001742			
001742	BRIGANTINE CITY	DIVIDENDS 12/20 - CY	60,449.00
001742	BRIGANTINE CITY	DIVIDENDS 12/20 - 2019	61,697.00
			<b>122,146.00</b>
001743			
001743	WATERFORD TOWNSHIP BOE	DIVIDENDS 12/20 - CY	32,417.00
001743	WATERFORD TOWNSHIP BOE	DIVIDENDS 12/20 - 2019	74,900.00
			<b>107,317.00</b>
001744			
001744	SALEM COUNTY	DIVIDENDS 12/20 - CY	135,845.00
001744	SALEM COUNTY	DIVIDENDS 12/20 - 2019	282,024.00
			<b>417,869.00</b>

001745			
001745	CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	DIVIDENDS 12/20 - CY	55,552.00
001745	CUMBERLAND COUNTY TECHNICAL EDUCATION CENTER	DIVIDENDS 12/20 - 2019	43,808.00
			<b>99,360.00</b>
001746			
001746	COMMERCIAL TOWNSHIP BOE	DIVIDENDS 12/20 - CY	52,154.00
001746	COMMERCIAL TOWNSHIP BOE	DIVIDENDS 12/20 - 2019	19,842.00
			<b>71,996.00</b>
001747			
001747	HOPEWELL BOE	DIVIDENDS 12/20 - CY	41,055.00
001747	HOPEWELL BOE	DIVIDENDS 12/20 - 2019	22,653.00
			<b>63,708.00</b>
001748			
001748	WEST CAPE MAY BOE	DIVIDENDS 12/20 - CY	2,904.00
001748	WEST CAPE MAY BOE	DIVIDENDS 12/20 - 2019	3,408.00
			<b>6,312.00</b>
001749			
001749	CUMBERLAND COUNTY CHARTER SCHOOL NETWORK	DIVIDENDS 12/20 - CY	21,312.00
001749	CUMBERLAND COUNTY CHARTER SCHOOL NETWORK	DIVIDENDS 12/20 - 2019	21,615.00
			<b>42,927.00</b>
		<b>Total Payments FY CLOSED</b>	<b>1,141,312.00</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,141,312.00</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
SUPPLEMENTAL BILLS LIST**

**Confirmation of Payment**

**DECEMBER 2020**

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

**BE IT RESOLVED** that the Southern Coastal Regional Employee Benefits 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 2020**

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
✓001750			
✓001750	VERRILL & VERRILL, LLC	DEPUTY TREASURER 12/20	982.16
			<b>982.16</b>
✓001751			
✓001751	MICHAEL S. ZAMBITO	TREASURER 12/20	654.75
			<b>654.75</b>
		<b>Total Payments FY 2020</b>	<b>1,636.91</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>1,636.91</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer

# SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

## BILLS LIST

Resolution No. 13-21

JANUARY 2021

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

**BE IT RESOLVED** that the Southern Coastal Regional Employee Benefits 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 2020

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001752			
001752	PERMA	POSTAGE 12/20	16.50
			<b>16.50</b>
001753			
001753	MARMERO LAW, LLC	LEGAL SERVICES 12/20	112.50
			<b>112.50</b>
001754			
001754	ALLSTATE INFORMATION MANAGEMNT	ACCT#963 - ARC & STOR - 12.31.20	8.38
001754	ALLSTATE INFORMATION MANAGEMNT	ACCT#963 - ARC & STOR - 11.30.20	8.38
			<b>16.76</b>
		<b>Total Payments FY 2020</b>	<b>145.76</b>

### FUND YEAR 2021

<u>CheckNumber</u>	<u>VendorName</u>	<u>Comment</u>	<u>InvoiceAmount</u>
001755			
001755	DELTA DENTAL OF NEW JERSEY INC	DENTAL TPA 1/21	477.36
			<b>477.36</b>
001756			
001756	AETNA LIFE INSURANCE COMPANY	VISION TPA 1/21	333.06
001756	AETNA LIFE INSURANCE COMPANY	MEDICAL TPA 1/21	153,788.16
			<b>154,121.22</b>
001757			
001757	AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 1/21	-1,628.75
001757	AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 1/21	57,879.26
			<b>56,250.51</b>
001758			
001758	PERMA	ADMIN FEES - MEDICAL 1/21	101,799.07
			<b>101,799.07</b>
001759			
001759	ACTUARIAL SOLUTIONS, LLC	ACTUARY FEE - 1ST QUARTER 2021	9,146.75
			<b>9,146.75</b>
001760			
001760	ALLEN ASSOCIATES	BROKER FEE 1/21	156,725.97
			<b>156,725.97</b>
001761			
001761	VERRILL & VERRILL, LLC	DEPUTY TREASURER 1/21	1,001.81
			<b>1,001.81</b>
001762			
001762	MICHAEL S. ZAMBITO	TREASURER 1/21	667.85
			<b>667.85</b>
001763			
001763	SHARED HEALTH ALLIANCE	GUARDIAN NURSE SERVICE FEE 1/21	35,000.00
			<b>35,000.00</b>

001764			
001764	SHARED HEALTH ALLIANCE	PROGRAM MANAGER 1/21	188,139.61
			<b>188,139.61</b>
001765			
001765	MARMERO LAW, LLC	ATTORNEY FEE 1/21	2,125.00
			<b>2,125.00</b>
001766			
001766	MGL PRINTING SOLUTIONS	CHECKS 12.30.20	208.00
			<b>208.00</b>
001767			
001767	MUNICIPAL REINSURANCE HIF	REINSURANCE 1/21	218,627.19
			<b>218,627.19</b>
		<b>Total Payments FY 2021</b>	<b>924,290.34</b>
		<b>TOTAL PAYMENTS ALL FUND YEARS</b>	<b>924,436.10</b>

\_\_\_\_\_  
Chairperson

Attest:

Dated: \_\_\_\_\_

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

\_\_\_\_\_  
Treasurer

CERTIFICATION AND RECONCILIATION OF CLAIMS PAYMENTS AND RECOVERIES									
COASTAL HEALTH BENEFITS FUND									
Month		December							
Current Fund Year		2020							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy		Calc. Net	Monthly	Monthly	Calc. Net	TPA Net	Variance	Delinquent	Change
Year	Coverage	Paid Thru	Net Paid	Recoveries	Paid Thru	Paid Thru	To Be	Unreconciled	This
		Last Month	December	December	December	December	Reconciled	Variance From	Month
2020	Medical	69,447,076.65	7,469,163.39	0.00	76,916,240.04	0.00	76,916,240.04	69,447,076.65	7,469,163.39
	Dental	68,134.64	3,087.65	0.00	71,222.29	0.00	71,222.29	68,134.64	3,087.65
	Rx	3,692,706.46	341,332.72	0.00	4,034,039.18	0.00	4,034,039.18	3,692,706.46	341,332.72
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	73,207,917.75	7,813,583.76	0.00	81,021,501.51	0.00	81,021,501.51	73,207,917.75	7,813,583.76

COASTAL HEALTH BENEFITS FUND										
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED										
<b>Current Fund Year: 2020</b>										
<b>Month Ending: December</b>										
	<b>Medical</b>	<b>Dental</b>	<b>Rx</b>	<b>Vision</b>	<b>Med.Adv</b>	<b>Reinsurance</b>	<b>Dividend Payable</b>	<b>LFC</b>	<b>Admin</b>	<b>TO TAL</b>
OPEN BALANCE	39,223,906.86	125,907.40	(1,128,836.50)	210,400.43	896,417.57	277,841.49	618,213.73	1,111,411.38	4,015,458.60	45,350,720.96
RECEIPTS										
Assessments	8,197,950.60	12,538.50	267,308.00	6,344.11	38,507.49	282,612.83	0.00	65,537.63	895,743.84	9,766,543.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	21,430.97	68.80	89.27	114.96	489.78	194.57	337.77	607.25	2,193.95	25,527.32
Invest Adj	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01
Subtotal Invest	21,430.98	68.80	89.27	114.96	489.78	194.57	337.77	607.25	2,193.95	25,527.33
Other *	24,466.28	0.00	170,092.87	0.00	0.00	0.00	0.00	0.00	0.00	194,559.15
TOTAL	8,243,847.86	12,607.30	437,490.14	6,459.07	38,997.27	282,807.40	337.77	66,144.88	897,937.79	9,986,629.48
EXPENSES										
Claims Transfers	7,469,163.39	3,087.65	341,332.72	0.00	0.00	0.00	0.00	0.00	0.00	7,813,583.76
Expenses	1,175,013.66	0.00	14,922.25	0.00	0.00	244,498.46	0.00	0.00	667,826.79	2,102,261.16
Other *	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	8,644,177.05	3,087.65	356,254.97	0.00	0.00	244,498.46	0.00	0.00	667,826.79	9,915,844.92
END BALANCE	38,823,577.67	135,427.05	(1,047,601.33)	216,859.50	935,414.84	316,150.43	618,551.50	1,177,556.26	4,245,569.60	45,421,505.52

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS								
COASTAL HEALTH BENEFITS FUND								
ALL FUND YEARS COMBINED								
CURRENT MONTH	December							
CURRENT FUND YEAR	2020							
Description:		Investors Bank	OceanFirst Investment Account	OceanFirst Operating Account	Republic Bank Investment Account	Wilmington Trust Investment Account	William Penn Bank Investment Account	NJ Cash Management Investment Account
ID Number:								
Maturity (Yrs)								
Purchase Yield:		0.50	0.35	0.35	0.75	0.01	1.00	0.05
TOTAL for All Accts & instruments								
Opening Cash & Investment Balance	\$45,350,720.99	\$10,001,936.67	\$ 4,781,308.47	\$ 2,270,758.28	\$25,757,215.90	\$ 11,603.47	\$ 2,513,747.00	\$ 14,151.20
Opening Interest Accrual Balance	\$0.13	\$ -	\$ -	\$ -	\$ -	\$ 0.13	\$ -	\$ -
1	Interest Accrued and/or Interest Cost	\$0.11	\$0.00	\$0.00	\$0.00	\$0.11	\$0.00	\$0.00
2	Interest Accrued - discounted Instr.s	\$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
4	Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5	Interest Paid - Cash Instr.s	\$25,527.17	\$4,236.59	\$1,417.61	\$1,333.49	\$16,403.87	\$0.00	\$2,134.96
6	Interest Paid - Term Instr.s	\$0.13	\$0.00	\$0.00	\$0.00	\$0.13	\$0.00	\$0.00
7	Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	Net Investment Income	\$25,527.28	\$4,236.59	\$1,417.61	\$1,333.49	\$16,403.87	\$0.11	\$2,134.96
9	Deposits - Purchases	\$9,961,102.15	\$0.00	\$0.00	\$9,841,381.15	\$119,721.00	\$0.00	\$0.00
10	(Withdrawals - Sales)	-\$9,915,844.92	\$0.00	\$0.00	-\$9,915,844.92	\$0.00	\$0.00	\$0.00
		OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$45,421,505.52	\$10,006,173.26	\$4,782,726.08	\$2,197,628.00	\$25,893,340.77	\$11,603.60	\$2,515,881.96	\$14,151.85
Ending Interest Accrual Balance	\$0.11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.11	\$0.00	\$0.00
Plus Outstanding Checks	\$1,739,295.30	\$0.00	\$0.00	\$1,739,295.30	\$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
Balance per Bank	\$47,160,800.82	\$10,006,173.26	\$4,782,726.08	\$3,936,923.30	\$25,893,340.77	\$11,603.60	\$2,515,881.96	\$14,151.85





## **SOUTHERN COASTAL HEALTH INSURANCE FUND**

### **Monthly Claim Activity Report**

**January 25, 2021**



## SOUTHERN COASTAL HEALTH INSURANCE FUND

	<b>MEDICAL CLAIMS + CAP PAID 2019</b>	<b># OF EES</b>	<b>PER EE</b>		<b>MEDICAL CLAIMS + CAP PAID 2020</b>	<b># OF EES</b>	<b>PER EE</b>
JANUARY	\$4,926,862	3,587	\$ 1,374		\$4,993,107	3,699	\$ 1,350
FEBRUARY	\$4,595,188	3,581	\$ 1,283		\$5,105,069	3,702	\$ 1,379
MARCH	\$5,596,473	3,577	\$ 1,565		\$6,782,942	3,709	\$ 1,829
APRIL	\$5,713,900	3,571	\$ 1,600		\$4,280,841	3,708	\$ 1,154
MAY	\$5,700,528	3,565	\$ 1,599		\$3,483,544	3,721	\$ 936
JUNE	\$5,202,054	3,567	\$ 1,458		\$4,251,528	3,706	\$ 1,147
JULY	\$5,767,174	3,776	\$ 1,527		\$5,389,393	3,686	\$ 1,462
AUGUST	\$5,867,852	3,749	\$ 1,565		\$5,108,502	3,687	\$ 1,386
SEPTEMBER	\$5,468,466	3,715	\$ 1,472		\$6,344,568	3,695	\$ 1,717
OCTOBER	\$5,519,704	3,698	\$ 1,493		\$6,182,409	3,704	\$ 1,669
NOVEMBER	\$5,444,012	3,692	\$ 1,475		\$5,855,044	3,698	\$ 1,583
DECEMBER	\$5,615,746	3,698	\$ 1,519				
<b>TOTALS</b>	<b>\$65,417,959</b>				<b>\$57,776,947</b>		
					<b>2020 Average</b>	<b>3,701</b>	<b>\$ 1,419</b>
					<b>2019 Average</b>	<b>3,648</b>	<b>\$ 1,494</b>

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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	10/01/2020 - 10/31/2020
<b>Customer:</b>	<b>SOUTHERN COASTAL HEALTH INSURANCE FUND</b>	<b>Service Dates:</b>	01/01/2016 - 10/31/2020
<b>Group / Control:</b>	00108431,00737420,00737421	<b>Line of Business:</b>	All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$542,429.00	\$244,201.91	NONTRAUMATIC SUBARACHNOID
	\$209,312.13	\$116,151.22	SPONDYLOLISTHESIS, LUMBAR REGION
	\$167,556.53	\$109,165.58	MULTIPLE SCLEROSIS
<b>TOTAL:</b>	<b>\$919,297.66</b>	<b>\$469,518.71</b>	

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IMPORTANT: Aetna makes no representation or warranty of any kind, whether express or implied, with respect to the information in this report and cannot guarantee

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

<b>Plan Sponsor Unique ID :</b>	All	<b>Paid Dates:</b>	11/01/2020 - 11/30/2020
<b>Customer:</b>	SOUTHERN COASTAL HEALTH INSURANCE FUND	<b>Service Dates:</b>	01/01/2016 - 11/30/2020
<b>Group / Control:</b>	00108431,00737420,00737421	<b>Line of Business:</b>	All

	Billed Amt	Paid Amt	Diagnosis/Treatment
	\$234,422.71	\$145,696.93	PSEUDARTHROSIS AFTER FUSION OR ARTHRODESIS
	\$250,130.08	\$108,616.17	ATHEROSCLEROTIC HEART DISEASE OF NATIVE
<b>TOTAL:</b>	<b>\$484,552.79</b>	<b>\$254,313.10</b>	

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## Southern Coastal Health Insurance Fund

12/1/2020 through 11/30/20 (unless otherwise noted)

### Medical Claims Paid: Jan 2020 – November 2020

Total Medical Paid per EE: **\$1,419**

### Network Discounts

Inpatient: **65.1%**  
Ambulatory: **64.6%**  
Physician/Other: **62.3%**  
**TOTAL: 63.8%**

### Provider Network

% Admissions In-Network: **98.4%**  
% Physician Office in network: **97.6%**

**Aetna Book of Business:**  
Admissions 98.3%; Physician 90.3%

### Top Facilities Utilized (by total Medical Spend)

- Inspira – Vineland
- Cooper Hospital
- University of Pennsylvania
- Virtua – West Jersey
- Inspira Medical Center Elmer

### Catastrophic Claim Impact (Jan- NOV 2020)

Number of Claims Over \$50,000: **139**  
Claimants per 1000 members: **14.3**  
Avg. Paid per Claimant: **\$126,508**  
Percent of Total Paid: **37.1%**

- Aetna BOB- HCC account for an average of 39.6% of total Medical Cost

### Nurse Case Member Outreach: Through Q3 2020

Unique Members Identified: **213**  
Outreach Opportunities Identified: **251**  
Outreach in Progress: **25**

Completed Outreach: **224**  
Closed with Engagement: **68**  
Unable to Reach: **153**  
Member Declined: **3**

### Teladoc Activity: Jan – NOV 2020

Total Registrations: **391**  
Total Online Visits: **579**  
Total Net Claims Savings: **\$80,595**  
Total Visits w/ Rx: **395**

Member Satisfaction Rating / Avg.  
**80% - Outstanding, 18% - Good**

### Allentown Service Center Performance: Metrics thru NOV

#### Customer Service Performance

Call Quality: **98.3%**  
1st Call Resolution: **94.3%**  
Abandonment Rate: **1.6%**  
Avg. Speed of Answer: **36.1 sec**

#### Claims Performance

Financial Accuracy: **97.7**  
90% processed w/in: **7.5 days**  
95% processed w/in: **12.2 days**

#### Performance Goals

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

Financial Accuracy: **99%**

#### Turnaround Time

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

Proprietary





2020 Coastal HIF						2019 Coastal HIF					
	MEDICAL CLAIMS PAID 2020	TOTAL	# OF EES	PER EE			MEDICAL CLAIMS PAID 2019	# OF EES	PER EE		
JANUARY	\$ 1,013,249.33	\$ 1,013,249.33	1,091	\$ 928.72		JANUARY	\$ 2,440,868.12	1381	\$ 1,767.46		
FEBRUARY	\$ 1,409,771.76	\$ 1,409,771.76	1,085	\$ 1,299.32		FEBRUARY	\$ 1,801,280.41	1,372	\$ 1,312.88		
MARCH	\$ 1,694,650.65	\$ 1,694,650.65	1,087	\$ 1,559.01		MARCH	\$ 1,264,454.42	1,240	\$ 1,019.72		
APRIL	\$ 1,976,306.64	\$ 1,976,306.64	1,085	\$ 1,821.48		APRIL	\$ 1,524,725.75	1,240	\$ 1,230.60		
MAY	\$ 821,390.32	\$ 821,390.32	1,091	\$ 752.87		MAY	\$ 1,510,985.00	1,239	\$ 1,219.51		
JUNE	\$ 915,065.10	\$ 915,065.10	1,090	\$ 839.50		JUNE	\$ 1,210,741.00	1,238	\$ 977.98		
JULY	\$ 1,357,734.83	\$ 1,357,734.83	1,083	\$ 1,253.67		JULY	\$ 1,252,230.00	1,110	\$ 1,128.13		
AUGUST	\$ 1,862,063.24	\$ 1,862,063.24	1,080	\$ 1,724.13		AUGUST	\$ 1,536,931.00	1,094	\$ 1,404.87		
SEPTEMBER	\$ 1,123,308.69	\$1,123,308.69	1,091	\$ 1,029.61		SEPTEMBER	\$ 1,038,574.00	1,083	\$ 1,001.97		
OCTOBER	\$ 1,647,398.42	\$1,647,398.42	1,089	\$ 1,512.76		OCTOBER	\$ 1,629,048.00	1,081	\$ 1,555.00		
NOVEMBER	\$ 1,547,619.08	\$1,547,619.08	1,081	\$ 1,431.65		NOVEMBER	\$ 1,352,947.00	1,082	\$ 1,299.41		
DECEMBER	\$ 1,547,619.08	\$1,547,619.08	1,085	\$ 1,426.37		DECEMBER	\$ 2,184,500.00	1,095	\$ 2,043.97		
TOTALS	\$ 16,916,177.14					TOTALS	\$ 18,747,284.70				
		2020 Average	1,087	\$ 1,298.26							
		2019 Average	1336.166667	\$ 1,081.80							



**PLAN SPONSOR INFORMATION SERVICES**

**Large Claimant Report- Claims Over \$100,000**

**Group:**

## Coastal HIF

**Service Dates:**

—

<b>Paid Dates:</b>	12/1/20-12/31/20
--------------------	------------------

Line of Business: All


## Network Service

**ALL**

Product Line: All

Claimant		Relationship	Paid Amount	Diagnosis
Total				
1		Employee	\$ 256,738.84	Cancer Of Lymphatic And Hematopoietic Tissue
2		Employee	\$ 93,734.07	Anemia
			\$ 396,617.52	





Southern Coastal HIF

Paid Claims 01/01/2020-12/31/2020

Average payment per member per month 01/01-12/31/2019:	\$	531.69																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
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**COASTAL HIF - 0001703859**

**Claims Paid between 3/1/2020 and 1/19/2021**

COVID19 Claims currently are consider to be claims with Procedure codes

'U0001','U0002','G2023','G2024','87635','86328','86769','U0003','U0004','C9803','G2025','0202U','E0445','87426','0223U','0224U','86408','86409','0225U','0226U','86413','99072','0240U','0241U','87636','87637','87811','0001A','0002A','0011A','0012A','91300','91301','Q0239','M0239','87428','Q0243','M0243' or a Dx Code of

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
<1	5	10	\$270.43	\$27.04	\$0.78
1-5	42	64	\$9,628.68	\$150.45	\$5.04
6-18	130	236	\$66,908.31	\$283.51	\$10.45
19-25	103	240	\$38,284.80	\$159.52	\$11.09
26-39	224	517	\$125,291.81	\$242.34	\$20.73
40-64	418	886	\$334,503.77	\$377.54	\$27.44
65+	33	71	\$16,171.62	\$227.77	\$17.64
Unknown	0	0	\$0.00	\$0.00	\$0.00

REL TO INS	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Employee	446	918	\$309,009.89	\$336.61	\$25.36
Spouse	227	553	\$166,713.10	\$301.47	\$24.38
Dependent	276	553	\$115,336.43	\$208.56	\$9.42

GENDER	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
Female	542	1198	\$331,800.29	\$276.96	\$20.22
Male	407	826	\$259,259.13	\$313.87	\$17.45
Undisclosed	0	0	\$0.00	\$0.00	\$0.00

ST CD	CLAIMANT COUNT	CLAIM COUNT	NET PAY	COST PER CLAIM	COST PMPM
DE	3	7	\$1,069.66	\$152.81	\$6.52
NJ	940	2006	\$586,151.86	\$292.20	\$18.99
PA	4	7	\$2,821.84	\$403.12	\$32.43
SC	2	4	\$1,016.06	\$254.02	\$10.26

**Summary by Service Type - Outpatient and Professional Claims**

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

<b>SRVC TP DSC</b>	<b>CLAIMANT COUNT</b>	<b>CLAIM COUNT</b>	<b>NET PAY</b>	<b>COST PER CLAIM</b>	<b>COST PMPM</b>
Emergency Room	63	97	\$52,940.89	\$545.78	\$1.69
Emergency Room With Observation Bed	7	7	\$10,129.00	\$1,447.00	\$0.32
Observation Bed	2	2	\$3,772.00	\$1,886.00	\$0.12
Office Physician Visit	96	112	\$7,111.94	\$63.50	\$0.23
Other Physician Visit	15	16	\$3,856.75	\$241.05	\$0.12
Pathology (Laboratory)	708	1156	\$113,942.44	\$98.57	\$3.64
Telemedicine	62	69	\$5,893.48	\$85.41	\$0.19
Urgent Care	328	403	\$81,761.74	\$202.88	\$2.62

# **Inpatient Cost and Utilization by Age Band**

AGE BAND	CLAIMANT COUNT	CLAIM COUNT	ADM CNT	NET PAY	ADM PER 1000	COST PER ADM	COST PMPM	AVG LOS
<1	0	0	0	\$0.00	0	\$0.00	\$0.00	0
1-5	0	0	0	\$0.00	0	\$0.00	\$0.00	0
6-18	2	2	2	\$8,567.00	3.6	\$4,283.50	\$1.34	2
19-25	0	0	0	\$0.00	0	\$0.00	\$0.00	0
26-39	1	1	1	\$18,554.00	2.4	\$18,554.00	\$3.07	2
40-64	4	5	4	\$164,807.29	3.6	\$41,201.82	\$13.52	6
65+	0	0	0	\$0.00	0	\$0.00	\$0.00	0
Unknown	0	0	0	\$0.00	0	\$0.00	\$0.00	0

**TOP PROVIDERS(TOP 25 BY NET PAYMENT)**

<b>PROVIDER NAME</b>	<b>CLAIMANT COUNT</b>	<b>CLAIM COUNT</b>	<b>NET PAY</b>	<b>COST PER CLAIM</b>	<b>COST PMPM</b>
Atlanticare Regional Medical Center	10	10	\$76,313.79	\$7,631.38	\$2.44
SHORE MEDICAL CENTER	11	12	\$66,668.31	\$5,555.69	\$2.13
Labcorp Raritan	364	466	\$42,530.18	\$91.27	\$1.36
CAPE REGIONAL MEDICAL CENTER	42	53	\$34,382.52	\$648.73	\$1.10
Cooper University Hospital	20	25	\$34,228.11	\$1,369.12	\$1.09
Inspira Medical Center Mullica Hill	31	32	\$30,428.60	\$950.89	\$0.97
CAPE REGIONAL URGENT CARE LLC	126	152	\$28,010.00	\$184.28	\$0.90
AtlantiCare Physician Group	70	93	\$24,585.66	\$264.36	\$0.79
PROHEALTH CARE ASSOC LLP	107	126	\$23,965.00	\$190.20	\$0.77
Hospital of the University of Pennsylvania	5	8	\$22,355.14	\$2,794.39	\$0.72
Salem Medical Center	77	89	\$18,064.72	\$202.97	\$0.58
Inspira Medical Center Elmer	8	9	\$15,261.25	\$1,695.69	\$0.49
Inspira Medical Center Vineland	30	32	\$14,870.70	\$464.71	\$0.48
TJUH - Methodist Hospital	2	2	\$14,224.40	\$7,112.20	\$0.45
Childrens Hospital of Philadelphia	11	12	\$10,118.06	\$843.17	\$0.32
Alfred I Dupont Institute	7	8	\$8,457.35	\$1,057.17	\$0.27
KENNEDY UNIVERSITY HOSPITAL GAC	16	17	\$8,320.80	\$489.46	\$0.27
Quest Diagnostics Inc	87	96	\$8,250.33	\$85.94	\$0.26
CAPE EMERGENCY PHYSICIANS PA	12	17	\$7,637.87	\$449.29	\$0.24
GENESIS LABORATORY MANAGEMENT	17	18	\$7,251.51	\$402.86	\$0.23
Alfred I Dupont Hospital for Children of the Nemours Foundation Deptford Surgery	1	1	\$7,097.42	\$7,097.42	\$0.23
Accu Reference Medical Lab	8	17	\$5,022.50	\$295.44	\$0.16
	4	9	\$4,948.55	\$549.84	\$0.16
Presbyterian Medical Center	6	12	\$4,835.00	\$402.92	\$0.15
Medical Diagnostic Laboratories LLC	4	17	\$4,030.00	\$237.06	\$0.13



**EXPRESS SCRIPTS®**

**Southern Coastal Health Insurance Fund**

Total Component/Date of Service (Month)	201901	201902	201903	2019Q1	201904	201905	201906	2019Q2	201907	201908	201909	2019Q3	201910	201911	201912	2019Q4	2019YTD
Average Member Age - 34.7																	
Membership	1,369	1,362	1,372	1,368	1,372	1,375	1,384	1,377	2,056	2,052	2,094	2,067	2,113	2,121	2,117	2,117	1,732
Total Days	51,613	46,090	49,444	147,147	48,443	49,833	47,717	145,993	71,666	72,376	69,110	213,152	77,042	72,506	74,979	224,527	730,819
Total Patients	558	534	545	860	521	513	502	812	761	755	722	1,189	774	771	793	1,209	1,638
Total Plan Cost	\$213,284	\$182,329	\$201,079	\$596,692	\$216,855	\$206,495	\$167,013	\$590,364	\$388,630	\$335,858	\$302,112	\$1,026,600	\$300,217	\$387,649	\$306,632	\$994,498	\$3,208,154
Generic Fill Rate (GFR) - Total	82.4%	82.4%	81.5%	82.1%	81.6%	82.1%	82.2%	82.0%	80.5%	81.4%	80.8%	80.9%	81.9%	81.0%	81.0%	81.3%	81.5%
Plan Cost PMPM	\$155.80	\$133.87	\$146.56	\$145.43	\$158.06	\$150.18	\$120.67	\$142.91	\$189.02	\$163.67	\$144.28	\$165.53	\$142.08	\$182.77	\$144.84	\$156.59	\$154.33
Total Specialty Plan Cost	\$81,965	\$56,133	\$63,782	\$201,880	\$90,407	\$69,973	\$61,796	\$222,176	\$218,698	\$149,060	\$130,872	\$498,631	\$114,411	\$201,457	\$102,834	\$418,702	\$1,341,388
Specialty % of Total Specialty Plan Cost	38.4%	30.8%	31.7%	33.8%	41.7%	33.9%	37.0%	37.6%	56.3%	44.4%	43.3%	48.6%	38.1%	52.0%	33.5%	42.1%	41.8%

Total Component/Date of Service (Month)	202001	202002	202003	2020Q1	202004	202005	202006	2020Q2	202007	202008	202009	2020Q3	202010	202011	202012	2020Q4	2020YTD
Average Member Age - 34.3																	
Membership	2,093	2,079	2,078	2,083	2,071	2,082	2,087	2,080	2,070	2,065	2,085	2,073	2,086	2,087	2,087	2,087	2,081
Total Days	80,650	70,969	84,634	236,253	73,902	68,861	69,785	212,548	73,495	71,054	69,771	214,320	68,347	67,944	76,710	213,001	876,122
Total Patients	845	787	792	1,267	678	650	696	1,056	699	736	688	1,115	672	668	701	1,077	1,599
Total Plan Cost	\$314,804	\$306,798	\$347,469	\$969,070	\$348,540	\$331,295	\$327,268	\$1,007,103	\$327,539	\$348,738	\$359,753	\$1,036,029	\$356,090	\$302,447	\$315,885	\$974,422	\$3,986,624
Generic Fill Rate (GFR) - Total	84.1%	83.6%	81.9%	83.2%	82.4%	81.6%	82.5%	82.2%	83.8%	81.6%	81.9%	82.4%	81.0%	82.5%	83.7%	82.4%	82.6%
Plan Cost PMPM	\$150.41	\$147.57	\$167.21	\$155.05	\$168.30	\$159.12	\$156.81	\$161.39	\$158.23	\$168.88	\$172.54	\$166.56	\$170.70	\$144.92	\$151.36	\$155.66	\$159.66
% Change Plan Cost PMPM	-3.5%	10.2%	14.1%	6.6%	6.5%	6.0%	29.9%	12.9%	-16.3%	3.2%	19.5%	0.6%	20.1%	-20.7%	-0.5%	-2.1%	2.9%
Total Specialty Plan Cost	\$151,257	\$127,773	\$127,263	\$406,293	\$172,799	\$184,866	\$158,504	\$516,169	\$171,805	\$169,710	\$175,119	\$516,634	\$197,266	\$139,082	\$113,157	\$449,505	\$1,888,601
Specialty % of Total Specialty Plan Cost	48.0%	41.6%	36.6%	41.9%	49.6%	55.8%	48.4%	51.3%	52.5%	48.7%	48.7%	49.9%	55.4%	46.0%	35.8%	46.1%	47.4%

PMPM	
Jan - Dec 2019	\$155.09
Jan - Dec 2020	\$159.66
Trend - Jan - Dec 2020	2.9%

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
CONSENT AGENDA  
JANUARY 25, 2021**

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

**Motion** \_\_\_\_\_ **Second** \_\_\_\_\_

Resolution 1-21: Professional Service Fees for 2021 .....	<b>Page 44</b>
Resolution 2-21 EUS Contract Award.....	<b>Page 47</b>
Resolution 3-21: Designation of Service of Process .....	<b>Page 52</b>
Resolution 4-21: Designation of Secretary as Custodian of Records .....	<b>Page 53</b>
Resolution 5-21: Designation of Official Newspaper .....	<b>Page 54</b>
Resolution 6-21: Designation of Regular Meeting Times and Place.....	<b>Page 55</b>
Resolution 7-21: Designation of Bank Depositories & CMP.....	<b>Page 57</b>
Resolution 8-21: Designation of Authorized Signatories .....	<b>Page 61</b>
Resolution 9-21: Approval of Risk Management Plan.....	<b>Page 62</b>
Resolution 10-21: Appointment of MRHIF Fund Commissioners .....	<b>Page 73</b>
Resolution 11-21: Establishing a plan for Compensating Producers .....	<b>Page 74</b>
Resolution 12-21: Authorizing Treasurer to Process Contracted Payments and Expenses .....	<b>Page 76</b>
Resolution 13-21: Approval of the December 2020 and January 2021 Bills Lists.....	<b>Page 77</b>



RESOLUTION NO. 1-21
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**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PROFESSIONALS AND AWARDING CONTRACTS  
FOR FUND YEAR 2021**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund is duly constituted as a Health Benefits Joint Insurance Fund and is subject to certain requirements of the Local Public Contracts Law and the Local Unit Pay-to-Play Law; and;

**WHEREAS**, Each of the business entities identified below with an contract value of \$17,500 per annum or more have submitted a Business Entity Disclosure Certification which certifies that they have not made reportable contributions to a political or candidate committee for the members of the Fund in the previous one year; and the contracts awarded herewith will contain a clause preventing such reportable contributions during the term of the contract;

**WHEREAS**, the Executive Committee of the Southern Coastal Regional Employee Benefits Fund has deemed it necessary and appropriate to obtain certain professional and other extraordinary and unspecifiable services and, therefore, to make certain appointments and to authorize certain contracts for Extraordinary and Unspecifiable Services so that the work of the FUND may continue;

**NOW THEREFORE BE IT RESOLVED** by the Executive Committee that the following appointments and contract awards be and are hereby made for 2021:

- I. **PERMA Risk Management Services as Administrator (as subsidiary of Conner Strong and Buckelew)**, is hereby appointed as **Executive Director** and as **agent for process of service**. \$19.50 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,160,989 has been appropriated in the Administrator Line Item of the 2021 budget.
- II. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$41.43 per employee, per month will be expended to the TPA. The estimated annual amount of \$1,832,035 has been appropriated in the Medical TPA Line Item of the 2021 budget.
- III. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$44.42 per medical employee, per month will be expended to the TPA, with the reduction of \$1.25 per employee, per month for wellness/marketing credit. The estimated annual amount of \$555,857 has been appropriated in the Medical TPA Line Item of the 2021 budget.
- IV. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.12 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$5,279 has been appropriated in the Dental TPA Line Item of the 2021 budget.

- V. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Fund Actuary**. The annual amount of \$36,587 has been appropriated in the Actuary Line Item of the 2021 budget.
- VI. **Marmero Law, LLC** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$25,500 has been appropriated in the Attorney Line Item of the 2021 budget. In addition the Fund Attorney will be paid \$225 an hour for plan document preparation in an amount not to exceed \$25,000.
- VII. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$19,788 has been appropriated in the Auditor Line Item of the 2021 budget.
- VIII. **Michael Zambito** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$8,801.20 has been appropriated in the Treasurer Line Item of the 2021 budget.
- IX. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$12,021.72 has been appropriated in the Treasurer Line Item of the 2021 budget.
- X. **Wilmington Trust**, is hereby appointed as the FUND's **Asset Manager** at a fee of 10 basis points.
- XI. **Shared Health Alliance** is hereby appointed as **Program Manager** the per employee, per month varies by member and is included in the chart below. In addition, the Program Manager will be paid \$35,000 a month for the subcontracted Guardian Nurse Program. The estimated annual amount of \$1,774,016 has been appropriated in the **Program Manager** Line Item of the 2021 budget.

Group Name	Program Manager Rates(per employee per month)
Alloway Township BOE	\$39.30
Bridgeton BOE	\$33.86
Brigantine City	\$38.24
Buena Regional BOE	\$38.56
Penns Grove	\$29.47
Pittsgrove Township	\$37.80
Cumberland County Charter School Network	\$24.03
Salem County	\$31.39
Upper Deerfield BOE	\$33.25
Cumberland County Improvement Authority	\$37.22
Cumberland County Technical Education Center	\$28.14
Cumberland Regional BOE	\$31.43
Dennis Township BOE	\$33.98
Downe Township BOE	\$35.49
Hopewell BOE	\$32.70
Lawrence Township BOE	\$32.80
Lower Cape May Regional School District	\$43.54
Lower Township BOE	\$37.71
Vineland BOE	\$40.25
Waterford Township BOE	\$44.97
Millville BOE	\$31.09
West Cape May BOE	\$36.01
Ocean City BOE	\$46.65
Woodbine BOE	\$36.38
Woodstown Borough	\$26.32

**BE IT FURTHER RESOLVED** that each of the above shall serve pursuant to a Professional Service Contract, which will be entered into and a copy of which will be on file in the Fund's office, located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054 ;

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**  
**ADOPTED: January 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 2-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
RESOLUTION AWARD OF CONTRACT  
EXTRAORDINARY, UNSPECIFIABLE SERVICES**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund (hereinafter “the Fund”) is duly constituted as an insurance Fund and is subject to certain requirements of the Local Public Contracts Law; and;

**WHEREAS**, the Executive Committee of the Fund has deemed it necessary and appropriate to obtain certain extraordinary and unspecifiable services; and

**WHEREAS**, the Executive Committee resolves to award a contract for certain Fund services in accordance with N.J.S.A 40A:11-5(l)(m), and has received a certification from the Administrator for the Fund on the nature of such services and the due diligence efforts that were made to obtain quotes for the coverages described herein;

**NOW, THEREFORE, BE IT RESOLVED** that the following insurance contracts be awarded for the periods of January 1, 2021 through December 31, 2021:

Medical Third Party Administrator – Aetna

Medical Third Party Administrator – AmeriHealth

Dental Third Party Administrator – Delta Dental

Medicare Advantage and Employer Group Waiver Program Provider – Aetna Medicare Advantage

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

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

**ADOPTED: January 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 25, 2021  
SUBJECT: This is a contract for selection of a Medical TPA

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 25, 2021  
SUBJECT: This is a contract for selection of a Medical TPA

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: AmeriHealth  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: One year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 25, 2021  
SUBJECT: This is a contract for selection of a Dental TPA

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Delta Dental  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepared/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical TPA services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

**1. Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management in accordance to member plan documents and Fund rules and regulations. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

**2. Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

**3. The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

**4. Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one year contract in lieu of an RFP process.

**5. I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_

**STANDARD CERTIFICATION DECLARATION FOR  
AN EXTRAORDINARY UNSPECIFIABLE SERVICE**

TO: Members of the Southern Coastal Regional Employee Benefits Fund  
FROM: Paul Laracy, PERMA Risk Management Services  
DATE: January 25, 2021  
SUBJECT: This is a contract for selection of a Medicare Advantage and Employer Group Waiver Program Provider

---

This is to request your approval of a resolution authorizing a contract to be executed as follows:

Firm: Aetna Medicare Advantage  
Cost: Not to exceed the budgeted amount based on the exposure as of the date the budget was prepare/adopted  
Duration: One Year (N.J.S.A. 40A:11-15(1)(6))  
Purpose: Provide Medical and Prescription Medicare provider services for the Southern Coastal Regional Employee Benefits Fund

This is to request an award of a contract without the receipt of formal bids as an Extraordinary Unspecifiable Service [N.J.S.A. 18A:18A-5(a)(ii) and N.J.A.C. 5:34-2.3(b)]. I do hereby certify to the following:

1. **Provide a clear description of the nature of the work to be done.**

The contractor will provide the day to day claims adjudication and management between the plan documents and Medicare rules. The coverage will be fully insured through Aetna where a premium is paid by the Fund for the service. This vendor was selected based upon cost and other factors, including but not limited to, the ability to provide coverage levels that meets or exceeds the current health care coverage.

2. **Describe in detail why the contract meets the provisions of the statute and rules:**

N.J.S.A. 40A:11-5(1)(m).

3. **The service(s) is of such a specialized and qualitative nature that the performance of the service(s) cannot be reasonably described by written specifications because:**

Not applicable.

4. **Describe the informal solicitation of quotations:**

The Contracts Committee reviewed the current contracts and through the guidance of the Fund Administrator and Program Manager, the Committee determined that the Fund's best option would be to negotiate a new one-year contract in lieu of an RFP process.

5. **I have reviewed the rules of the Division of Local Government Services pursuant to N.J.A.C. 5:34-2.1 et seq. and certify that the proposed contract may be considered an extraordinary unspecifiable service in accordance with the requirements thereof.**

Respectfully,

Name \_\_\_\_\_  
(Signature)

Title \_\_\_\_\_



**RESOLUTION NO. 3-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING  
PERMA RISK MANAGEMENT SERVICES  
AS AGENT FOR THE FUND  
FOR PROCESS OF SERVICE FOR THE YEAR 2021**

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that PERMA Risk Management Services is hereby appointed as agent for process of service upon the Fund, at its office located at 9 Campus Drive, Suite 216, Parsippany, NJ 07054, for the year 2021 or until its successor has be appointed and qualified.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

<b>RESOLUTION NO. 4-21</b>
----------------------------

**RESOLUTION OF THE SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING CUSTODIAN OF FUND RECORDS**

**BE IT RESOLVED** that \_\_\_\_\_ the Secretary of the Southern Coastal Regional Employee Benefits 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

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 5-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
DESIGNATING  
THE ATLANTIC CITY PRESS  
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2021**

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Atlantic City Press is hereby designated as the official newspaper for the Southern Coastal Regional Employee Benefits Fund for the year 2021 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**BE IT FURTHER RESOLVED** that in the case of special meetings or emergency meetings, the Secretary of the Southern Coastal Regional Employee Benefits Fund shall give notice of said meetings to the Atlantic City Press and the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**SOUTHERN COASTAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 6-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
FIXING PUBLIC MEETING DATES  
FOR THE YEAR 2021**

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

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

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

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

**NOW THEREFORE BE IT RESOLVED**, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold remote public meetings during the year 2021 while a declared State of Emergency exists on the dates and times set forth below and once State of Emergency no longer exists, at the following location:

March 22, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
May 24, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
July 26, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
September 20, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
October 25, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
November 22, 2021	Greenview Inn Eastlyn Golf Course	1:15 pm
January 24, 2022	Greenview Inn Eastlyn Golf Course	1:15 pm

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

**BE IT FURTHER RESOLVED** that the Secretary of the Fund is hereby directed to publish a copy of this Resolution in the Press of Atlantic City and listed on the Fund Website ([www.coastalhif.com](http://www.coastalhif.com))

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

## RESOLUTION NO. 7-21

### SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS AND ESTABLISHING CASH MANAGEMENT PLAN

**BE IT FURTHER RESOLVED** that the attached Cash and Investment Management Plan, which includes the designation of authorized depositories, be and is hereby adopted.

1.) *Cash Management and Investment Objectives*

The SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
(hereinafter referred to as the FUND) objectives in this area are:

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

2.) *Permissible Investments*

Investments shall be limited to the following:

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

- e.) Debt obligations of federal agencies or government corporations with maturities not greater than five (5) years from the date of purchase, excluding mortgage backed obligations, providing that such investments are purchased through the New Jersey Division of Investment and are consistent the Division's own investment guidelines, and providing that the investment a fixed rate of interest not dependent on any index or external factors.
- f.) Repurchase agreements of fully collateralized securities, subject to rules and conditions establish by the N.J. Department of Community Affairs.

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

3.) **Authorized Depositories**

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

Investors Bank  
Wilmington Trust  
Republic Bank  
Ocean First Bank  
William Penn Bank

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

4.) **Authority for Investment Management**

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

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

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

5.) **Preservation of Capital**

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

6.) *Safekeeping*

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

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

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

8.) *Reporting*

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

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

9.) *Audit*

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

10.) *Cash Flow Projections*

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

11.) *Cash Management*

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



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

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

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

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

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

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

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

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

<b>RESOLUTION NO. 8-21</b>
----------------------------

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
RESOLUTION DESIGNATING  
AUTHORIZED SIGNATURES FOR FUND BANK ACCOUNTS**

**BE IT RESOLVED** by the Southern Coastal Regional Employee Benefits Fund that all funds of the Southern Coastal Regional Employee Benefits 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.

- Chairman

- Secretary

Michael Zambito

- Treasurer

Kenneth Verrill/or Lorraine Verrill

- Deputy Treasurer (one but never both)

**BE IT FURTHER RESOLVED** that all checks must have the signature of at least one member of the Executive Committee (either the Chairman or Secretary).

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

<b>RESOLUTION 9-21</b>
------------------------

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**2021 RISK MANAGEMENT PLAN**

**BE IT RESOLVED** that the following shall be the Fund’s Risk Management Plan for the 2021 Fund year:

**1.) COVERAGE OFFERED**

- Medical

The medical plans offered by the Fund include standard “preferred provider organization”, “traditional”, “point of services”, and “health maintenance organization” plan designs. These plans have both in network and out of network benefits and are 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. The Fund will also offer Medicare Advantage programs. See Exhibit “A” for a list of provided coverage/plans.

- 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 are coordinated 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.) RISK RETAINED BY THE FUND**

The Fund takes no risk on Medicare Advantage and Employer Group Waiver Plan fully-insured policies purchased for Medicare retirees.

Pre-Medicare retirees and active employees and their dependents are covered by self-insured plans. Risk retained by the Fund for these plans is summarized as follows:

#### Medical and Prescription:

- **Specific Coverage:** The Fund self-insures for the first \$400,000 per person per agreement year and obtains reinsurance through its membership in the Municipal Reinsurance Health Insurance Fund “MRHIF” for claims in excess of its self-Insured Retention “SIR” to an unlimited maximum per person per contract period (incurred in 12 months paid in 24 months).
- **Aggregate Coverage:** The Fund does not purchase aggregate coverage and retains the risk for medical, prescription, dental and vision claims except those claims that may be reimbursed under its specific Coverage listed above.
- Specific Limit                      Unlimited
- Aggregate Limit                      Not applicable.
- Basis:                                      Incurred 12 months, paid 24 months.

Dental Aggregate Retention: None – Self-insured with all risk retained by Fund

Vision Aggregate Retention: None – Self-insured with all risk retained by Fund

Extra contractual claims are excluded from reinsurance coverage.

#### 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 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. These rates are used to compute the members’ monthly assessment based on the updated census, and monthly billings are mailed to the members approximately 15 days before the beginning of the month. The billing also includes the member’s updated census for verification each month by the local entity. Retroactive adjustments for enrollment changes are limited to 2 months. Former employees (COBRA, Conversion and some Retirees) are billed directly by the Fund.

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 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 choose to take such deferments shall advise the Fund Executive Director’s office in writing at least one month prior to taking the deferment

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

The Fund provides coverage on a self-insured basis, and secures excess insurance to cap the Funds' specific (i.e. per enrolled covered person per policy year) retention and aggregate 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 that is filed with the Department of Banking and Insurance in accordance with the applicable regulations. The MRHIF also purchases an aggregate excess insurance policy on behalf of the Fund and the other members.

**7.) REINSURANCE**

Reinsurance will be provided by the Fund obtaining membership in the Municipal Reinsurance Health Insurance Fund. Risk will be retained by the Fund in accordance with Section 3.) above.

**8.) THE INITIAL AND RENEWAL RATING METHODOLOGIES**

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

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

The actuary then recommends a relativity factor to either the Fund's base rates or to the rates being paid by the entity. This recommendation requires Fund approval before the prospective member is admitted to the Fund.

Rates for all members are adjusted at the beginning of each Fund year to reflect the new budget. The adjustment reflects the overall cash flow needs of the Fund, and actuarial factors needed to assure that individual entity rates reflect the risk profile of the member. The Fund may implement individual entity loss ratio adjustments based upon recommendations from the Fund actuary. The Fund may also adopt mid Fund year rate changes to reflect changes in plan design, participation in lines of coverage, 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 year period. Loss experience data used by the Fund to determine loss ratio adjustments will be made available twice per year to members at no additional cost. "Loss experience data" is defined as monthly claims and assessments for a three 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.

**9.) RATING PERIODS**

All rating periods for municipal members coincide with the Fund (calendar) year while rating periods for school members can either coincide with their fiscal year (July 1 to June 30) or the Fund year. The Fund offers school entities the option of either Fund year or fiscal year renewals.

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

Unless otherwise authorized as part of the offer of membership, where a member joins during a Fund year, the member's initial rates are only valid through the end of that Fund year or, for schools, fiscal year, at which time the rates are adjusted for all members to reflect the new budget. 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.

**11.) PROVISION FOR PPOs AND ALTERNATIVE PLAN DESIGNS**

The Fund offers employees the option of selecting various plans depending upon member bargaining agreements. Generally, it is the policy of the Fund to encourage selection of lower cost plan designs as opposed to traditional indemnity plans, and the Fund provides promotional material to assist members in employee communication programs concerning optional plan designs.

**12.) 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 open enrollment period in the fall or at other times designated by the Fund before the beginning of each calendar year during which they may switch between plan options. The changes shall be effective at the beginning of the Fund Year. Open enrollment periods shall be scheduled by the Fund at least yearly for each member and as is otherwise required to comply with plan document requirements and to effectuate plan design, network changes, and plan migrations.

**13.) 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 SHBC. 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.

**14.) DISCLOSURE OF BENEFIT LIMITS**

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

**15.) 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.

**16.) RETIREES**

The Fund duplicates 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.

**17.) 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 (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)."

**18.) PLAN DOCUMENT**

The Fund prepares a plan document and benefit plan booklets for each member local unit (or each employee bargaining group within a member local unit as the case may be), and an employee handbook provides a summary of the coverage provided by the plan. Each booklet (or certificate)

shall contain at least the following information and be provided to all covered employees within thirty (30) days of coverage being effective.

A.) General Information

- Enrollment procedures and eligibility;
- Dependent eligibility;
- When coverage begins;
- When coverage may be changed;
- When coverage ends;
- COBRA provisions;
- Conversion privileges; and
- Enrollment forms and instructions.

B.) Benefits

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

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

C.) Claims Procedures

- Submission of claim. In accordance with plan document.
- Proof of loss. In accordance with plan document
- Appeal procedures. Shall be in accordance with applicable law. See Plan Document and Fund Bylaws

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

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

**19.) BENEFITS CURRENTLY PROVIDED TO COVERED EMPLOYEES BY EACH MEMBER AND BENEFITS PROPOSED TO BE PROVIDED BY THE FUND.**

**SEE PLAN DOCUMENT OF EACH MEMBER ENTITY**

**20.) PROCEDURES FOR THE CLOSURE OF FUND YEARS**



Approximately six months after the end of a Fund 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. The Fund has determined that maintaining and retaining a surplus equal to two (2) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations. A member entity will be eligible to participate in the dividend provided that its pro rata share of the Fund's surplus account is greater than two (2) months of said member entity's projected claims expense (the "retention amount") and shall be paid from amounts in excess of the established retention amount.

Fully insured plans are not considered in surplus retention. Entities with only Medicare Advantage/Employer Group Waiver Programs are not included in closed year balance shares.

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 are computed and added to its existing balance in the Closed Fund Year/Contingency Account. Any member who has withdrawn from the Fund shall receive its remaining share of the Closed Fund Year/Contingency Account six years after the date of its withdrawal.

## **21.) MAXIMUM APPROVAL AMOUNT FOR CERTIFYING & APPROVING OFFICER**

1. The Fund Treasurer may issue checks or initiate wire transfers in payment of medical claims, as submitted by the third party administrator responsible for handling the Fund's medical 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 since the last report, detailing the nature and amount of the claim, the payee, the reasons supporting payment and any other pertinent information. This report shall be submitted to the Executive Committee of the Fund at their next scheduled meeting. The Executive Committee shall review and approve the actions of the certifying and approving officer. In the event a claim approved and paid by the certifying and approving officer is not approved by the Executive Committee, they shall direct appropriate action to be taken.

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

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

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

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

## **22.) "RUN-IN" or "RUN-OUT" 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 Executive Committee, 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 Executive Committee. The assessment shall be paid entirely within the Fund Year the member joined the Fund.

## **23.) CLAIM AUDIT**

The Fund retains a claim auditor experienced in auditing self-insured health plans. The audit will be conducted upon completion of the first Fund Year after the Fund's inception and at least once every three years thereafter. The Fund can conduct this audit on its own, or in a cooperative effort with other Funds through the Municipal Reinsurance Health Insurance Fund.

## **24.) AUTHORITY OF CLAIM APPEAL COMMITTEE AND INDEPENDENT REVIEW ORGANIZATIONS**

- The TPA shall initially review all appeals and shall prepare a memo summarizing the relevant facts and issues involved in the appeal.
- The TPA shall provide the Program Manager, Executive Director and the 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 Executive Committee 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 Executive Committee.
- 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 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 the IRO was assigned and date of the IRO's decision;

- (iii) references to the documentation/information considered;

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

- (v) a statement that the decision is binding on the claimant and the 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://www.state.nj.us/dobi/consumer.htm> e-mail address: [ombudsman@dobi.state.nj.us/](mailto:ombudsman@dobi.state.nj.us/)

## **25.) ENROLLMENTS AND TERMINATIONS PAST 60 DAYS**

Enrollments and terminations can be processed up to 60 days in the past. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the financial impact to the Fund. The Committee will approve/deny the request within 45 days.

## **26.) 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 1<sup>st</sup> and the 15<sup>th</sup> of the month, but will charge the member in the following month if an enrollment occurred between the 16<sup>th</sup> and the 31<sup>st</sup> of the month. If a member should term between the 1<sup>st</sup> and the 15<sup>th</sup> 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 16<sup>th</sup> and the 31<sup>st</sup> of the month.

## **27.) MEDICARE ADVANTAGE/EGWP ONLY**

The Fund may offer retiree coverage with a fully insured Medicare Advantage and/or Employer Group Waiver Program membership to an entity that does not have its active members in the Fund. The carrier will provide the Fund with a per employee, per month cost for a plan that matches equal to, or better to the current retiree plan. The Fund may add additional expenses to the price per employee. The entity would be required to sign an Indemnity and Trust agreement.

**ADOPTED: January 25, 2021**

**BY: \_\_\_\_\_**  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 10-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPOINTING OF FUND COMMISSIONER, ALTERNATE FUND COMMISSIONER AND  
SPECIAL COMMISSIONER TO THE MUNICIPAL REINSURANCE HEALTH INSURANCE  
FUND**

**WHEREAS,** The Southern Coastal Regional Employee Benefits Fund has agreed to join the Municipal Reinsurance Health Insurance Fund; and

**WHEREAS,** by virtue of the conditions of membership contained in the by-laws of the fund, the Southern Coastal Regional Employee Benefits Fund must appoint a Fund Commissioner, and an Alternate;

**NOW THEREFORE BE IT RESOLVED,** Southern Coastal Regional Employee Benefits Fund as follows:

1. That \_\_\_\_\_ is hereby appointed as Fund Commissioner.
2. That \_\_\_\_\_ is hereby appointed as Alternate.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 11-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
ESTABLISHING PLAN FOR COMPENSATING PRODUCERS LICENSED PURSUANT TO  
N.J.S.A. 17:22A-1 ET SEQ AND REPRESENTING MEMBER ENTITIES**

**WHEREAS,** The Southern Coastal Regional Employee Benefits Fund permits member entities that designate a producer or risk manager to represent them in dealings with the Fund through subcontracts with the Program Manager; and

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

**NOW THEREFORE BE IT RESOLVED,** that the Southern Coastal Regional Employee Benefits Fund establishes the following producer plan for 2021;

1. The Fund will include producer compensation in each entity's assessments using the compensation levels as disclosed to and approved by the member entity.
2. Each producer shall sub-contract with the Program Manager.
3. The following sub-producers with the designated compensation levels are approved for 2021:

Group Name	Subproducer	Broker Rates (per employee per month)
Bridgeton BOE	Allen Associates	\$33.76
Brigantine City	Brown & Brown Metro/Innovative Risk Solutions	\$37.93
Buena Regional BOE	Allen Associates	\$37.92
Cumberland County Charter School Network	Allen Associates	\$23.50
Cumberland County Improvement Authority	AR Fanucci	\$36.54
Cumberland County Technical Education Center	Allen Associates	\$28.01
Cumberland Regional BOE	Allen Associates	\$30.47
Dennis Township BOE	Integrity Consulting Group	\$30.15
Downe Township BOE	Allen Associates	\$17.75
Hopewell BOE	Allen Associates	\$32.45
Lawrence Township BOE	Conner Strong & Buckelew	\$32.08
Lower Cape May Regional School District	J Byrne Agency	\$43.08
Lower Township BOE	J Byrne Agency	\$37.71
Millville BOE	Allen Associates	\$30.89
Ocean City BOE	Brown & Brown Benefit Advisors	\$46.65
Penns Grove	Conner Strong & Buckelew	\$29.47
Pittsgrove Township	Hardenbergh Insurance	\$55.43
Salem County	Assured Partners	\$22.95
Upper Deerfield BOE	Allen Associates	\$32.92
Vineland BOE	Allen Associates	\$20.12
Waterford Township BOE	Cornerstone Insurance Group	\$68.15
West Cape May BOE	J Byrne Agency	\$35.68
Woodbine BOE	J Byrne Agency	\$36.38
Woodstown Borough	Allen Associates	\$17.30

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

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**



**RESOLUTION NO. 12-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
AUTHORIZING COMMISSION TREASURER TO PROCESS  
CONTRACTED PAYMENTS AND EXPENSES**

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

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

**BE IT RESOLVED** by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund Treasurer is hereby authorized to process the contracted payments and Fund expenses for all months in which the Fund does not meet during the year 2021.

**BE IT FURTHER RESOLVED** that the Executive Committee of the Southern Coastal Regional Employee Benefits Fund shall ratify the contracted payments and Fund expenses so paid by the Fund Treasurer pursuant to the Resolution at its next regularly scheduled monthly meeting.

**ADOPTED** by Southern Coastal Regional Employee Benefits Fund at a properly noticed meeting held on January 25, 2021.

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

**RESOLUTION NO. 13-21**

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND  
APPROVAL OF THE DECEMBER 2020 AND JANUARY 2021 BILLS LISTS**

**WHEREAS**, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **January 25, 2021** for the purposes of conducting the official business of the Fund; and

**WHEREAS**, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of December 2020 and January 2021 for consideration and approval of the Executive Committee; 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 December for all Fund Years for consideration and approval of the Executive Committee; and

**WHEREAS**, a quorum of the Executive Committee was present thereby conforming with the By-laws of the Fund to conduct official business of the Fund,

**NOW THEREFORE BE IT RESOLVED** the Commissioners of the Executive Committee of the Southern Coastal Regional Employee Benefits Fund hereby approve the Bills List for December 2020 and January 2021 prepared by the Treasurer of the Fund and duly authorize and concur said bills to be paid expeditiously, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

**NOW, THEREFORE BE IT FURTHER RESOLVED**, the Commissioners of the Executive Committee of the Southern Coastal Regional Employee Benefits Fund hereby approve the Treasurers 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 Municipal Health Insurance Funds.

**ADOPTED: JANUARY 25, 2021**

**BY:** \_\_\_\_\_  
**CHAIRPERSON**

**ATTEST:**

\_\_\_\_\_  
**SECRETARY**

# APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND**  
**OPEN MINUTES**  
**November 10, 2020 2020**  
**Zoom Meeting/Conference Call**  
**9:30 AM**

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Meeting of Executive Committee called to order by Chair Yacovelli Open Public Meetings notice read into record.

FLAG SALUTE

**ROLL CALL OF 2020 EXECUTIVE COMMITTEE:**

Pasquale Yacovelli - Chair	Buena Regional Board of Education	Present
Nicole Albanese - Secretary	Bridgeton Board of Education	Absent
Bruce Harbinson	Cumberland Regional Board of Education	Absent
Jerry Velazquez	Cumberland County Improvement Authority	Absent
Stephanie Kuntz	Hopewell Board of Education	Present
Richard Davidson	Millville Board of Education	Present
Gene Mercoli	Vineland Board of Education	Present

**ALTERNATES**

Paige Sharpe -Rumaker	Dennis Township Board of Education	Absent
Cherie Bratty	Upper Deerfield Board of Education	Absent

**PRESENT FUND PROFESSIONALS:**

Emily Koval, PERMA  
Karen Kamprath, PERMA  
Rich Allen, Shared Health Alliance  
Susan Dortu, Allen Associates  
Corey Allen, Allen Associates  
Dina Murray, Allen Associates  
Rick Allessandrini, Allen Associates  
Gerry Cowan, Allen Associates  
Ken Duffy, Integrity Consulting  
Robin Sambuco, Guardian Nueses  
Billie Jo Levengood, IRS Team  
Maggie Friel, Conner Strong & Buckelew  
Tracey Cappeci, Assured Partners  
Alysia Remaly, Marmero Law, LLC  
Carrie Specht, Assured Partners  
Christina Murphy, Cumberland County Charter School Network  
Joe Giambri, Pittsgrove

**APPROVAL OF MINUTES: OCTOBER 26, 2020 - Open**

## **MOTION TO APPROVE OPEN MINUTES OF OCTOBER 26, 2020**

Moved:	Commissioner Kuntz
Second:	Commissioner Davidson
Vote:	All in Favor

### **EXECUTIVE DIRECTORS REPORT**

#### **DIVIDEND DISCUSSION**

Executive Director said many of our School Board members have reached out to the Fund professionals in response to the financial impact of Chapter 44. As of September 30, 2021, the Fund surplus and dividend availability stands as below. She said to assist as many groups as possible and after discussing many different scenarios, the below \$6 million dividend illustration is being recommended which uses \$3 million from closed years and \$3 million from 2019 surplus. This allows for newer members to be included and maximizes the dividend for legacy members.

Commissioner Mercoli said he has concerns that the states rates vs. the HIF rates for the EAP plan are 30% apart. He said while this solutions works for this year are we going to reevaluate the HIF rates after this year? Mr. Allen said the health rates are about 8-10% apart and the rx is separate from that. Commissioner Mercoli said his concern is they will always need the dividend to replace the lost employee premium share, so the schools will have to start to reduce that amount of money that they expect from the employees. He said each individual district will have to deal with this differently. Ms. Koval said we will be reevaluating the EHP rates once we have 6 months to a year of experience under our belts. Commissioner Mercoli said we need to have a long term solution because the dividend will eventually run out.

#### **MOTION TO OPEN THE FLOOR FOR PUBLIC COMMENT ON THE DIVIDEND PROPOSAL:**

Moved:	Commissioner Mercoli
Second:	Commissioner Davidson
Vote:	All in Favor

Chair Yacovelli said he feels we are managing this as best and conservatively as we can and taking into account the future as best as we can.

#### **MOTION TO CLOSE THE FLOOR FOR PUBLIC COMMENT ON THE DIVIDEND PROPOSAL:**

Moved:	Commissioner Mercoli
Second:	Commissioner Kuntz
Vote:	All in Favor

<b>Southern Coastal HIF</b>	
<b>Surplus Objective</b>	<b>2.5 Months Target</b>
Annual Claims Budget	\$ 88,476,372
Trended for Growth @ 4%	\$ 92,015,427
Surplus Target	\$ 19,169,881
Surplus as of 9/30/2020	\$ 28,734,704
Available for Dividend	\$ 9,564,823

	<b>CY</b>	<b>2019</b>	<b>Total</b>
<b>\$6M Dividend as of 09/30/2020</b>	<b>3,000,000.00</b>	<b>3,000,000.00</b>	<b>6,000,000.00</b>
Bridgeton BOE	820,195.00	502,737.00	1,322,932.00
Bridgeton Public Charter School	506.00	-	506.00
Buena Regional BOE	159,413.00	125,549.00	284,962.00
City of Brigantine	60,449.00	61,697.00	122,146.00
Commercial Township BOE	52,154.00	19,842.00	71,996.00
Cumberland County Charter School Network	21,312.00	21,615.00	42,927.00
Cumberland County Improvement Authority	19,761.00	32,573.00	52,334.00
Cumberland County Technical Education Center	55,552.00	43,808.00	99,360.00
Cumberland Regional BOE	100,031.00	57,077.00	157,108.00
Dennis Township BOE	55,049.00	48,086.00	103,135.00
Hopewell BOE	41,055.00	22,653.00	63,708.00
Lawrence Township BOE	21,578.00	25,487.00	47,065.00
Lower Cape May Regional School District	130,417.00	104,588.00	235,005.00
Middle Township	115,685.00	13,512.00	129,197.00
Millville BOE	759,785.00	427,271.00	1,187,056.00
Millville Library	-	-	-
Millville Public Charter School	4,339.00	-	4,339.00
Pittsgrove Township	8,189.00	9,028.00	17,217.00
Upper Deerfield BOE	117,071.00	77,463.00	194,534.00
Vineland Public Charter School	3,141.00	-	3,141.00
West Cape May BOE	2,904.00	3,408.00	6,312.00
Woodbine BOE	3,705.00	16,455.00	20,160.00
Woodstown Borough	25,249.00	13,331.00	38,580.00
Vineland BOE	236,442.00	877,078.00	1,113,520.00
Borough of Penns Grove	4,502.00	17,042.00	21,544.00
Waterford Township BOE	32,417.00	74,900.00	107,317.00
Alloway Township BOE	13,253.00	25,931.00	39,184.00
Salem County	135,845.00	282,024.00	417,869.00
Ocean City BOE	-	96,842.00	96,842.00
	<b>2,999,999.00</b>	<b>2,999,997.00</b>	<b>5,999,996.00</b>

## OPEN PUBLIC MEETINGS ACT - REMOTE MEETING CHANGES

Executive Director said there were some updates the Open Public Meetings act to consider Zoom meetings. The following changes will be made effective the next public meeting. The Fund Attorney has reviewed and approves. Resolution 31-20 formalizes these changes.

1. Adopt via a resolution standard procedures and requirements for public comment (included in consent)

2. Prepare standard notice of meeting which is to contain clear & concise instructions for public access to the meeting, how to submit public comment and where the agenda/meeting documents can be found
3. Revise the annual meeting notice to state that due to the Governor's State of Emergency Declaration that meetings will be conducted as remote meetings until further notice;
4. Post copies of each meeting notice and the revised annual meeting notice on the Fund's website and on the door to the main public entrance of the municipality where the in person meeting would have been held & on the main handicapped access door;
5. Have a link on the meeting notice or on the Fund website near where the meeting notice is posted for the download of the meeting agenda by the public;
6. Prepare a standard form of announcement to be read at the beginning of each remote meeting that adequate & electronic notice of the remote meeting was provided, stating the time, place and manner in which the notice was provided.

### **WELLNESS GRANT APPROVAL**

Executive Director said there is 1 wellness grant for Vineland BOE in the amount of \$30,000 that has been approved by the Wellness Committee for approval effective January 1, 2021. Resolution 32 -20 approves the program.

### **MOTION TO APPROVE RESOLUTIONS 30-20, 31-20 AND 32-20:**

Moved:	Commissioner Mercoli
Second:	Commissioner Davidson
Vote:	4 Ayes, 0 Nays

Mr. Allen said Lower Township was approved on October 27<sup>th</sup> and will be joining as of 1/1/21.

### **MOTION TO OPEN PUBLIC COMMENT**

<b>MOTION:</b>	Commissioner Mercoli
<b>SECOND:</b>	Commissioner Albanese
<b>VOTE:</b>	All in Favor

**PUBLIC COMMENT:** None

### **MOTION TO CLOSE PUBLIC COMMENT**

<b>MOTION:</b>	Commissioner Mercoli
<b>SECOND:</b>	Commissioner Albanese
<b>VOTE:</b>	All in Favor

### **MOTION TO ADJOURN**

<b>MOTION:</b>	Commissioner Mercoli
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**SECOND:  
VOTE:**

Commissioner Albanese  
All in Favor

**MEETING ADJOURNED:** 10:00 am

**NEXT MEETING:** January 25, 2021  
Zoom Meeting/Conference Call  
1:15 pm