



AGENDA & REPORTS

JANUARY 27, 2025

12:30 PM

LOCATION:

THE GREENVIEW INN AT EASTLYN GOLF COURSE

4049 ITALIA AVE

VINELAND, NJ 08361

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

NOTICE OF THIS MEETING WAS GIVEN BY (1) SENDING SUFFICIENT NOTICE HEREWITH TO THE ATLANTIC CITY PRESS.

(2) FILING ADVANCE WRITTEN NOTICE OF THIS MEETING WITH THE CLERK/ADMINISTRATOR OF EACH MEMBER AND (3) POSTING A COPY OF THE MEETING NOTICE ON THE PUBLIC BULLETIN BOARD OF ALL MEMBER MUNICIPALITIES AND SCHOOL BOARDS

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA
MEETING: JANUARY 27, 2025
THE GREENVIEW INN AT EASTLYN GOLF COURSE, VINELAND NJ
12:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE

Richard Davidson, Chair
 Nicole Albanese, Secretary
 Jerry Velazquez, Executive Committee
 Megan Duffield, Executive Committee
 Laurie Ryan, Executive Committee
 Scott Musterel, Executive Committee
 Mark Mallet, Executive Committee
 Frank Badessa, Executive Committee Alternate
 Donna Phillips, Executive Committee Alternate
 Chris DeStratis, Executive Committee Alternate

APPROVAL OF MINUTES: October 28, 2024 Appendix I

ADJOURN SINE DIE MEETING

MEETING OF FUND COMMISSIONERS CALLED TO ORDER

ROLL CALL OF ALL FUND COMMISSIONERS

Group	Commissioner
Absceon, City of	Jessica Thompson
Alloway Twp BOE	Melanie Allen
Bridgeton BOE	Nicole Albanese
Buena Borough	Cindi Holland
Buena BOE	Donna Phillips
City of Brigantine	Mollye O'Neill
Cumberland, County of	Harold U. Johnson
Cumberland County Charter School Network	Dennis Zakroff
The Authority	Jerry Velasquez
CCTEC	Megan Duffield
Cumberland Regional BOE	Wayne Knight
Dennis Twp BOE	Teri Weeks
Downe Twp BOE	Lisa DiNovi
EHT Muni	Donna Markulic

Hopewell BOE	Lisa DiNovi
Lawrence Twp BOE	Lisa DiNovi
Longport, Borough of	Jenna Kelly
Lower Cape May Regional BOE	Mark Mallett
Lower Twp Elem BOE	Tricia Ryan
Margate, City of	David Elliot
Millville BOE	Richard Davidson
Ocean City BOE	Timothy Kelly
Penns Grove, Boro of	Tracy Marinaro
Penns Grove - Carneys Point BOE	Christopher DeStratis
Pittsgrove Twp	Charles Hughes
Salem County	Stacy Pennington
Upper Deerfield BOE	Frank Badessa
Upper Township BOE	Laurie Ryan
Vineland BOE	Scott Musterel
West Cape May BOE	John Thomas
Waterford Twp BOE	Dan Fox
Woodstown Boro	Kristin Nixon

ELECTION OF OFFICERS, EXECUTIVE COMMITTEE & ALTERNATES

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

Oath in Appendix

Nominating Committee Recommendation

Richard Davidson, Chair

Nicole Albanese, Secretary

Jerry Velazquez, Executive Committee

Megan Duffield, Executive Committee

Laurie Ryan, Executive Committee

Scott Musterel, Executive Committee

Mark Mallet, Executive Committee

Frank Badessa, Executive Committee Alternate

Donna Phillips, Executive Committee Alternate

Chris DeStratis, Executive Committee Alternate

MEETING OF EXECUTIVE COMMITTEE CALLED TO ORDER

ROLL CALL OF 2025 EXECUTIVE COMMITTEE

CORRESPONDENCE

PUBLIC COMMENT - Agenda Items Only

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EXECUTIVE DIRECTOR (PERMA)

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**Southern Coastal Regional Employee Benefits Fund
Executive Director's Report
January 27, 2025**

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – as of November 30, 2024 (page 5)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

2025 REORGANIZATION

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

Resolution 1-25 awards the contracts for 2025. All contracts match the RFPs and budget approved last year. This resolution will be advertised as per the public contract law.

Resolution 2-25 designates PERMA as the agent for the Fund to process of service.

Resolution 3-25 designates the elected Secretary as the Custodian of Fund Records. All records are retained at the Administrator's office and handle all OPRA request on behalf of the Secretary

Resolution 4-25 designates the Press of Atlantic City as the Official Fund Newspaper.

Resolution 5-25 sets meeting dates and times which will be posted on each entity's public bulletin board.

Resolution 6-25 sets for the Cash Management Plan and bank depositories for 2025. The Cash Management Plan is a standard banking and investment policy and procedure that is used in other Joint Insurance Funds

Resolution 7-25 designates authorized signatories for Fund bank accounts.

Resolution 8-25 is the 2025 Risk Management Plan which outlines the Fund's stop loss limits, underwriting procedures, claim appeal processes, etc. The MRHIF retention level is the only change.

Resolution 9-25 appoints the Fund Commissioner and Alternative Fund Commissioner to the MRHIF. Currently Laurie Ryan and Megan Duffield are on the MRHIF Executive Committee.

Resolution 10-25 adopts the broker fees for each entity. Broker commissions will be paid directly to the firm through the Commission. Each entity's rates reflect its arrangement only.

Resolution 11-25 authorizes the Treasurer to pay contract fees and expenses during the months that the Fund does not meet, contingent upon ratification at the next meeting.

MUNICIPAL REINSURANCE HEALTH INSURANCE FUND

The MRHIF executive committee met on December 11.

The 2025 budget and assessments were adopted without amendment. The assessment included in the Coastal HIF 2025 budget was unchanged.

WELLNESS GRANT APPLICATIONS

The Wellness Committee received wellness grant applications from the below members. The Committee has reviewed and is recommending approval of all grants.

The total amount to be approved is below and included in Resolution 12-25

1. **Vineland BOE - \$21,200**
2. **Cumberland County - \$25,910**
3. **Buena Reg BOE - \$11,500**
4. **City of Margate - \$6,760**
5. **Ocean City BOE - \$10,000**

2025 PROFESSIONAL/CONSULTANTS RFP UPDATES

The following professional contracts expire at the end of 2024. The professional RFPs were released and received on December 17, 2024. The Contracts Committee reviewed the responses and evaluated which were then sent to the QPA. The committee recommends awarding the contracts as follows:

Position	Vendor	Proposed Fees
Actuary	Actuarial Solutions, LLC	2025: \$12,000 2026: \$12,250 2027: \$12,500
Auditor	Bowman & Company LLP	2025: \$21,000 2026: \$21,420 2027: \$21,848
Treasurer	Laracy & Associates	2025: \$7,440 2026: \$7,589 2027: \$7,740
Attorney	Marmero Law	\$150.00 HOUR ALL YEARS
Deputy Treasurer	Verrill & Verrill, LLC, CPAs	2025: \$13,250 2026: \$13,750 2027: \$14,250
Executive Director	PERMA, LLC	2025: \$21.10 PEPM

		2026: \$21.53 PEPM 2027: \$21.96 PEPM
Program Manager	Shared Health Alliance	2025: \$40.18 PEPM 2026: \$40.98 PEPM 2027: \$41.80 PEPM Guardian Nurses: 2025: \$241,661 per nurse 2026: \$256,378 per nurse 2027: \$256,378 per nurse <i>*\$10,000 admin expenses per annum</i>

MEDICARE ADVANTAGE RFP UPDATE - RFPs were issued due to higher-than-expected renewals for Medicare Advantage plans affected by the Inflation Reduction Act (IRA). Aetna submitted their responses by the deadline, upholding their initial proposals, so no budget changes are necessary.

Aetna is holding the rates for effective dates throughout 2025. The RFP results were shared with the Contracts Committees. On behalf of the Fund, the carriers were informed of the January 1, 2025, renewals, which will be formalized at the reorganization meeting

2025 TPA FEES

In late fall, our TPA Aetna (and AmeriHealth) provided the Funds with a continuance of their current contract for both fees and terms. At that time, most of the budgets were adopted with a projected increase of about 5%. Thanks to our TPA partners, the Funds will realize an additional savings to be collected into contingency and hopefully earned surplus. For the Coastal HIF, this savings was approximately \$133,001.38. Reorg Resolution 1-25 ratifies the new fee.

AETNA NATIONAL ADVANTAGE PROGRAM (NAP)

The Health Insurance Funds within their contract with Aetna have the inclusion of the National Advantage Program (NAP). Aetna’s NAP helps the Funds manage out of network claims spend by 1) accessing a “wrap” network of providers beyond the traditional Aetna network and 2) negotiating one-off discounts with out of network providers off billed charges.

As we saw in 2024, the Funds have experienced an uptick in out of network claims exposure for which the NAP program offers some protection and assistance. When Aetna is successful in negotiating a discount on behalf of the Funds, there is a shared savings. The Fund receives 60% and Aetna, 40%.

To assist the Funds financially in 2025, PERMA was successful in negotiating improved terms on the NAP shared savings fee beginning on January 1, 2025. The value of the NAP program cannot be understated, but with out of network use on the rise, improving the shared savings terms will result in reduced spend statewide.

Agreement Terms:

- 1) *Aetna has offered to provide a one-time fee reduction to the Funds \$360,000 statewide for higher-than-average NAP collections in 2024. Funds will be distributed on a prorated basis based on the NAP Collections of each Fund. We will provide updated figures by Fund in the upcoming meetings.*
- 2) *Aetna is reducing the per claim fee cap from \$100,000 to \$50,000*
- 3) *Aetna will implement a \$20 per enrollee per month cap to be reconciled at the end of each Calendar Year.*

Improved NAP Fee Agreement		
Term	2024 Agreement	2025 Amended Agreement
Shared Savings Fee	40%	40%
Per Claim Fee Cap	\$100,000	\$50,000
Per Enrollee Per Month Cap	N/A	\$20

E-PROCUREMENT SOFTWARE VENDOR

At the recommendation of the QPA, Resolution 13-25 is included in the consent allowing the Fund to utilize Bidnet for E-Procurement software vendor for competitive contracting. Costs are included in the QPA professional fee.

WEX 2025 COUPON UPDATE

In December, all Direct Bill members received a letter from WEX stating their coupons may be delayed. WEX confirmed they began processing the 2025 coupons last week to be sent out. Based on the timeline provided, we are expecting the coupons to be sent out by the end of the month.

2025 PERMA MANAGEMENT TEAM UPDATES

We are pleased to announce that following the retirement of Diane Peterson, who dedicated over 30 years to the HIFs, John Lajewski has been appointed as the HIF Consulting Business Leader. John brings 18 years of invaluable experience in shaping HIF strategic goals and guidelines.

Additionally, Matt Rudman, a seasoned actuary with significant experience in the public entity benefits arena, will take on an expanded role as the internal HIF Chief Data Leader. In this role, Matt will drive enhancements to HIF programs through the development and implementation of strategic data analytics.

We look forward to the contributions John and Matt will bring to the HIF team in their new roles.

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FINANCIAL FAST TRACK REPORT**

		AS OF				
		November 30, 2024				
		THIS	YTD	PRIOR	FUND	
		MONTH	CHANGE	YEAR END	BALANCE	
1.	UNDERWRITING INCOME	13,040,843	138,527,943	774,827,419	913,355,362	
2.	CLAIM EXPENSES					
	Paid Claims	12,798,541	129,517,345	668,782,207	798,299,551	
	IBNR	(2,753)	1,524,515	13,756,308	15,280,823	
	Less Specific Excess	(682,605)	(5,314,214)	(19,293,980)	(24,608,195)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL CLAIMS	12,113,184	125,727,645	663,244,534	788,972,179	
3.	EXPENSES					
	MA & HMO Premiums	46,415	465,374	2,556,306	3,021,680	
	Excess Premiums	413,253	4,476,217	23,722,683	28,198,900	
	Administrative	1,061,021	11,303,666	69,800,924	81,104,590	
	TOTAL EXPENSES	1,520,689	16,245,257	96,079,913	112,325,170	
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	(593,030)	(3,444,959)	15,502,971	12,058,012	
5.	INVESTMENT INCOME	49,654	903,327	3,078,379	3,981,707	
6.	DIVIDEND INCOME	-	-	3,105,977	3,105,977	
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	(543,376)	(2,541,632)	21,687,328	19,145,696	
8.	DIVIDEND	-	-	28,208,936	28,208,936	
9.	Transferred Surplus IN	-	-	-	-	
10.	Transferred Surplus OUT	-	-	9,855,397	9,855,397	
	STATUTORY SURPLUS (7-8+9)	(543,376)	(2,541,632)	3,333,789	792,157	
SURPLUS (DEFICITS) BY FUND YEAR						
	Closed	Surplus	14,812	758,079	8,525,369	9,283,448
		Cash	50,478	2,804	20,956,108	20,958,912
	2023	Surplus	(28,895)	2,066,905	(5,191,580)	(3,124,675)
		Cash	(119,882)	(4,871,019)	1,069,438	(3,801,582)
	2024	Surplus	(529,294)	(5,366,616)	-	(5,366,616)
		Cash	3,193,555	7,601,249	-	7,601,249
	TOTAL SURPLUS (DEFICITS)	(543,376)	(2,541,632)	3,333,789	792,157	
	TOTAL CASH	3,124,152	2,733,034	22,025,546	24,758,579	
CLAIM ANALYSIS BY FUND YEAR						
	TOTAL CLOSED YEAR CLAIMS	11,922	(286,018)	414,673,601	414,387,583	
	FUND YEAR 2023					
	Paid Claims	116,547	14,221,262	119,862,827	134,084,089	
	IBNR	(89,416)	(13,694,404)	13,756,308	61,904	
	Less Specific Excess	5,896	(2,383,713)	(4,579,009)	(6,962,722)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2023 CLAIMS	33,026	(1,856,855)	129,040,127	127,183,271	
	FUND YEAR 2024					
	Paid Claims	12,670,073	115,069,149	-	115,069,149	
	IBNR	86,663	15,218,919	-	15,218,919	
	Less Specific Excess	(688,500)	(2,417,550)	-	(2,417,550)	
	Less Aggregate Excess	-	-	-	-	
	TOTAL FY 2024 CLAIMS	12,068,236	127,870,518	-	127,870,518	
	COMBINED TOTAL CLAIMS	12,113,184	125,727,645	663,244,534	788,972,179	

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, 2024

BY FUND YEAR

	COASTAL 2024	COASTAL 2023	CLOSED YEAR	FUND BALANCE
ASSETS				
Cash & Cash Equivalents	7,601,249	(3,801,582)	20,958,912	24,758,579
Assesments Receivable (Prepaid)	574,465	-	-	574,465
Interest Receivable	-	-	53	53
Specific Excess Receivable	1,825,445	855,606	191,425	2,872,476
Aggregate Excess Receivable	-	-	-	-
Dividend Receivable	-	-	-	-
Prepaid Admin Fees	1,042	-	-	1,042
Other Assets	868,122	-	119,343	987,465
Total Assets	10,870,323	(2,945,976)	21,269,732	29,194,080
LIABILITIES				
Accounts Payable	-	-	-	-
IBNR Reserve	15,218,919	61,904	-	15,280,823
A4 Retiree Surcharge	795,325	-	-	795,325
Dividends Payable	-	-	-	-
Retained Dividends	-	-	11,986,284	11,986,284
Accrued/Other Liabilities	222,696	116,795	-	339,491
Total Liabilities	16,236,940	178,699	11,986,284	28,401,923
EQUITY				
Surplus / (Deficit)	(5,366,616)	(3,124,675)	9,283,448	792,157
Total Equity	(5,366,616)	(3,124,675)	9,283,448	792,157
Total Liabilities & Equity	10,870,323	(2,945,976)	21,269,732	29,194,080
BALANCE	-	-	-	-

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

Fund Year allocation of claims have been estimated.

Southern Coastal Regional Employee Benefits Fund

2024 Budget Report

AS OF NOVEMBER 30, 2024

				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Aetna 1/1 Renewal	52,321,038	57,108,212	55,726,107			
Medical Aetna 7/1 Renewals	35,349,761	38,681,432	38,765,875			
Medical AmeriHealth 1/1 Renewal	20,722,507	22,643,677	23,288,306			
Medical AmeriHealth 7/1 Renewal	10,023,970	11,052,888	9,358,026			
Subtotal Medical	118,417,276	129,486,209	127,138,314	124,040,669	(5,586,262)	-5%
Prescription Claims 1/1 Renewals	1,569,189	1,715,752	1,679,406			
Prescription Claims 7/1 Renewals	2,231,503	2,474,907	2,154,081			
Less Formulary Rebates	(1,140,208)	(1,257,198)	(1,264,090)			
Subtotal Prescription	2,660,484	2,933,461	2,569,397	3,728,072	(1,067,588)	-40%
Dental Claims 1/1 Renewals	6,502	7,500	0			
Dental Claims 7/1 Renewals	101,293	110,126	110,853			
Subtotal Dental	107,795	117,626	110,853	101,777	6,018	6%
Vision Claims 1/1 Renewals	0	0	0			
Vision Claims 7/1 Renewals	37,131	40,440	46,752			
Subtotal Vision	37,131	40,440	46,752	Included in Medical		
Subtotal Claims	121,222,686	132,577,736	129,865,316	127,870,518	(6,647,832)	-5%
Rate Stabilization	916,667	1,000,000	1,000,000	0	916,667	100%
DMO Premiums	0	0	0	262	(262)	#DIV/0!
Medicare Advantage	464,788	511,166	429,200	465,112	(324)	0%
Reinsurance						
Specific	4,472,413	4,884,505	4,772,585			
Subtotal Reinsurance	4,472,413	4,884,505	4,772,585	4,476,217	(3,804)	0%
Total Loss Fund	127,076,554	138,973,407	136,067,101	132,812,109	(5,735,555)	-5%
Expenses						
Legal	23,843	26,010	26,010	23,843	(1)	0%
Treasurer	18,379	20,050	20,050	18,379	-	0%
Executive Director	1,494,708	1,632,669	1,590,978	1,495,535	(828)	0%
Program Manager	2,659,336	2,904,226	2,816,127	2,659,336	-	0%
Brokerage	2,218,273	2,423,498	2,341,072	2,218,273	-	0%
TPA - Med Aetna	1,792,930	1,956,849	1,919,702	Included below in Med AmerihealthAdmin		
TPA - Med AmeriHealth Admin	608,931	666,370	721,088	2,405,451	(1,341)	0%
Guardian Nurses	634,504	692,968	677,090	631,050	3,454	0%
TPA - Dental	6,897	7,535	6,934	6,964	(67)	-1%
TPA - Vision	2,250	2,443	2,947	Included below in Med AmerihealthAdmin		
Actuary	11,458	12,500	12,500	11,458	0	0%
Auditor	19,800	21,600	21,600	19,800	0	0%
Subtotal Expenses	9,491,308	10,366,718	10,156,098	9,490,089	1,218	0%
Contingency	79,626	86,865	86,865	18,288	61,338	77%
Wellness Program	247,500	270,000	270,000	247,500	-	0%
Claim Audits	36,667	40,000	40,000	36,667	(0)	0%
Plan Documents	11,458	12,500	12,500	11,458	0	0%
Affordable Care Act Taxes	34,333	37,496	36,637	46,489	(12,156)	-35%
Retiree Surcharge	1,598,747	1,746,772	1,772,714	1,598,747	0	0%
Total Expenses	11,499,639	12,560,351	12,374,814	11,449,238	50,401	0%
Total Budget	138,576,193	151,533,758	148,441,915	144,261,347	(5,685,154)	-4%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

RATIOS

INDICES	2023	FY2024											
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Cash Position	22,025,546	\$ 28,119,890	\$ 26,797,113	\$ 36,009,678	\$ 33,353,286	\$ 32,692,111	\$ 29,050,867	\$ 29,994,833	\$ 27,104,894	\$ 28,666,806	\$ 21,634,428	\$ 24,758,579	
IBNR	13,756,308	\$ 13,400,600	\$ 13,295,885	\$ 13,843,767	\$ 14,351,083	\$ 14,574,969	\$ 14,667,476	\$ 15,058,373	\$ 15,110,193	\$ 15,232,699	\$ 15,283,576	\$ 15,280,823	
Assets	30,749,195	\$ 34,148,252	\$ 34,014,959	\$ 36,723,415	\$ 36,570,542	\$ 33,890,012	\$ 33,984,947	\$ 32,810,748	\$ 31,972,842	\$ 30,642,653	\$ 29,532,352	\$ 29,194,080	
Liabilities	27,415,406	\$ 27,341,062	\$ 27,442,868	\$ 28,182,374	\$ 28,743,161	\$ 29,144,851	\$ 28,587,928	\$ 27,370,316	\$ 28,117,327	\$ 27,963,227	\$ 28,196,818	\$ 28,401,923	
Surplus	3,333,789	\$ 6,807,190	\$ 6,572,091	\$ 8,541,041	\$ 7,827,381	\$ 4,745,161	\$ 5,397,020	\$ 5,440,432	\$ 3,855,515	\$ 2,679,427	\$ 1,335,533	\$ 792,157	
Claims Paid -- Month	10,356,495	\$ 9,953,265	\$ 11,315,931	\$ 8,645,493	\$ 11,159,723	\$ 13,815,133	\$ 10,678,211	\$ 11,345,227	\$ 13,565,490	\$ 12,186,980	\$ 14,053,350	\$ 12,798,541	
Claims Budget -- Month	10,334,633	\$ 10,794,682	\$ 10,765,248	\$ 10,740,790	\$ 10,752,259	\$ 10,787,624	\$ 10,805,660	\$ 11,292,884	\$ 11,244,012	\$ 11,363,702	\$ 11,354,604	\$ 11,321,221	
Claims Paid -- YTD	136,287,912	\$ 9,953,265	\$ 21,269,196	\$ 29,914,689	\$ 41,074,412	\$ 54,889,545	\$ 65,567,755	\$ 76,912,983	\$ 90,478,473	\$ 102,665,453	\$ 116,718,803	\$ 129,517,345	
Claims Budget -- YTD	123,030,489	\$ 10,794,682	\$ 21,559,930	\$ 32,300,720	\$ 43,052,979	\$ 53,840,603	\$ 64,646,263	\$ 75,939,147	\$ 87,183,159	\$ 98,546,861	\$ 109,901,465	\$ 121,222,686	
RATIOS													
Cash Position to Claims Paid	2.13	2.83	2.37	4.17	2.99	2.37	2.72	2.64	2.00	2.35	1.54	1.93	
Claims Paid to Claims Budget -- Month	1.00	0.92	1.05	0.8	1.04	1.28	0.99	1.00	1.21	1.07	1.24	1.13	
Claims Paid to Claims Budget -- YTD	1.11	0.92	0.99	0.9	1.0	1.0	1.0	1.01	1.04	1.04	1.06	1.07	
Cash Position to IBNR	1.60	2.10	2.02	2.6	2.32	2.24	1.98	1.99	1.79	1.88	1.42	1.62	
Assets to Liabilities	1.12	1.25	1.24	1.3	1.27	1.16	1.19	1.20	1.14	1.1	1.05	1.03	
Surplus as Months of Claims	0.32	0.63	0.61	0.8	0.73	0.44	0.5	0.48	0.34	0.24	0.12	0.07	
IBNR to Claims Budget -- Month	1.33	1.24	1.24	1.29	1.33	1.35	1.36	1.33	1.34	1.34	1.35	1.35	

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

Year: 2025

Yearly Items

Filing Status

Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	To Be Filed Pending Reorg
Fund Officers	To Be Filed Pending Reorg
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	To Be Filed
Withdrawals	N/A
Risk Management Plan and By Laws	To Be Filed Pending Reorg
Cash Management Plan	To Be Filed Pending Reorg
Unaudited Financials	Filed
Annual Audit	2024 To be 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 Pending Reorg
Benefit Changes	N/A



January 27, 2025

Prospects:

Deerfield Twp (Muni) ▪ Pending claims	Somers Point, City of Favorable Proposal Presented; pending final decision
Cape May City BOE • Claims received, submitted for review	Atlantic County Utilities Authority • Favorable Proposal Presented

Coastal Fund Meeting Dates:

- January 27, 2025
- March 24, 2025
- June 2, 2025
- July 28, 2025
- September 22, 2025
- October 20, 2025
- January 26, 2026

Coastal Fund Brokers:

- Allen Associates
- AR Fanucci
- Assured Partners
- Brown & Brown
- J Byrne Agency
- Conner Strong & Buckelew
- Cornerstone Insurance Group
- Glenn Insurance
- Hardenbergh Insurance Group
- Hafetz Insurance
- Innovative Risk Solutions
- PBC (Professional Benefit Consultants)

Executive Committee:

- Richard Davidson, Chair
- Nicole Albanese, Secretary
- Jerry Velazquez, Executive Committee
- Megan Duffield, Executive Committee
- Laurie Ryan, Executive Committee
- Scott Musterel, Executive Committee
- Mark Mallet, Executive Committee
- Frank Badessa, Executive Committee Alternate
- Chris DeStratis, Executive Committee Alternate
- Dennis Zakroff, Executive Committee Alt (pending approval)

2025 Proposed Committees:

FINANCE & CONTRACTS

- Richard Davidson – Chair
- Jerry Velazquez
- Scott Musterel

OPERATIONS & NOMINATIONS

- Nicole Albanese - Chair
- Jerry Velazquez
- Scott Musterel

WELLNESS & CLAIMS

- Laurie Ryan – Chair
- Megan Duffield
- Chris DeStratis

WELLNESS COMMITTEE UPDATE:


Please visit www.coastalhif.com/wellness to review the wellness grant guidelines and information needed to submit a new application. You can also find information on programs like Biometric Screenings from Health Fairs Direct, the wellness tracking app from Advanta Health Solutions, and many other resources at www.coastalhif.com/wellness/resources. If you have any questions, feel free to contact us.

2025 GRANT SUBMISSION DATES (SECOND DEADLINE UPCOMING):

Like previously mentioned, for the 2025 budget, the Fund has introduced a per-employee budget system, allowing the wellness budget to grow alongside the fund year after year. The wellness budget will remain at \$175,000 in calendar year 2025 for such projects but will continue to grow as we do.

The first deadline for 2025 wellness applications has now passed. **Which leaves one remaining submission date on May 31 (to use funds from July 2025 thru June 2026) for groups that applied last spring or who may have missed the first deadline.**

So far, we have received 8 applications for 2025 for a very substantial \$115,395. This leaves only about \$60,000 to be distributed amongst the remaining groups. If you would like to apply or have any questions or concerns about the Wellness Program please reach out to corey@shanj.com.

						
COASTAL WELLNESS GRANTS - 2024						
Budget Amount: \$175,000						
<u>Group Name</u>	<u>Fund Allowance</u>	<u>Amount Requested</u>	<u>Date Submitted to Committee</u>	<u>Date Committee Approved</u>	<u>Amount Approved</u>	<u>Remaining After Approved Amounts</u>
Upper Twp BOE	\$8,950	\$8,950	10/21/24	10/22/24	\$8,950	
Cumberland Reg BOE	\$7,800	\$7,800	10/31/24	11/1/24	\$7,800	
Vineland BOE	\$30,375	\$21,200	11/5/24	11/5/24	\$21,200	
Cumberland County	\$25,970	\$25,910	11/14/24	11/21/24	\$25,910	
Buena Reg BOE	\$11,520	\$11,500	11/14/24	11/21/24	\$11,500	
Millville BOE	\$23,275	\$23,275	11/24/24	11/26/24	\$23,275	
City of Margate	\$6,500	\$6,760	11/24/24	11/26/24	\$6,760	
Ocean City BOE	\$13,475	\$10,000	11/27/24	12/2/24	\$10,000	
TOTAL TO DATE	\$127,865	\$115,395			\$115,395	\$59,605

2025 WELLNESS ALLOTMENT UPDATE:

Moving forward we have decided to utilize a per-employee allotment format, allowing your grant amount to change with the size of your entity. This seemed like the fairest approach and has given most groups more wellness dollars.

See chart on next page for updated grant allowance amounts* for each group:

Absecon City	\$2,625.00
Alloway Twp BOE	\$2,175.00
Bridgeton BOE	\$24,955
Brigantine City	\$6,900.00
Buena Borough	\$1,575.00
Buena Regional BOE	\$11,520
CCIA (The Authority)	\$3,900.00
Cumberland County	\$25,970
Cumberland County Charter	\$5,850.00
CCCTEC	\$7,865
Cumberland Regional BOE	\$7,800
Dennis Twp BOE	\$6,375.00
Downe Twp BOE	\$900.00
Egg Harbor Twp	\$11,040
Hopewell Twp BOE	\$4,350.00
Lawrence Twp BOE	\$4,200.00
Lower Cape May Regional Schools	\$9,060
Lower Twp Elementary School	\$11,580
Margate City	\$6,760
Millville BOE	\$23,275
Ocean City BOE	\$13,475
Penns Grove-Carneys Point BOE	\$13,200
Penns Grove, Boro of	\$2,850.00
Pittsgrove Twp	\$825.00
Salem County	\$20,200
Upper Deerfield BOE	\$8,125
Upper Twp BOE	\$8,905
Vineland BOE	\$30,375
Waterford Twp BOE	\$7,995
West Cape May BOE	\$675.00
Woodstown, Boro of	\$1,425.00

* Based on October 2024 census

NEW FINDINGS SHOWS STRONG CORRELATION BETWEEN WELLNESS & MEDICAL LOSS RATIO:

We analyzed the Medical L/R of groups active in the wellness program from 2021 to 2023 and found the following:

Groups that applied in 2022-2023:	Groups that <u>did not</u> apply in 2022-2023:	Groups that applied between 2021-2023: *	Groups <u>not</u> consistent between 2021-2023:	Groups w/ over 20% Advanta participation:
87%	111%	93%	119%	82%

*had to apply for at least 2 years

- There is a 24% difference between groups that applied in 2022-2023 and those that did not.
- There is a 26% difference between groups that applied consistently over three years versus those that did not.

REIMBURSEMENT REMINDER:

We have observed that many groups applying for grants are not requesting reimbursements, indicating they may not be proceeding with their wellness plans. This is unfair to other groups who wish to apply when funds are depleted. If you haven't requested funds for previous years, please do so by filling out the form here: <https://www.coastalhif.com/wp-content/uploads/2021/09/Blank-Reimbursement-Voucher-Fillable.pdf> and sending to corey@shanj.com.

ADVANTA'S ACTIVEFIT+ RENEWED FOR 2025:

We are pleased to offer Advanta's Activefit+ base plan to all groups for 2025. Each group has been automatically enrolled at no additional cost and may use their wellness funds for program upgrades and monthly incentives to reward active employees. Look out for marketing emails encouraging participation and detailing the implementation process. For any questions, contact corey@shanj.com or jsalo@advantahealth.com.

NEW FEATURES BEING ADDED: Advanta now includes a **Workout feature** that allows users to easily track accepted workouts directly through the app. Additionally, Advanta is partnering with **Tremendous**, enabling groups to opt for gift card payouts as incentives instead of cash payments to employees.

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

GUARDIAN NURSES:

MEET THE COASTAL FUND DEDICATED GUARDIAN NURSES

Paula Spector, RN
609-276-5001

pspector@guardiannurses.com

Alicia Spataro, RN
609-276-4990

aspataro@guardiannurses.com

Sarah Fiske, RN
856-239-3823

sfiske@guardiannurses.com

Also attached is the most recent Guardian Nurses newsletter "*The Flame*"

ADMINISTRATIVE REMINDERS & UPDATES:

- **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: MaryBeth Anglani marybeth@allenassoc.com , or Annie Jimenez annie@allenassoc.com .
- **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.
- System training (**new and refresher**) is provided to all contacts with WEX access **every 3rd Wednesday at 10AM.** Please contact HIFtraining@permainc.com for additional information or to request an invite.
 - *In the subject line of the email, please include: Training - Fund Name and Client Name. Please be sure to add the date of the training you would like to attend in your email so an invite can be sent.*
- **PARTIAL MONTH ENROLLEMNTS REMINDER>>**When processing enrollments and terminations, the Fund will charge a member for a full month rate for an employee that is enrolled between the 1st and the 15th of the month but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment but will charge a full month rate if a member terms between the 16th and the 31st of the month.

VENDOR UPDATES

AETNA UPDATES:

CVS Health Virtual Care – Effective 1/1/25 - Aetna covered members

Beginning January 1, 2025, CVS Health Virtual Care will replace Teladoc for all Aetna covered members. Members will receive:

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

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

****Members will receive new ID cards with CVS Health Virtual Care information, replacing Teladoc**

AMERIHEALTH UPDATE:

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

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

EXPRESS-SCRIPTS UPDATE:

2025 Formulary and SaveOn Listing

Brokers were sent the 2025 Formulary and SaveOn listings on November 11th. Please reference the appendix for the listings. Please note the following:

NPF Listing:

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

SaveOn Listing:

- Green highlighted drugs – newly added effective 1/1/25
 - Please share the attached member communication to ensure members using the newly added drugs are aware of the Saveon program

- Red highlighted drugs – being removed effective 1/1/25
 - There were no MRHIF members impacted by the drugs that were removed from the listing

Encircle Program (GLP-1 Weight Loss)

Effective September 1, 2024:

- Members with new prescriptions, including renewal prescriptions for expired prior authorizations (PA), will need to meet the following criteria to be approved for a GLP-1 weight loss medication:
 - BMI \geq 32 OR
 - BMI between $27 \leq 32$ WITH 2 or more documented comorbidities
- Members with an active approved PA prior to 9/1/2024 will be grandfathered
 - Upon renewal of their PA, members will need to meet the above BMI requirements to be considered for approval

Effective January 1, 2025:

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

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

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

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

LEGISLATIVE UPDATES:

2025 LEGISLATIVE REVIEW

MEDICAL AND RX REPORTING: None

NO SURPRISE BILLING AND TRANSPARENCY ACT - Continued Delays

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

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

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

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

APPEALS & IRO's (Independent Review Organization) (as of 1.14.25) -

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
11/08/2024	Medical/Aetna	Coastal 2024 11 01	Anesthesia	Under Review	
11/08/2024	Medical/Aetna	Coastal 2024 11 02	Anesthesia	Under Review	
11/11/2024	Medical/Aetna	Coastal 2024 11 03	Anesthesia	Overtured	11/25/2024
11/26/2024	Medical/Aetna	Coastal 2024 11 04	Anesthesia	Upheld	11/26/2024
11/29/2024	Medical/Aetna	Coastal 2024 12 01	Anesthesia	Upheld	12/10/2024

IRO Appeals: NONE

Healthcare News and Tips

January 8th, 2025

Happy New Year! So many of us head into the new year with resolutions, or maybe themes, that you hope will improve your mood. Eating right, getting more sleep, practicing yoga, exercising more. And those are all good, but have you heard about GLIMMERS?

Glimmers are tiny micro moments of joy—fleeting, everyday moments that elicit a rush of happiness, gratitude, calm, peace, safety, or goodwill. One of my 'glimmers' is seeing photos of my family and friends' new babies. I always find myself smiling and feeling happy and grateful that they're healthy.

Glimmers are all around us, waiting to be noticed, yet we often overlook them in the busyness of daily life.

Whether they come from nature, connection, or something uniquely yours, glimmers have the ability to uplift your spirit and enrich your days.

This month's issue of *The Flame* is dedicated to helping



Embrace the Small Joys That Brighten Your Day

[Have you heard of "the glimmers"?](#) While many of us are familiar with "triggers"—things that cause stress or negative emotions—glimmers are their positive counterpart. Coined by Deb Dana, a clinical social worker specializing in [polyvagal theory](#), glimmers are those fleeting moments of safety, joy, or connection that uplift your mood and anchor you in the present.

A glimmer can be as simple as the warmth of sunlight on your skin, the sound of a loved one's laughter, or the aroma of your favorite coffee brewing. These moments, though small, can have a profound impact on your well-being by engaging your parasympathetic nervous system (PNS), which plays a crucial role in calming the body and restoring balance. helps calm and restore the body. The PNS is part of your autonomic nervous system, often called the "rest and digest" system, because it counteracts the "fight or flight" response triggered by stress.

you discover and embrace these small, powerful moments.



Happy and Healthy New Year!!

Betty
Betty Long
President/CEO

Lighting Your Way PODCAST

Listen to the Patients.

Season 8 is "in the books," as they say, so before we launch Season 9 in early February, [you have time to catch up on any old episodes.](#)

As we did in the previous season, we spoke with patients to better understand—from their perspective—the challenges in their healthcare journey. They shared their frustrations, their questions, and their suggestions.

This coming season we'll talk with a young woman who has struggled for years with migraines, an octogenarian whose visit to the ER for a detached retina revealed more troublesome issues but few solutions, and a young man whose battle with depression led him to a dark place.

Why Glimmers Matter

In a world where stress and negativity can feel overwhelming, especially these days, focusing on glimmers shifts your mindset toward positivity. By paying attention to these small, heartwarming moments, you can:

- **Boost resilience:** Building a habit of noticing glimmers strengthens your ability to bounce back from challenges.
- **Deepen mindfulness:** Glimmers ground you in the present, reminding you to savor life's simple pleasures.
- **Promote emotional regulation:** Seeking joy equips you with tools to navigate difficult emotions.

The more you tune into glimmers, the more you "train" your nervous system to recognize and respond to positive stimuli. This creates a feedback loop of calmness, resilience, and joy. Over time, regularly engaging your PNS through glimmers can improve your overall emotional and physical health, leaving you better equipped to handle life's challenges.

How to Find Glimmers in Everyday Life

1. **Start small:** Pause during your day to notice little things that bring you peace or joy, like the crisp air during a morning walk, the sound of birdsong, or the first sip of your favorite drink.
2. **Reflect on gratitude:** Keep a glimmer journal to record moments that made you smile. Over time, reflecting on them can help you notice even more.
3. **Share the joy:** Talk about your glimmers with friends or loved ones. Sharing these moments can inspire connection and spread positivity to others.
4. **Slow down:** Pause and truly take in your surroundings. Put your phone down. Breathe deeply, look around, and savor the details—glimmers often appear when you take the time to notice.

The Glimmer Challenge

This week, challenge yourself to notice three glimmers each day. Whether it's a beautiful sunset, the wag of a dog's tail, the smell of a fresh cup of coffee (if you like coffee), or a kind word from a stranger, these moments can shift your perspective and infuse your life with a sense of wonder. You're on your way! Have fun!

Here's to a new year filled with more glimmers!

Lighting your way
through the
healthcare maze.®

Guardian Nurses Healthcare
Advocates

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

info@guardiannurses.com |
GuardianNurses.com



Guardian Nurses Healthcare Advocates | PO Box 224 | Flourtown, PA 19031 US

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Coastal Health Insurance Fund
Board Meeting Summary
January 27th, 2025

REFERRALS	1/1/24 – 12/31/24	1/1/23 – 12/31/23
Total Referrals	888	873
Total Referrals (ACUTE)	736	688
Total Referrals (COMPLEX)	152	185
Hospitalizations		
Total Members Hospitalized	641	523
Members Requiring ICU	56	59
Readmissions (Acute & Complex)	43/5	37/6
Complex Program Admissions	38 (21 patients)	36 (28 members)
Mobilizations---Acute Program		
Inpatient Visits	353	309
Accompaniments	101	113
Home Visits	10	21
Mobilizations---Complex Program		
Inpatient Visits	56	43
Accompaniments	265	203
Home Visits	58	40
Acuity*	Acute/Chronic	Acute/Chronic
2	116/118	206/151
3	572/33	460/31
4 ICU	47/7	56/3
ICU Admissions		
# of Admissions	47/7	56/3
Insurer	45 Aetna; 9 AHA	48 Aetna; 11 AHA
Status	All Engaged except one no longer on benefits	All engaged except one declined

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

Guardian Nurses Healthcare Advocates, Inc.
Lighting Your Way Through the Healthcare Maze
P.O. Box 224 Flourtown, PA 19031
Main Phone: 888-836-0260
GuardianNurses.com



Of Note This Reporting Period:

- Data reflects numbers for the entire year of 2024 and compared to 2023.
- December 31st marked the end of Y5Q3 (Oct. 31-Dec. 31, 2024)

Year-end Highlights:

- Total referrals have remained steady with an 18% increase in complex referrals as the nurses identify more members that may benefit from the support.
- Hospitalizations increased by 18%
- 23 members were engaged in the acute program and transferred into the complex program from acute.
- Improved readmission rate -7% -- in 2024. (8% in 2023)
- ICU admissions decreased by 9%; GN engaged with all ICU admissions except one member whose benefits were discontinued.

Highlights from Y5Q3 (Oct. 31-Dec. 31, 2024):

- 208 total new referrals in both Acute and Complex programs
- 61% of all referrals engaged with MCCs
- 163 acute cases referred, of which 14 were direct calls
- 45 complex cases referred, of which 7 transferred from the acute program; 25 for diabetes management
- 191 total mobilizations in both Acute and Complex programs
- 78% engagement rate of inpatient referrals

An important intervention that Guardian Nurses focuses on is Medication Reconciliation, also known as a 'med rec.' This is a formal process used to ensure that a patient's medication information is accurate, complete, and consistent across transitions of care. The process involves comparing a patient's current medication list with any new medications being prescribed, modified, or discontinued during a change in their care setting (e.g., hospital admission, discharge, or moving between care facilities).

The goal is to keep the patient safe and prevent a medication error which potentially may lead to a hospital admission or worse. More specifically, a 'med rec' is performed:

- To identify and resolve any discrepancies between the medications a patient is actually taking and what is documented.
- To prevent medication errors such as omissions, duplications, dosing errors, or drug interactions.



Southern Coastal FUND

Medication reconciliation is particularly critical during care transitions when patients are most vulnerable to errors.

A study published by the National Institutes of Health (NIH) in 2021, concluded the following: *"This study shows that 16% of admissions are medication-related, of which 40% are potentially preventable."* The highlighted story below exemplifies how your MCC RNs identify the potential of medication errors that can result in unnecessary readmissions and other catastrophic complications, and educate members to minimize this potential.

Highlighted story:

MCC was engaged with a 66 y/o member in the complex program. Member has multiple cardiac diagnoses, as well as diabetes, high cholesterol, and obesity. He is a current cigarette smoker, increasing his risk of complications. MCC assists member with appointments, monitoring labs, gaps in care, smoking cessation and financial issues with regard to obtaining his medications. She is active in educating him on his medications, and ensuring compliance in taking those medications. After a recent bout of cardiac arrhythmias, the member was told by the cardiologist that he needed a cardiac catheterization for stent placements. Medication changes needed to be made prior to this procedure. MCC made a home visit to reinforce these changes and ensured that the member understood by verbalizing his understanding of the changes. Without discontinuing these medications, the member would have been at great risk for complications during the procedure. Ultimately, MCC was able to help prevent a potential situation which could have resulted in prolonged hospitalization and possible catastrophic complications.

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SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

NOVEMBER 2024

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

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

FUND YEAR 2023

Buena Regional School District	WELLNESS 2023 GIFT CARDS	7,466.70
		7,466.70
	CHECK TOTALS	7,466.70
	Total Payments FY 2023	7,466.70

FUND YEAR 2024

PERMA	POSTAGE 10/24	22.24
PERMA	ADMINISTRATOR FEES 11/24	138,312.65
		138,334.89
MARMERO LAW, LLC	LEGAL SERVICES 10/1/24-10/31/24-309	2,346.00
		2,346.00
HQSI, INC	CASE REVIEW #3774109	625.00
		625.00
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 11/24	413,252.70
		413,252.70
	CHECK TOTALS	554,558.59
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 11/24	46,377.36
		46,377.36
AETNA	MEDICAL TPA FEES 11/24	165,085.90
AETNA	VISION TPA FEES 11/24	190.19
		165,276.09
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 11/24	59,264.67
AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 11/24	-2,395.50
		56,869.17

DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 11/24	657.98 657.98
DELTA DENTAL INSURANCE COMPANY (DELTA BUENA BOROUGH 10/24		37.45 37.45
VERRILL & VERRILL	DEPUTY TREASURER FEE 10/24	1,066.67 1,066.67
POINT ACCOUNTING GROUP	TREASURER FEE 11/24	604.16 604.16
SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEE 11/24	246,695.44 246,695.44
SHARED HEALTH ALLIANCE	GUARDIAN NURSE 11/24	57,368.17 57,368.17
ALLEN ASSOCIATES	BROKER FEES 11/24	206,930.44
ALLEN ASSOCIATES	MEETING EXPENSE 09/23/2024	1,726.22
ALLEN ASSOCIATES	MEETING EXPENSE 10/28/2024	1,821.12
		210,477.78
	ACH TOTAL	785,430.27
	Total Payments FY 2024	1,339,988.86
	TOTAL PAYMENTS ALL FUND YI	1,347,455.56

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

DECEMBER 2024

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

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

FUND YEAR 2023

PENNS GROVE-CARNEYS POINT REGIONAL SCHOOL D WELLNESS 7/1/23 -6/30/24	8,561.13
	8,561.13
CHECK TOTALS	8,561.13
Total Payments FY2023	8,561.13

FUND YEAR 2024

PERMA	POSTAGE 11/24	74.20
PERMA	ADMINISTRATOR FEES 12/24	137,133.32
		137,207.52
MARMERO LAW, LLC	LEGAL SERVICES 11/1/24-11/31/24-31061	2,346.00
		2,346.00
Millville Board of Education	WELLNESS 5/24 - 10/24	7,158.32
		7,158.32
CUMBERLAND REGIONAL BOARD OF EDUCATION	WELLNESS REIMBURSEMENT 2024	7,498.67
		7,498.67
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 12/24	409,642.38
		409,642.38
	CHECK TOTALS	563,852.89
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 12/24	46,053.68
		46,053.68
AETNA	MEDICAL TPA FEES 12/24	163,576.70
AETNA	VISION TPA FEES 12/24	192.92
		163,769.62

AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 12/24	-2,377.50
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA 12/24	58,819.35
		56,441.85
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 12/24	571.14
		571.14
DELTA DENTAL INSURANCE COMPANY (DELTACARE BUENA BOROUGH 12/24		37.45
		37.45
VERRILL & VERRILL	DEPUTY TREASURER FEE 12/24	1,066.67
		1,066.67
POINT ACCOUNTING GROUP	TREASURER FEE 12/24	604.16
		604.16
SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEE 12/24	244,889.84
		244,889.84
SHARED HEALTH ALLIANCE	GUARDIAN NURSE 12/24	57,368.17
		57,368.17
ALLEN ASSOCIATES	BROKER FEES 12/24	205,225.24
		205,225.24
	ACH TOTAL	776,027.82
	Total Payments FY 2024	1,339,880.71
	TOTAL PAYMENTS ALL FUND YEAR	1,348,441.84

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

JANUARY 2025

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

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

FUND YEAR 2024

PERMA	POSTAGE 12/24	62.44
		62.44
MARMERO LAW, LLC	LEGAL SERVICES 12/17/24 - 12/23/24 31157	585.00
MARMERO LAW, LLC	LEGAL SERVICES 12/1/24-12/31/24-31156	2,346.00
		2,931.00
THE CANNING GROUP	QPA SERVICES 12/24	166.67
		166.67
MEDICAL EVALUATION SPECIALISTS	CLAIM REVIEW 11/6/24 CLAIM 2556507	367.50
		367.50
CUMBERLAND COUNTY BOARD OF VOCATIONAL EE Wellness 7/1/2024 - 12/31/2024		2,178.39
		2,178.39
COLUMN SOFTWARE PBC	AD NOTICE 9/28/24 ORDER # COL7565	44.32
		44.32
ACCESS	STORAGE INV 11289450 DEPT 963 11/30/2024	21.11
ACCESS	STORAGE INV 11186059 DEPT 963 10/31/2024	20.71
		41.82
CUMBERLAND COUNTY CHARTER SCHOOL NETWORK WELLNESS 2024 FOR VINELAND CHARTER		840.00
		840.00
	CHECK TOTALS	6,632.14
	Total Payments FY 2024	6,632.14

FUND YEAR 2025

PERMA	RETIREE FIRST 1/25	2,724.00
PERMA	RETIREE FIRST 1/25	120.00
PERMA	ADMINISTRATOR FEES 01/25	141,226.60
PERMA	RETIREE FIRST 1/25	132.00
PERMA	RETIREE FIRST 1/25	48.00
PERMA	RETIREE FIRST 1/25	96.00
		144,346.60
THE CANNING GROUP	QPA SERVICES 1/25	166.67
		166.67
ADVANTA HEALTH SOLUTIONS	ACTIVEFIT MGMT FEE 01/25- INV 1477	8,896.80
		8,896.80
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 1/25	486,367.63
		486,367.63
	CHECK TOTALS	639,777.70
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 1/25	57,098.00
		57,098.00
AETNA	MEDICAL TPA 1/25	164,571.40
AETNA	VISION TPA 1/25	196.78
		164,768.18
AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 1/25	-2,431.50
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA	60,155.31
		57,723.81
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA 1/25	664.33
		664.33
DELTA DENTAL INSURANCE COMPANY (DELTACARI BUENA BOROUGH 1/25		37.45
		37.45
VERRILL & VERRILL	DEPUTY TREASURER FEE 1/25	1,088.00
		1,088.00

POINT ACCOUNTING GROUP	TREASURER FEE 01/25	616.25 616.25
SHARED HEALTH ALLIANCE	GUARDIAN NURSE 01/25	59,089.22 59,089.22
SHARED HEALTH ALLIANCE	PROGRAM MANAGER FEES 01/25	252,108.72 252,108.72
ALLEN ASSOCIATES	BROKER FEES 01/25	211,509.38 211,509.38
ACTUARIAL SOLUTIONS, LLC	1ST QTR 2025 FUND ACTUARY FEES	3,185.00 3,185.00
	ACH TOTAL	807,888.34
	Total Payments FY 2025	1,447,666.04
	TOTAL PAYMENTS ALL FUND YEAR	1,454,298.18

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		November							
Current Fund Year		2024							
		1.	2.	3.	4.	5.	6.	7.	8.
Policy Year	Coverage	Calc. Net Paid Thru Last Month	Monthly Net Paid November	Monthly Recoveries November	Calc. Net Paid Thru November	TPA Net Paid Thru November	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2024	Medical	113,436,857.91	12,444,977.09	0.00	125,881,835.00	0.00	125,881,835.00	113,436,857.91	12,444,977.09
	Dental	91,928.88	6,761.00	0.00	98,689.88	0.00	98,689.88	91,928.88	6,761.00
	Rx	5,343,889.39	585,623.76	0.00	5,929,513.15	0.00	5,929,513.15	5,343,889.39	585,623.76
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	118,872,676.18	13,037,361.85	0.00	131,910,038.03	0.00	131,910,038.03	118,872,676.18	13,037,361.85

COASTAL HEALTH BENEFITS FUND

SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED

Current Fund Year: 2024									
Month Ending: November									
	Medical	Dental	Rx	Vision	Reinsurance	Admin	LFC	Closed Year	TOTAL
OPEN BALANCE	(5,483,958.90)	(34,173.44)	(3,247,141.23)	128,883.09	(563,539.41)	2,633,839.56	794,500.10	14,456,130.18	21,634,427.73
RECEIPTS									
Assessments	14,677,009.70	12,295.11	359,774.77	4,423.90	538,238.29	1,460,590.81	110,801.42	0.00	17,163,134.00
Refunds	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts	19,372.76	0.00	0.00	274.50	0.00	5,610.00	1,692.09	30,789.19	85,319.68
Invest Adj	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04
Subtotal Invest	19,372.80	0.00	0.00	274.50	0.00	5,610.00	1,692.09	30,789.19	85,319.72
Other Receipts	54,337.70	0.00	206,177.67	0.00	0.00	0.00	0.00	0.00	260,515.37
TOTAL	14,750,720.20	12,295.11	565,952.44	4,698.40	538,238.29	1,466,200.81	112,493.51	30,789.19	17,508,969.09
EXPENSES									
Claims Transfers	12,444,977.09	6,761.00	585,623.76	0.00	0.00	0.00	0.00	0.00	13,037,361.85
Expenses	46,377.36	37.45	0.00	0.00	413,252.70	887,788.05	0.00	0.00	1,347,455.56
Other Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL	12,491,354.45	6,798.45	585,623.76	0.00	413,252.70	887,788.05	0.00	0.00	14,384,817.41
END BALANCE	(3,224,593.15)	(28,676.78)	(3,266,812.55)	133,581.49	(438,553.82)	3,212,252.32	906,993.61	14,486,919.37	24,758,579.41

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS										
COASTAL HEALTH BENEFITS FUND										
ALL FUND YEARS COMBINED										
CURRENT MONTH		November								
CURRENT FUND YEAR		2024								
Description:	Citizens Bank	OceanFirst Investment Account	OceanFirst Operating Account	Fulton Bank Investment Account	Wilmington Trust Investment Account	NJ Cash Management Investment Account	Fulton Bank Checking Account	Fulton Bank Certificate of Deposit #595106306		
ID Number:										
Maturity (Yrs)										12/1/2024
Purchase Yield:	3.50	4.34	4.34	4.75	4.39	4.55	4.75	5.50		
TOTAL for All Accts & instruments										
Opening Cash & Investment Balance	\$21,634,427.76	\$ 295,764.98	\$ 9,896.50	\$ 3,418,178.89	\$15,315,150.88	\$ 12,783.85	\$ 561,142.78	\$ 21,509.88	\$ 2,000,000.00	
Opening Interest Accrual Balance	\$50.27	\$ -	\$ -	\$ -	\$ -	\$ 50.27	\$ -	\$ -	\$ -	
1 Interest Accrued and/or Interest Cost	\$46.88	\$0.00	\$0.00	\$0.00	\$0.00	\$46.88	\$0.00	\$0.00	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$85,269.42	\$848.51	\$41.57	\$21,553.35	\$51,477.97	\$0.00	\$2,149.26	\$80.84	\$9,117.92	
6 Interest Paid - Term Instr.s	\$50.27	\$0.00	\$0.00	\$0.00	\$0.00	\$50.27	\$0.00	\$0.00	\$0.00	
7 Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
8 Net Investment Income	\$85,316.30	\$848.51	\$41.57	\$21,553.35	\$51,477.97	\$46.88	\$2,149.26	\$80.84	\$9,117.92	
9 Deposits - Purchases	\$23,218,197.56	\$0.00	\$0.00	\$15,214,477.67	\$7,218,289.62	\$0.00	\$0.00	\$785,430.27	\$0.00	
10 (Withdrawals - Sales)	-\$20,179,365.60	\$0.00	\$0.00	-\$13,599,387.14	-\$5,785,430.27	\$0.00	\$0.00	-\$785,430.27	-\$9,117.92	
		OK	OK	OK	OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$24,758,579.41	\$296,613.49	\$9,938.07	\$5,054,822.77	\$16,799,488.20	\$12,834.12	\$563,292.04	\$21,590.72	\$2,000,000.00	
Ending Interest Accrual Balance	\$46.88	\$0.00	\$0.00	\$0.00	\$0.00	\$46.88	\$0.00	\$0.00	\$0.00	
Plus Outstanding Checks	\$2,128,475.29	\$0.00	\$0.00	\$2,128,475.29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
(Less Deposits in Transit)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Balance per Bank	\$26,887,054.70	\$296,613.49	\$9,938.07	\$7,183,298.06	\$16,799,488.20	\$12,834.12	\$563,292.04	\$21,590.72	\$2,000,000.00	



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

January 27, 2025



SOUTHERN COASTAL HEALTH INSURANCE FUND

	MEDICAL CLAIMS + CAP			MEDICAL CLAIMS + CAP		
	<u>PAID 2023</u>	<u># OF EES</u>	<u>PER EE</u>	<u>PAID 2024</u>	<u># OF EES</u>	<u>PER EE</u>
JANUARY	\$8,330,285	4,780	\$ 1,743	\$8,647,154	4,777	\$1,810
FEBRUARY	\$8,241,387	4,781	\$ 1,724	\$7,823,044	4,742	\$1,650
MARCH	\$7,376,046	4,771	\$ 1,546	\$6,715,776	4,742	\$1,416
APRIL	\$7,957,881	4,766	\$ 1,670	\$10,672,810	4,739	\$2,252
MAY	\$9,478,061	4,761	\$ 1,991	\$8,343,715	4,758	\$1,754
JUNE	\$9,423,269	4,747	\$ 1,985	\$8,136,959	4,765	\$1,708
JULY	\$9,968,477	4,721	\$ 2,112	\$10,086,416	4,728	\$2,133
AUGUST	\$10,367,561	4,683	\$ 2,214	\$9,731,983	4,712	\$2,065
SEPTEMBER	\$7,791,797	4,751	\$ 1,640	\$10,059,518	4,825	\$2,085
OCTOBER	\$10,391,887	4,727	\$ 2,198	\$10,824,787	4,812	\$2,250
NOVEMBER	\$10,332,787	4,715	\$ 2,191	\$9,230,409	4,790	\$1,927
DECEMBER	\$7,265,364	4,721	\$ 1,539			
TOTALS	\$106,924,801			\$100,272,572		
				2024 Average	4,763	\$ 1,914
				2023 Average	4,744	\$ 1,879

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

Plan Sponsor Unique ID : All
Customer: Southern Coastal Health Insurance Fund
Group / Control: 00108431,00169660,00737420,00737421

Paid Dates: 10/01/2024 - 10/31/2024
Service Dates: 01/01/2011 - 10/31/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$703,541.60	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE)
	\$611,100.06	LACERATION OF LEFT ACHILLES TENDON, INITIAL
	\$153,007.98	MALIGNANT NEOPLASM OF UNSPECIFIED PART OF
	\$149,696.95	VENTRICULAR FIBRILLATION
	\$123,919.89	PARKINSON'S DISEASE WITH DYSKINESIA, WITH
	\$110,002.26	ENCOUNTER FOR ANTINEOPLASTIC
	\$104,724.71	ENCOUNTER FOR ANTINEOPLASTIC
Total:	\$1,955,993.45	

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

Plan Sponsor Unique ID : All
Customer: Southern Coastal Health Insurance Fund
Group / Control: 00108431,00169660,00737420,00737421

Paid Dates: 11/01/2024 - 11/30/2024
Service Dates: 01/01/2011 - 11/30/2024
Line of Business: All

	Paid Amt	Diagnosis/Treatment
	\$315,932.81	SECONDARY MALIGNANT NEOPLASM OF BONE
	\$167,378.79	ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE)
	\$157,948.03	NEUTROPENIA, UNSPECIFIED
	\$142,021.09	UNSPECIFIED SUBLUXATION OF LEFT PATELLA, INITIAL
	\$127,777.86	HEREDITARY FACTOR VIII DEFICIENCY
	\$110,908.44	CROHN'S DISEASE OF SMALL INTESTINE WITH
Total:	\$1,021,967.02	



Medical Claims Paid:
January 2024 – November 2024

Total Medical Paid per EE: **\$1,914**

Network Discounts

Inpatient:	65.0%
Ambulatory:	63.3%
Physician/Other:	61.2%
TOTAL:	62.9%

Provider Network

% Admissions In-Network: **98.2%**
% Physician Office in network: **98.7%**

Aetna Book of Business:
Admissions 98.8%; Physician 90.8%

Top Facilities Utilized
(by total Medical Spend)

- Inspira Medical Center –Vineland
- Cooper Hospital
- CHOP
- Inspira Medical Center Mullica Hill
- University of Pennsylvania

Catastrophic Claim Impact
(January 2024- November 2024)

Number of Claims Over \$50,000 **262**
Claimants per 1000 members: **22.3**
Avg. Paid per Claimant: **\$153,427**
Percent of Total Paid: **43.4%**

- Aetna BOB- HCC account for an average of 42.9% of total Medical Cost

Teladoc Activity:
January 2024 – December 2024

Total Registrations: 364
Total Online Visits: **1,296**
Total Net Claims Savings: **\$624,879**
Total Visits w/ Rx: **944**

Utilization by Age

0-17: 18.9%
18-26: 10.0%
27-30: 6.3%
31-45: 35.9%
46-55: 19.7%
55-65: 8.5%
65+ 0.7%

Mental Health Visits: **189**
Dermatology Visits: **54**

Service Center Performance Goal Metrics YTD 2024

Customer Service Performance

1st Call Resolution: **93.68%**
Abandonment Rate: **0.80%**
Avg. Speed of Answer: **26.1 sec**

Claims Performance

Financial Accuracy: **98.68%***
*Q2 2024
-
90% processed w/in: **6.3 days**
95% processed w/in: **11.7 days**

Claims Performance (Monthly)
(November 2024)

90% processed w/in: **6.2 days**
95% processed w/in: **10.8 days**
(Note: This is not a PG metric)

Performance Goals

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

Financial Accuracy: 99%

Turnaround Time

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





2024 Coastal HIF				2023 Coastal HIF			
	MEDICAL CLAIMS PAID 2024	# OF EES	PER EE		MEDICAL CLAIMS PAID 2023	# OF EES	PER EE
JANUARY	\$ 1,486,792.87	1,527	\$ 973.66	JANUARY	\$ 539,813.11	1549	\$ 617.36
FEBRUARY	\$ 2,775,782.86	1,526	\$ 1,818.99	FEBRUARY	\$ 2,764,051.98	1,524	\$ 1,167.98
MARCH	\$ 1,513,406.57	1,517	\$ 997.63	MARCH	\$ 2,244,616.64	1,528	\$ 1,468.98
APRIL	\$ 2,078,359.71	1,514	\$ 1,372.76	APRIL	\$ 2,137,929.02	1,518	\$ 1,408.38
MAY	\$3,087,392.63	1,509	\$ 2,045.98	MAY	\$ 1,866,166.75	1,514	\$ 1,232.60
JUNE	\$ 2,274,909.83	1,511	\$ 1,505.56	JUNE	\$ 2,441,503.48	1,515	\$ 1,611.55
JULY	\$ 1,588,759.56	1,620	\$ 980.71	JULY	\$ 2,433,300.97	1,510	\$ 1,611.45
AUGUST	\$ 3,317,861.03	1,604	\$ 2,068.49	AUGUST	\$ 2,289,593.74	1,499	\$ 1,523.41
SEPTEMBER	\$ 2,448,376.40	1,602	\$ 1,528.32	SEPTEMBER	\$ 2,166,471.52	1,504	\$ 1,440.47
OCTOBER	\$ 2,538,314.18	1,588	\$ 1,598.43	OCTOBER	\$ 2,174,018.26	1,537	\$ 1,414.45
NOVEMBER	\$ 2,090,292.11	1,586	\$ 1,317.96	NOVEMBER	\$ 3,458,261.85	1,530	\$ 2,260.30
DECEMBER	\$ 2,532,432.16	1,614	\$ 1,569.04	DECEMBER	\$ 2,559,088.00	1,523	\$ 1,680.29
TOTALS	\$27,732,679.91			TOTALS	\$ 27,074,815.32	1,521	\$ 1,453.10
				40			
2024 Average		2024 Average	\$ 1,481.46				



PLAN SPONSOR INFORMATION SERVICES
Large Claimant Report- Claims Over \$100,000

Group:	Coastal HIF	Service Dates:	-
Paid Dates:	12/1/24-12/31/24	Line of Business:	All
Network Service	ALL	Product Line:	All
Claimant	Relationship	Paid Amount	Diagnosis
1	Spouse	\$ 128,283.00	Coronary Atherosclerosis and other Heart Disease



Southern Coastal HIF
Paid Claims 01/01/2024-12/31/2024

Average payment per member per month 01/01-12/31/2024:	\$ 571.34
Number of claimants with paid claims over \$100,00 YTD:	26
Total paid on those claimants:	\$5,539,952

Top Facilities Utilized based on paid claims:
ATLANTICARE REGIONAL MEDICAL CENTER
INSPIRA MEDICAL CENTER VINELAND, NJ
INSPIRA MEDICAL CENTER MULLICA HILL, NJ
SHORE MEDICAL CENTER, NJ
CAPE REGIONAL MEDICAL CENTER, NJ

Teladoc Utilization
Total Registrations YTD:
Total Online Visits
Member Satisfaction YTD:

Provider Network
% Inpatient In- Network: 99.4%
% Professional providers In-Network: 95.3%
% Outpatient providers In-Network: 96.3%

Metric	AHA Jan. MTD	AHA Feb. MTD	AHA March MTD	AHA April MTD	AHA May MTD	AHA June MYD	AHA July MTD	AHA Aug. MTD	AHA Sept. MTD	AHA Oct. MTD	AHA Nov. MTD	AHA Dec. MTD
1st Call Resolution	79.89%	80.03%	79.13%	78.82%	78.80%	78.69%	81.82%	80.85%	81.82%	83.56%	92.02%	93.19%
ASA	5.45	5.13	5.09	9.31	4.66	11.83	19.68	13.14	25.70	46.04%	29.99	54.24
Abandonment Rate	0.92%	0.62%	0.48%	0.69%	0.47%	0.61%	0.93%	0.68%	1.27%	1.94%	2.09%	2.51%

Totals	2024 YTD
Total Inpatient Admissions	230
Total Inpatient Days	1,212
ER	931



EXPRESS SCRIPTS®

Southern Costal Health Insurance Fund

Total Component/Date of Service (Month)	2023 01	2023 02	2023 03	2023 Q1	2023 04	2023 05	2023 06	2023 Q2	2023 07	2023 08	2023 09	2023 Q3	2023 10	2023 11	2023 12	2023 Q4
Membership	2,149	2,148	2,142	2,146	2,130	2,143	2,138	2,137	2,134	2,147	2,219	2,167	2,307	2,303	2,317	2,309
Total Days	78,289	74,810	80,785	233,884	71,974	84,863	76,228	233,065	79,988	84,848	75,857	240,693	84,420	84,287	84,406	253,113
Total Patients	860	828	885	1,273	804	841	819	1,221	851	886	827	1,264	917	974	950	1,418
Total Plan Cost	\$388,091	\$340,465	\$510,856	\$1,239,412	\$390,114	\$439,633	\$344,417	\$1,174,164	\$411,032	\$429,801	\$435,082	\$1,275,915	\$488,559	\$497,799	\$438,414	\$1,424,772
Generic Fill Rate (GFR) - Total	85.6%	85.2%	85.4%	85.4%	84.5%	85.7%	86.9%	85.7%	85.3%	85.7%	84.1%	85.1%	82.0%	83.9%	88.1%	84.7%
Plan Cost PMPM	\$180.59	\$158.50	\$238.50	\$192.49	\$183.15	\$205.15	\$161.09	\$183.15	\$192.61	\$200.19	\$196.07	\$196.29	\$211.77	\$216.15	\$189.22	\$205.68
Total Specialty Plan Cost	\$167,152	\$153,844	\$258,021	\$579,016	\$184,935	\$159,004	\$143,217	\$487,156	\$173,639	\$179,036	\$245,743	\$598,418	\$246,593	\$247,883	\$215,860	\$710,336
Specialty % of Total Specialty Plan Cost	43.1%	45.2%	50.5%	46.7%	47.4%	36.2%	41.6%	41.5%	42.2%	41.7%	56.5%	46.9%	50.5%	49.8%	49.2%	49.9%

Total Component/Date of Service (Month)	2024 01	2024 02	2024 03	2024 Q1	2024 04	2024 05	2024 06	2024 Q2	2024 07	2024 08	2024 09	2024 Q3	2024 10	2024 11	2024 12	2024 Q4
Membership	2,305	2,306	2,311	2,307	2,331	2,351	2,326	2,336	2,605	2,589	2,640	2,611	2,650	2,649		
Total Days	85,107	86,806	85,896	257,809	84,674	94,464	84,721	263,859	100,171	95,059	90,238	285,468	102,447	94,287		
Total Patients	941	920	973	1,414	891	965	932	1,378	1,034	1,079	1,027	1,540	1,132	1,041		
Total Plan Cost	\$437,522	\$389,496	\$458,437	\$1,285,454	\$429,379	\$589,433	\$460,102	\$1,478,914	\$597,304	\$557,189	\$618,421	\$1,772,915	\$695,819	\$529,519		
Generic Fill Rate (GFR) - Total	87.0%	88.8%	87.2%	87.7%	85.2%	85.1%	83.3%	84.5%	85.1%	82.5%	80.7%	82.8%	81.3%	82.9%		
Plan Cost PMPM	\$189.81	\$168.91	\$198.37	\$185.71	\$184.20	\$250.72	\$197.81	\$211.03	\$229.29	\$215.21	\$234.25	\$226.31	\$262.57	\$199.89		
% Change Plan Cost PMPM	5.1%	6.6%	-16.8%	-3.5%	0.6%	22.2%	22.8%	15.2%	19.0%	7.5%	19.4%	15.3%	23.7%	-7.6%		
Total Specialty Plan Cost	\$178,342	\$151,982	\$222,746	\$553,070	\$162,052	\$265,760	\$135,401	\$563,212	\$213,556	\$172,920	\$233,797	\$620,274	\$283,383	\$142,736		
Specialty % of Total Specialty Plan Cost	40.8%	39.0%	48.6%	43.0%	37.7%	45.1%	29.4%	38.1%	35.8%	31.0%	37.8%	35.0%	40.7%	27.0%		

Top Drugs

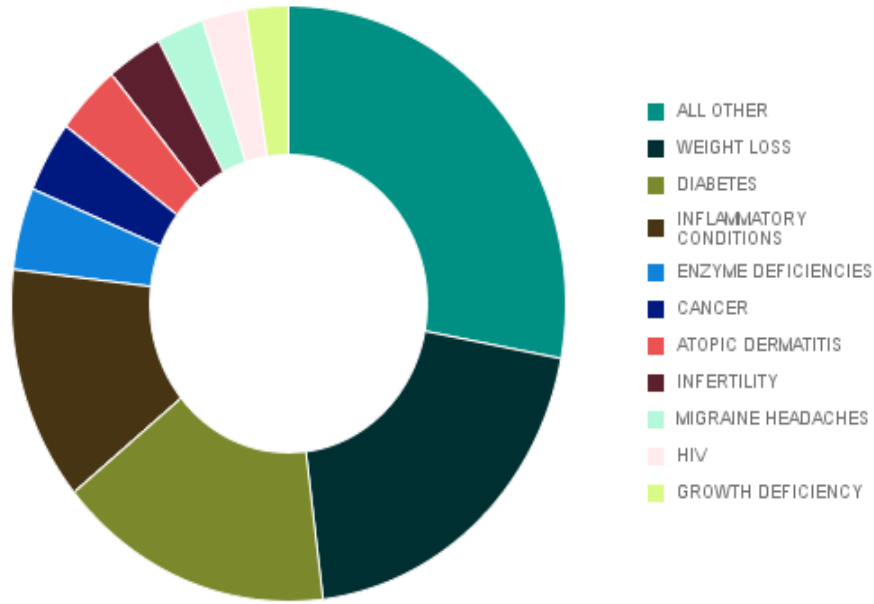
SOUTHERN COASTAL HLTH INS FUND (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	11	WEGOVY	WEIGHT LOSS	N	639	107	\$804,144	\$29.71	268	46	\$336,051	\$14.03	111.9 %
2	13	ZEPBOUND	WEIGHT LOSS	N	336	60	\$331,130	\$12.24	NA	NA	NA	NA	NA
3	323	SAPROPTERIN DIHYDROCHL	ENZYM E DEFICIENCIES	Y	21	2	\$256,523	\$9.48	22	2	\$256,543	\$10.71	-11.5 %
4	1	MOUNJARO	DIABETES	N	190	30	\$188,285	\$6.96	109	16	\$101,275	\$4.23	64.6 %
5	3	OZEMPIC	DIABETES	N	209	28	\$186,762	\$6.90	121	19	\$105,371	\$4.40	56.9 %
6	169	ALECENSA	CANCER	Y	12	1	\$170,170	\$6.29	13	1	\$192,761	\$8.05	-21.8 %
7		DUPIXENT PEN	ATOPIC DERMATITIS	Y	66	9	\$167,376	\$6.18	25	5	\$60,465	\$2.52	145.1 %
8	25	TALTZ AUTOINJECTOR	INFLAMMATORY CONDITIO	Y	28	3	\$162,454	\$6.00	26	5	\$123,948	\$5.17	16.0 %
9	155	GONAL-F RFF REDI-JECT	INFERTILITY	Y	12	7	\$113,908	\$4.21	17	11	\$170,320	\$7.11	-40.8 %
10	12	SKY RIZI PEN	INFLAMMATORY CONDITIO	Y	16	2	\$105,795	\$3.91	16	2	\$93,495	\$3.90	0.2 %
11	6	STELARA	INFLAMMATORY CONDITIO	Y	12	3	\$100,379	\$3.71	NA	NA	NA	NA	NA
12	94	ENBREL	INFLAMMATORY CONDITIO	Y	12	1	\$86,177	\$3.18	12	1	\$81,462	\$3.40	-6.3 %
13	30	BIKTARVY	HIV	N	23	2	\$84,207	\$3.11	16	2	\$55,169	\$2.30	35.1 %
14	18	TRULICITY	DIABETES	N	85	10	\$75,718	\$2.80	100	12	\$84,431	\$3.52	-20.6 %
15	115	NGENLA	GROWTH DEFICIENCY	Y	12	1	\$75,138	\$2.78	NA	NA	NA	NA	NA
16	21	ENBREL SURECLICK	INFLAMMATORY CONDITIO	Y	12	2	\$73,109	\$2.70	19	3	\$100,143	\$4.18	-35.4 %
17	56	OMNIPOD 5 DEXG7G6 PODS (DIABETES	N	98	10	\$68,199	\$2.52	47	7	\$31,059	\$1.30	94.4 %
18	22	FARXIGA	DIABETES	N	129	16	\$67,194	\$2.48	95	11	\$47,932	\$2.00	24.1 %
19	28	NURTEC ODT	MIGRAINE HEADACHES	N	39	9	\$58,650	\$2.17	30	8	\$31,841	\$1.33	63.1 %
20	10	JARDIANCE	DIABETES	N	103	10	\$56,594	\$2.09	87	11	\$46,415	\$1.94	7.9 %
21	164	COSENTYX SENSOREADY PE	INFLAMMATORY CONDITIO	Y	11	2	\$56,307	\$2.08	9	1	\$49,207	\$2.05	1.3 %
22	81	GENOTROPIN	GROWTH DEFICIENCY	Y	15	1	\$46,102	\$1.70	12	1	\$39,786	\$1.66	2.6 %
23	226	MENOPUR	INFERTILITY	Y	7	5	\$40,336	\$1.49	10	7	\$48,178	\$2.01	-25.9 %
24	86	CIMZIA	INFLAMMATORY CONDITIO	Y	9	1	\$40,149	\$1.48	9	1	\$33,173	\$1.38	7.2 %
25	33	RYBELSUS	DIABETES	N	45	7	\$39,166	\$1.45	22	5	\$18,550	\$0.77	86.9 %
Total Top 25					2,141		\$3,453,973	\$127.63	1,085		\$2,107,576	\$87.96	45.1 %

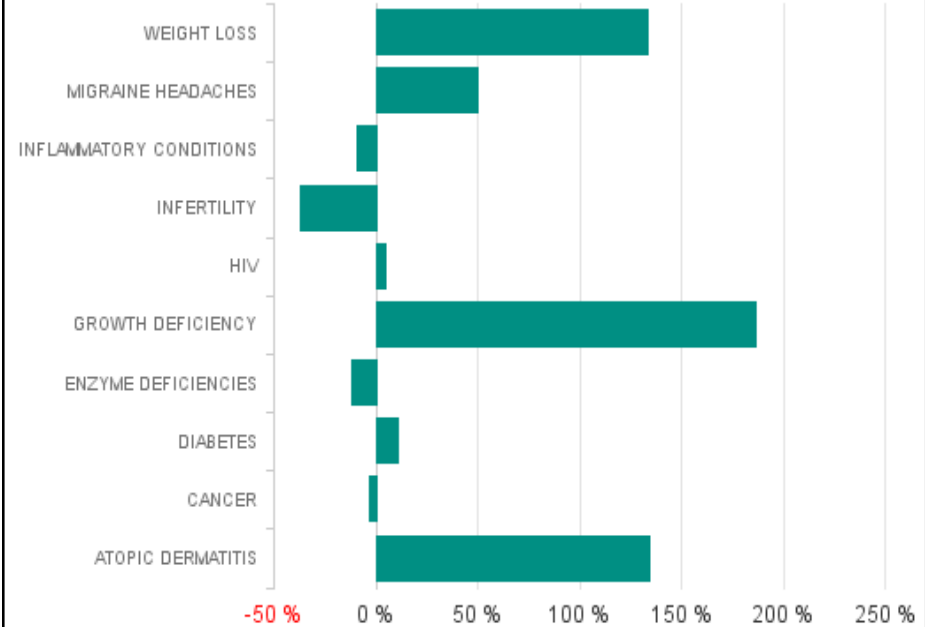
Top Indications

SOUTHERN COASTAL HLTH INS FUND (Current Period 01/2024 - 11/2024 vs. Previous Period 01/2023 - 11/2023) Peer = Government - National Preferred Formulary

Top Indications by Plan Cost



Plan Cost PMPM Trend



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	4	WEIGHT LOSS	27.8 %	1,028	\$1,156,236	\$42.72	1.8 %	4.9 %	14.8 %	409	\$438,883	\$18.32	7.1 %	11.0 %	133.2 %
2	1	DIABETES	22.3 %	2,597	\$926,213	\$34.22	27.6 %	25.6 %	25.0 %	2,307	\$741,924	\$30.97	30.4 %	28.0 %	10.5 %
3	2	INFLAMMATORY CONDITIONS	17.7 %	221	\$734,372	\$27.14	42.1 %	32.8 %	24.2 %	284	\$716,682	\$29.91	51.8 %	38.9 %	-9.3 %
4	7	ENZYME DEFICIENCIES	6.2 %	21	\$256,523	\$9.48	100.0 %	18.8 %	8.6 %	22	\$256,543	\$10.71	100.0 %	14.8 %	-11.5 %
5	3	CANCER	5.4 %	79	\$222,951	\$8.24	79.7 %	75.8 %	6.8 %	62	\$202,912	\$8.47	79.0 %	77.6 %	-2.7 %
6		ATOPIC DERMATITIS	5.3 %	444	\$220,066	\$8.13	80.9 %	NA	2.8 %	343	\$83,156	\$3.47	90.1 %	NA	134.3 %
7	9	INFERTILITY	4.5 %	86	\$187,473	\$6.93	37.2 %	63.6 %	8.9 %	124	\$263,946	\$11.02	34.7 %	60.8 %	-37.1 %
8	5	MIGRAINE HEADACHES	3.8 %	261	\$157,929	\$5.84	46.0 %	52.6 %	3.1 %	185	\$93,412	\$3.90	44.9 %	55.1 %	49.7 %
9	6	HIV	3.5 %	41	\$147,305	\$5.44	0.0 %	21.7 %	4.2 %	37	\$124,831	\$5.21	0.0 %	21.1 %	4.5 %
10	8	GROWTH DEFICIENCY	3.4 %	33	\$142,920	\$5.28	0.0 %	0.0 %	1.5 %	13	\$44,222	\$1.85	0.0 %	0.0 %	186.1 %
Total Top 10				4,811	\$4,151,987	\$153.42	29.6 %	29.2 %		3,786	\$2,966,511	\$123.81	36.6 %	32.8 %	23.9 %

Reject Subsequent Fill Activity

Reject Activity		YTD Reject Patients		Omada Rule Rejects		YTD Omada Rule Reject Patients		PA Rule Rejects		YTD PA Rule Reject Patients		Reviews			
Rejects		280.0		77.00		0.00%		0		100.00%		77.00		79	
Post Reject Sub Fill Activity		YTD Subfill Patients		Omada Subfills		YTD Omada Subfill Patients		Subfills PA Rule		YTD PA Rule Subfill Patients		Approvals		Denials	
Subfills		40.71%		37.00		0		40.71%		37.00		48.10%		51.90%	
Post Reject No Fill Activity		YTD No Fill Patients		Omada No Fills		YTD Omada No Fill Patients		No Fills PA Rule		YTD PA Rule No Fill Patients					
No Fills		59.29%		40.00		0		59.29%		40.00					

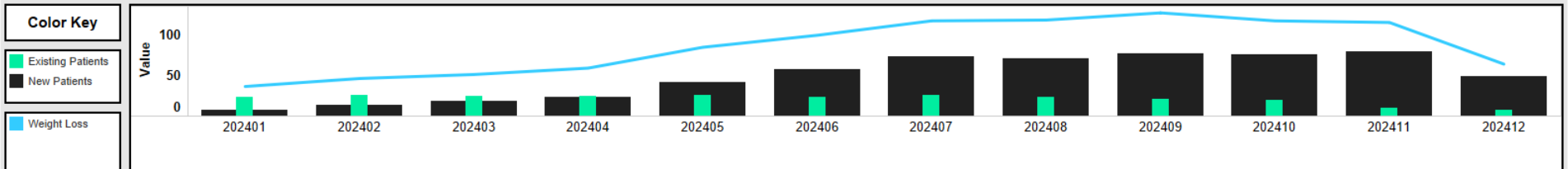
Omada Activity

Omada Members Engaged		YTD Members Engaged		Omada Members Not Engaged		YTD Members Not Engaged		PMPM Plancost Savings			
		0				0		\$5.24			

Color Key		Diabetes		Weight Loss		Grand Total	
		\$3,226.42		\$38,352.63		\$41,579.05	

Utilization Activity

YTD Total Patients		YTD New Patients		YTD Existing Patients		YTD Total Claims	
289		77.51%		22.49%		1,052	



**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
 CONSENT AGENDA
 JANUARY 27, 2025**

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

Motion _____ **Second** _____

Resolution 1-25: Professional Service Fees for 2025 **Page 49**
 Resolution 2-25: Designation of Service of Process **Page 53**
 Resolution 3-25: Designation of Secretary as Custodian of Records..... **Page 54**
 Resolution 4-25: Designation of Official Newspaper **Page 55**
 Resolution 5-25: Designation of Regular Meeting Times and Place..... **Page 56**
 Resolution 6-25: Designation of Bank Depositories & CMP..... **Page 57**
 Resolution 7-25: Designation of Authorized Signatories **Page 61**
 Resolution 8-25: Approval of Risk Management Plan..... **Page 62**
 Resolution 9-25: Appointment of MRHIF Fund Commissioners **Page 74**
 Resolution 10-25: Establishing a plan for Compensating Producers **Page 75**
 Resolution 11-25: Authorizing Treasurer to Process Contracted
 Payments and Expenses **Page 77**
 Resolution 12-25: Adopting 2025 Wellness Grant Programs**Page 78**
 Resolution 13-25: E-Procurement Approval.....**Page 80**
 Resolution 14-25: Approval of the November, December 2024 and January 2025
 Bills List**Page 81**

RESOLUTION NO. 1-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PROFESSIONALS AND AWARDING CONTRACTS
FOR FUND YEAR 2025**

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, the Fund found it necessary and appropriate to obtain certain professional services and other extraordinary and other unspecifiable services, as defined in the Local Public Contracts Law, (N.J.S.A. 40A:11-4.1et seq.) for the 2025 Fund year; and,

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-29R in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on December 17, 2024,

WHEREAS, the Fund recommended the award of contracts to the below listed Professional Service Providers and service organizations based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and

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

WHEREAS, the term of contract is (3) years as authorized under N.J.S.A.40A:11-4.1 et. Seq.

WHEREAS, the Fund resolves to appoint the Professionals - noted below -commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

NOW THEREFORE BE IT RESOLVED by the Executive Committee that the following Professional Service appointments and contract awards be and are hereby made for 2025:

- I. **Marmero Law, LLC** is hereby appointed to serve as the FUND's **Attorney**. The annual amount of \$26,530 has been appropriated in the Attorney Line Item of the 2025 budget. In addition, the Fund Attorney will be paid \$150 an hour for plan document preparation in an amount not to exceed \$26,010.
- II. **Bowman & Company** is hereby is appointed to serve as the FUND's **Auditor**. The annual amount of \$21,000 has been appropriated in the Auditor Line Item of the 2025 budget.

- III. **Point Accounting Group (Formerly Laracy Associates)** is hereby is appointed to serve as the FUND's **Treasurer**. The annual amount of \$7,440 has been appropriated in the Treasurer Line Item of the 2025 budget.
- IV. **Verrill & Verrill** is hereby is appointed to serve as the FUND's **Deputy Treasurer**. The annual amount of \$13,250 has been appropriated in the Treasurer Line Item of the 2024 budget.
- V. **Actuarial Solutions LLC (John Vataha)** is hereby is appointed to serve as the FUND's **Actuary**. The annual amount of \$12,000 has been appropriated in the Actuary Line Item of the 2025 budget.

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-21 (Executive Director) and CC# 24-22 (Program Manager) in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on December 17, 2024

WHEREAS, the Fund recommended the award of contracts to the below firms and service organization based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and,

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- 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**. \$21.10 per employee, per month will be expended to the Administrator. The estimated annual amount of \$1,672,434 has been appropriated in the Administrator Line Item of the 2025 budget. In addition, the Executive Director will be paid \$40,000 for specialized claim and operations audit through a subcontractor.
- II. **Shared Health Alliance** is hereby appointed as **Program Manager**. \$40.18 per employee, per month will be expended to the Program Manager. In addition, the Program Manager will be paid 241,661 per nurse with a \$10,000 Administrative Expenses per annum for the subcontracted **Guardian Nurse Program**. The estimated annual amount of \$3,741,278 has been appropriated in the **Program Manager** Line Item of the 2025 budget.

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2025 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Aetna** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$34.30 per employee, per month will be expended to the TPA. The estimated annual amount of \$1,972,672 has been appropriated in the Medical TPA Line Item of the 2025 budget.
- II. **AmeriHealth Administrators** is hereby appointed to serve as the FUND's **Medical Claims Administrator**. \$37.11 per medical employee, per month will be expended to the TPA, with the reduction of \$1.50 per employee, per month for wellness/marketing credit. The estimated annual amount of \$690,798 has been appropriated in the Medical TPA Line Item of the 2025 budget.
- III. **Delta Dental** is hereby appointed to serve as the FUND's **Dental Claims Administrator**. \$3.40 per medical employee, per month will be expended to the TPA. The estimated annual amount of \$7,897 has been appropriated in the Dental TPA Line Item of the 2025 budget.
- IV. **Advanta** is hereby appointed as **Wellness Program Provider**, the per employee, per month varies by member and is included in the chart below. \$3.34 per medical employee, per month will be expended to the provider. The estimated annual amount of \$270,000 has been appropriated for Wellness services, including Advanta's annual fee.

WHEREAS, the Fund duly advertised for public receipt of competitive contracts providing the required 20 days prior to receipt for CC# 24-24 (Aetna MA) in a fair and open manner, consistent with N.J.S.A.19:44A-20.4 et. Seq., and

WHEREAS, the Fund received competitive contracts for professionals on October 22, 2024,

WHEREAS, the Fund recommended the award of contracts to the below firms and service organization based on a review of their; responses, experience and prior service provided at the rates established by the Executive Committee; and

WHEREAS, the Fund resolves to appoint the extraordinary and other unspecifiable services contracts commencing on January 1, 2025 and ending on December 31, 2027 at its January 2025 Reorganization Meeting in accordance with a fair and open process pursuant to N.J.S.A. 19:44A-20.4 et. Seq.;

- I. **Aetna Medicare Advantage** is hereby appointed to serve as a Medicare Advantage service provider at per employee per month amount below. The annual amount of \$685,176 has been appropriated for this Line Item of the 2025 budget.

PlanName	Carrier	Premium
Aetna Medicare Advantage w/ \$6/\$12/\$24 Rx (Cumberland County Improvement Authority)	AETNA - RXMAPDP	\$ 485.33
Aetna Medicare Advantage - MA (Pittsgrove Township)	AETNA - MA	\$ 412.00
Aetna Medicare Advantage (Salem County)	AETNA - MA	\$ 211.76
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (Buena Borough)	AETNA - MAPDP	\$ 485.33
Aetna Medicare Advantage \$10 w/ \$6/\$12/\$24 Rx (City of Margate)	AETNA - RXMAPDP	\$ 485.33

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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPOINTING
PERMA RISK MANAGEMENT SERVICES
AS AGENT FOR THE FUND
FOR PROCESS OF SERVICE FOR THE YEAR 2025**

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 2025 or until its successor has be appointed and qualified.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 3-25

**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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 4-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING
THE ATLANTIC CITY PRESS
THE OFFICIAL NEWSPAPER FOR THE FUND YEAR 2025**

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 2025 and that all official notices required to be published shall be published in the Atlantic City Press and the Fund Website (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)

SOUTHERN COASTAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 5-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
FIXING PUBLIC MEETING DATES
FOR THE YEAR 2025**

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

NOW THEREFORE BE IT RESOLVED, by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the Fund shall hold remote public meetings during the year 2025 on the dates and times set forth below at the following location:

March 24, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm
June 2, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm
July 28, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm
September 22, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm
October 27, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm
January 27, 2025	Greenview Inn Eastlyn Golf Course	12:30 pm

BE IT FURTHER RESOLVED that the public can find information about how to access the remote public meeting (if necessary) 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)

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 6-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
DESIGNATING AUTHORIZED DEPOSITORIES FOR FUND ASSETS
AND ESTABLISHING CASH MANAGEMENT PLAN FOR 2025**

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:

Citizens Bank
Wilmington Trust
Fulton Bank
Ocean First Bank
TD 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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 7-25

**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

Matthew Laracy

- 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 27, 2025

BY: _____

CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION 8-25

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2025 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2025

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2025 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 and for those covered under Chapter 44. Included as options are: a health savings account, a core PPO program, and a buy up PPO program, an HMO program, a Consumer Directed Health Plan and the plans for those covered under Chapter 44. 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 \$500,000 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).

Specific Limit Unlimited

Basis: Incurred 12 months, paid 24 months.

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 and a half (2.5) months of the current year claim expenses is a benchmark prior to a dividend being declared from surplus generated by claims operations.

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.

- Any member that has withdrawn from the Coastal Fund shall receive its remaining share of the Closed Fund Year/Contingency Account on the following schedule:
 - 3rd year after withdrawal - 25% of balance
 - 4th year after withdrawal - 25% of balance
 - 5th year after withdrawal - 25% of balance
 - 6th year after withdrawal - Remaining balance

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/

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 1st and the 15th of the month, but will charge the member in the following month if an enrollment occurred between the 16th and the 31st of the month. If a member should term between the 1st and the 15th of the month, the Fund will not charge the member a rate for the enrollment, but will charge a full month rate if a member terms between the 16th and the 31st of the month.

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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 9-25

**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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 10-25

**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 2025;

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 2025:

Group Name	Sub Producer	Broker Rates (PEPM)
Absecon City	Glenn Insurance	\$ 47.50
Bridgeton BOE	Allen Associates	\$ 36.55
Brigantine City	Brown and Brown	\$ 41.06
Buena Borough	Allen Associates	\$ 54.22
Buena Regional BOE	Allen Associates	\$ 41.04
Cumberland County	Allen Associates	\$ 20.22
Cumberland County Charter School Network	Allen Associates	\$ 25.44
The Authority	AR Fanucci	\$ 39.56
Cumberland County Technical Education Center	Allen Associates	\$ 30.31
Cumberland Regional BOE	Allen Associates	\$ 32.98
Dennis Township BOE	Brown and Brown	\$ 31.39
Downe Township BOE	Allen Associates	\$ 19.22
Egg Harbor Township	Hafetz	\$ 37.96
Hopewell BOE	Allen Associates	\$ 35.13
Lawrence Township BOE	Conner Strong & Buckelew	\$ 34.72
Longport	Professional Benefit Consultants (PBC)	\$ 55.05
Lower Cape May Regional School District	J Byrne Agency	\$ 31.50
Lower Township BOE	J Byrne Agency	\$ 40.81

Margate City	Broker 1. Professional Benefit Consultants PBC; Broker 2. Brown & Brown	\$ 47.24
Millville BOE	Allen Associates	\$ 33.44
Ocean City BOE	Brown and Brown	\$ 50.49
Penns Grove	Conner Strong & Buckelew	\$ 31.90
Penns Grove Carney's Point Schools	Conner Strong & Buckelew	\$ 35.39
Pittsgrove Township	Hardenbergh Insurance	\$ 60.00
Salem County	Insurance Solutions	\$ 24.30
Upper Deerfield BOE	Allen Associates	\$ 35.64
Upper Township BOE	J Byrne Agency	\$ 33.10
Vineland BOE	Allen Associates	\$ 21.78
Waterford Township BOE	Cornerstone Insurance Group	\$ 73.77
West Cape May BOE	J Byrne Agency	\$ 38.62
Woodstown Borough	Allen Associates	\$ 18.73

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

SOUTHERN COASTAL REGIONAL EMPLOYE BENEFITS FUND

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 11-25

**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 2025.

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: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 12-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
ADOPTING 2025 WELLNESS GRANT PROGRAMS**

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;

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2025 through December 31, 2025 This budget includes \$175,000 for individual member wellness grants;

WHEREAS, Vineland BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$21,200 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, Cumberland County submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$25,910 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, Beuna Reg BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$11,500 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, City Of Margate submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$6,760 was deemed appropriate for the objectives of the Fund wellness grant program

WHEREAS, Ocean City BOE submitted an application for a wellness grant through the Southern Coastal Regional Employee Benefits Fund which was presented and approved by the Wellness Committee

WHEREAS, the projected program and requested funds in the amount of \$10,000 was deemed appropriate for the objectives of the Fund wellness grant program

NOW THEREFORE BE IT RESOLVED, on January 27, 2025 the Executive Committee of the Southern Coastal Regional Employee Benefits Fund approved Wellness Grant Programs for .

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 13-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OF AN E- PROCUREMENT SOFTWARE VENDOR THROUGH THE COMPETITIVE
CONTRACTING PROCESS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund (Hereinafter the "Fund") has a need for electronic platform procurement services for its daily operations; and

WHEREAS, such desired services are currently available to be provided through the competitive contracting process under the New Jersey Local Publics Contract Law, (N.J.S.A. 40A:11-4.1 et. Seq.,) to wit:

a. The purchase or licensing of proprietary computer software designed for contracting unit purposes, which may include hardware intended for use with the proprietary software. This subsection shall not be utilized for the purpose of acquiring general purpose computer hardware or software;

; and

WHEREAS, the Fund desires to evaluate such service offerings from Vendors within the procedures as set forth in the New Jersey Local Publics Contract Law, (N.J.S.A. 40A:11-4.1 et. Seq.,) and

WHEREAS, the competitive contracting process satisfies the fair and open requirement as established under (N.J.S.A. 19:44A-20.5 et. Seq.), and

WHEREAS, the Fund desires to enter into a contract that will satisfy the needs of the Fund; and

WHEREAS, as per statute the process will be administered by the Qualified Purchasing Agent (N.J.S.A. 40A:11-4.1 et. Seq.),

NOW, THEREFORE, BE IT RESOLVED by the Board of Fund Commissioners of the Southern Coastal Regional Employee Benefits Fund resolve to authorize the Qualified Purchasing Agent to procure the electronic procurement proprietary software offerings through the competitive contacting process in accord with (N.J.S.A. 40A:11-4.1 et. Seq.),

ADOPTED: JANUARY 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 14-25

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE NOVEMBER 2024, DECEMBER 2024 AND JANUARY 2025**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on **JANUARY 27, 2025** for the purposes of conducting the official business of the Fund; and

WHEREAS, The Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of November 2024, December 2024 and January 2025 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 November 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 November 2024 and December 2024 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 27, 2025

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
OPEN MINUTES
OCTOBER 28, 2024**

THE GREENVIEW INN AT EASTLYN GOLF COURSE, VINELAND NJ
12:30 PM

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

PLEDGE OF ALLEGIANCE

ROLL CALL OF THE 2024 EXECUTIVE COMMITTEE

Richard Davidson	Chair	Present
Nicole Albanese	Secretary	Present
Jerry Velazquez	Executive Committee	Present
Megan Duffield	Executive Committee	Absent
Laurie Ryan	Executive Committee	Absent
Scott Musterel	Executive Committee	Present
Mark Mallet	Executive Committee	Present
Frank Badessa	Executive Committee Alternate	Absent
Donna Phillips	Executive Committee Alternate	Absent
Chris Destratis	Executive Committee Alternate	Absent

PRESENT FUND PROFESSIONALS:

FUND ADMINISTRATOR: **PERMA Risk Management**
Caitlin Perkins
Jordyn Robinson

FUND AUDITOR: **Dennis Skalkowski - Absent**

FUND ATTORNEY: **John Carlton**

PROGRAM MANAGER: **Shared Health Alliance**
Rich Allen

FUND TREASURER: **Lorraine Verrill**

AETNA: **Jason Silverstein - Absent**

AMERIHEALTH: Kristina Strain

EXPRESS SCRIPTS: Hiteksha Patel

DELTA DENTAL: Absent

ALSO PRESENT:

Name	Firm/Entity
Gerald Cowen	Allen Associates
Rick Alessandrini	Allen Associates
Corey Allen	Allen Associates
Lew Thompson	Allen Associates
Courtney Adamonis	Allen Associates
Dina Murray	Allen Associates
Susan Dortu	Allen Associates
Tammy Brown	Conner Strong
Alicia Spataro	Guardian Nurses
Andrea Spector	Guardian Nurses
Paula Spector	Guardian Nurses
Sara Fiske	Guardian Nurses
Dennis Zakroff	Cumberland County Charter
Michael Morey	J. Byrne
Tim Kelley	Ocean City BOE
Jim Ridgway	J. Byrne
Tom Kirner	Glenn Ins.
Aaron Smith	County of Cumberland

APPROVAL OF MINUTES: September 23, 2024- Open

MOTION TO APPROVE OPEN MINUTES OF SEPTEMBER 23, 2024

Moved: Commissioner Must
Second: Commissioner Albanese
Vote: Unanimous

CORRESPONDENCE - Letter to the Dept of banking and insurance.

EXECUTIVE DIRECTOR'S REPORT

Account Manager Perkins introduced Tammy Brown, the Public Entity and HIF Business Leader from Conner Strong.

FAST TRACK FINANCIAL REPORT – Mrs. Perkins reviewed the financials through August 2024 did end in a deficit of about 1.5 million. This is a trend that all funds across the state see in the summer months. Aetna had 6 high-cost claimants and one of them was over the spec limit which means the fund should see reimbursement.

2025 SOUTHERN COASTAL BUDGET – ADOPTION – Mrs. Perkins stated that there were a few changes to the budget.

Budget:

- The MRHIF renewal came in lower than expected.
- An additional \$500,000 was added to the Rate Stabilization for a total \$1.5M

Assessments:

The additional loss contingency is funded by MRHIF reallocation of funds and reduction of margin resulting in no increase for the initial introduction. The Finance Committee also reviewed the below and recommend the following, which were included in the rate sheets distributed

- *Loss Ratio Adjustments*- For groups with Loss Ratios over 110% or below 75% would receive an +/- 2.5%
- *Educators/Garden State Plan Adjustments (Boards of Education)* - Rate application by medical plan design EHP/GSP vs. legacy plans based on performance.
- *Self-Injectables Medications* – Upon entering the Fund, some groups have self-injectable medications covered through a special Express Scripts plan. Recently, self-injectables have become more commonly prescribed and often expensive. It is recommended that those particular groups cover their share of that prescription cost through their medical rate.

Motion to open the Public Hearing on the 2025 Budget

Moved:	Commissioner Musterel
Second:	Commissioner Albanese
Vote:	5 Ayes, 0 Nays

Commissioner Musterel stated that they added to the rate stabilization because they thought it was the right thing for the fund, not because of the decrease in the MRHIF.

Motion to close the Public Hearing

Moved:	Commissioner Musterel
Second:	Commissioner Albanese
Vote:	All in Favor

Motion to approve Resolution 28-24 approving the 2025 Southern Coastal Regional Employee Benefits Fund Budget in the amount of \$168,068,378.

Moved: Commissioner Albanese
Second: Commissioner Mustarel
Vote: 5 Ayes, 0 Nays

QPA APPROVAL - Mrs. Perkins stated that at the last meeting, the Executive Committee authorized the Fund to receive quotes for QPA services for contract procurement work through the end of 2024. The Fund released the request to 5 QPAs around the State and received one response from The Canning Group. The cost proposal is \$2,000 for facilitating the professional RFPs scheduled to be released.

MRHIF REPORT

The MRHIF met on October 2, 2024. Commissioner Ryan was in attendance on behalf of the Coastal HIF. The primary action items taken at the meeting were the introduction of the 2025 Budget and the approval of the reinsurance contract through Starline.

DIRECT BILL ENROLLEES (Dependent to 31, COBRA and Retirees) AND DECEMBER BILLS

For the upcoming 2025 renewal updates, we request that each entity with retirees contributing a percentage provide any changes to the contribution rate by November 1, 2024 to the enrollment team ensuring accurate coupons are issued.

On behalf of the Fund, WEX will be sending out notices to self-pay enrollees notifying them that their 2025 coupons will likely be received after January 1st. For your reference those notices are included in Appendix III of your agenda.

Due to the timeline of the 2025 budget, should there be a delay in the January 2025 bills, we are asking members to pay the December bill amount twice, with the February 2025 bill being updated with the new rates and any adjustments for the January bill.

NEW MEMBER - Borough of Longport - Mrs. Perkins stated that the Borough of Longport has expressed interest in becoming a new member of the Coastal Fund on December 1, 2024. The Fund Underwriter and Actuary have reviewed that data from the State Health Benefits Plan and were able to provide a competitive assessment quote. A signed Indemnity and Trust agreement has been received by the group.

INDEMNITY AND TRUST AGREEMENTS - Mrs. Perkins stated there are a handful of outstanding indemnity and trust agreements outstanding and to please review to get these updated.

PROGRAM MANAGER REPORT

Program Manager Mr. Allen thanked the finance committee for their participation with the budget and the adjustments made. He stated that the Funds renewal was a

little bit under trend which is good from what the state is seeing.

Mr. Allen reviewed the prospects below.

City of Vineland <ul style="list-style-type: none"> DTQ due to unfavorable claims 	Longport, Boro of <ul style="list-style-type: none"> Effective 12/1/24; Implementation ongoing
Cape May, City of <ul style="list-style-type: none"> Favorable proposal presented 	Lower, Twp of <ul style="list-style-type: none"> Favorable proposal presented
Middle Township (muni) <ul style="list-style-type: none"> DTQ due to unfavorable claims 	Somers Point, City of <ul style="list-style-type: none"> Proposal released, pending presentation
Atlantic Utilities Authority <ul style="list-style-type: none"> Under review by Underwriting 	

Mr. Allen stated that it came to their attention today from a report that all the GLP1 medications aren't helping or making a difference in the claims for diabetes or weight loss. He stated that the conditions have not decreased from the use of the GLP1 medications like they were expected. This is something seen across the state which is discouraging.

Mrs. Dortu reviewed a few housekeeping items. She stated that open enrollment has started, and materials were sent already. She stated if there are any outlying concerns please reach out. She stated that Aetna and AmeriHealth will be sending out new ID cards in 2025.

Mrs. Dortu stated to remind your HR department to update enrollments and terms. To retro term someone is a tough task – there is a 60 day policy. They need to be in communication with accounts payable as well.

Albanese thanked the Allens for getting their comparisons for the Auditing. She stated that there were a lot of questions that came up in their Audit and the Allen Associates helped a lot to make the process easier.

WELLNESS UPDATE:

Mr. Corey Allen stated there are new submission dates for wellness. The deadlines for 2024-2025 wellness applications have now passed. For the 2025 budget, the Fund has introduced a per-employee budget system, allowing the wellness budget to grow alongside the fund year after year. The proposed budget will remain at \$175,000 in calendar year 2025 for such projects but will continue to grow as we do. **Once again, we will have two submission dates:**

- November 30 (to use funds from January 2025 thru December 2025)
- May 31 (to use funds from July 2025 thru June 2026)

2025 WELLNESS ALLOTMENT UPDATE:

Moving forward we have decided to utilize a per-employee allotment format, allowing your grant amount to change with the size of your entity. This seemed like the fairest approach and has given most groups more wellness dollars.

NEW FINDINGS SHOWS STRONG CORRELATION BETWEEN WELLNESS & MEDICAL LOSS RATIO:

We analyzed the Medical L/R of groups active in the wellness program from 2021 to 2023 and found the following:

Groups that applied in 2022-2023:	Groups that did not apply in 2022-2023:	Groups that applied between 2021-2023: *	Groups not consistent between 2021-2023:	Groups w/ over 20% Advanta participation:
87%	111%	93%	119%	82%

*had to apply for at least 2 years

- **There is a 24% difference between groups that applied in 2022-2023 and those that did not.**
- **There is a 26% difference between groups that applied consistently over three years versus those that did not.**

GUARDIAN NURSES - They reviewed the report that was included in the agenda.

Also attached is the most recent Guardian Nurses newsletter "The Flame"
She stated that Betty Long has a podcast on Apple Podcast and she will be interviewing a Coastal member/patient.

TREASURER - Deputy Treasurer reviewed the October bills list and treasurers report through August, which includes the summary of cash transactions, summary of cash and investments, as well as the reconciliation of claims payments and recoveries. She stated that the rates are declining but just bought into a CD for 5.5% until the end of December.

FUND ATTORNEY- No report.

AETNA - Mr. Silverstein absent. Report is included in the agenda.

AMERIHEALTH ADMINISTRATORS - Ms. Strain reviewed the claims for September 2024. She noted there were no high claimants for the month of September and the dashboard metrics show that the customer service metrics continue to trend well.

EXPRESS SCRIPTS - Ms. Patel reviewed the report included in the agenda which is utilization through August 2024 which includes the total plan costs, generic fill rates. She reviewed the top ten indications and top 25 drug utilization. She stated that there was an increase in the

DELTA DENTAL - Absent.

CONSENT AGENDA

MOTION TO APPROVE THE CONSENT AGENDA AS DISCUSSED:

Resolution 29-24: QPA 2024 Contract Extension
Resolution 30-24: New Membership
Resolution 31-24: Approval of the October 2024 Bills List

MOTION:	Commissioner Albanese
SECOND:	Commissioner Velasquez
VOTE:	Roll Call - 5 Ayes, 0 Nays

OLD BUSINESS: None.

NEW BUSINESS: Mr. Velasquez stated that our partners shouldn't compete against us. Chair Davidson and Mr. Allen acknowledged the comment.

PUBLIC COMMENT: None

MOTION TO ADJOURN:

MOTION:	Commissioner Albanese
SECOND:	Commissioner Musterel
VOTE:	Unanimous

MEETING ADJOURNED: 1:15 pm

NEXT MEETING: January 27, 2025
12:30 PM, The Greenview Inn at Eastlyn Golf Course Vineland, NJ

APPENDIX II

OATH OF OFFICE

State of New Jersey

County of Cumberland

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

Sworn and subscribed to

before me this (27th day of January, 2025)

_____, **Esquire**

Attorney-at-law of New Jersey