



AGENDA & REPORTS

JUNE 1, 2026

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)** POSTING THE ANNUAL MEETING NOTICE ON THE FUND'S OFFICIAL WEBSITE WHERE ALL LEGAL NOTICES ARE MAINTAINED **(2)** FILING ADVANCE WRITTEN NOTICE OF THIS MEETING WITH THE CLERK/ ADMINISTRATOR OF EACH MEMBER MUNICIPALITY AND SCHOOL BOARDS, AND **(3)** PUBLISHING THE NOTICE IN THE FUND'S DEISGNATED NEWSPAPER DIRECTING THE PUBLIC TO THE WEBSITE WHERE LEGAL NOTICES ARE AVAILABLE

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND AGENDA
MEETING: JUNE 1, 2026
12:30 PM

MEETING CALLED TO ORDER - OPEN PUBLIC MEETING NOTICE READ

FLAG SALUTE

ROLL CALL OF THE 2026 EXECUTIVE COMMITTEE

- Richard Davidson, Chair
- Pasquale Yacovelli, 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
- Dennis Zakroff, Executive Committee Alternate
- Kevin Smaniotto, Executive Committee Alternate
- Thomas D'Intino, Executive Committee Alternate

APPROVAL OF MINUTES: March 30, 2026 Appendix I

CORRESPONDENCE - None

PUBLIC COMMENT - *Agenda Items Only*

REPORTS:

EXECUTIVE DIRECTOR (PERMA)

Monthly Report.....Page 3

PROGRAM MANAGER- (Shared Health Alliance)

Monthly Report.....Page 12

GUARDIAN NURSES

Monthly Report.....Page 24

TREASURER - (Laracy Associates LLC / Verrill & Verrill)

April and May 2026 Bills ListPage 26

March 2026 Treasurers ReportPage 31

Confirmation of Claims Paid/Certification of Transfers

Ratification of Treasurers Report

ATTORNEY - (Marmero Law, LLC)

Monthly Report

**Southern Coastal Regional Employee Benefits Fund
Executive Director's Report
June 1, 2026**

FINANCES & CONTRACTS

PRO FORMA REPORTS

- **Fast Track Financial Reports** – February 28, 2026 and March 31, 2026 (Page 5)
 - **Historical Income Statement**
 - **Consolidated Balance Sheet**
 - **Indices and Ratios Report**
 - **Budget Status Report**

2025 FUND YEAR AUDIT

The 2025 Fund Year audit is underway and we expect to have a finance committee meeting mid-June to allow the Auditor to review the financials through 12/31/2025. The Fund may need a special zoom meeting to approve the final version in order to file the audit on time with the State.

OUTLIER PERFORMING GROUPS AND RMP UPDATE

The Finance Committee recently met to discuss the memo provided by PERMA in Appendix. After a healthy discussion, the Committee agreed that it was prudent to retain these positive performing groups and offered rate relief in the following amounts:

Lower Township BOE \$30,000
Upper Township BOE \$125,000

It is assumed that the districts have accepted and will continue membership.

A motion to approve this cost shift is requested.

MOTION: Motion to use the reduce the surplus regeneration line in the 2026 budget in the amount of \$155,000 and provide rate reductions to Lower Township BOE in the amount of \$30,000 and Upper Township BOE in the amount of \$125,000 effective July 1, 2026.

In addition, the Committee is recommending a Risk Management plan update to include guidelines under which the Fund may, at its discretion and subject to budget capacity, grant limited underwriting concessions to well-performing member entities. To qualify, a member must have produced a surplus to the Fund for three consecutive years and maintained a combined medical and prescription loss ratio of 70% or better in each of those years. Any concession would be evaluated on a case-by-case basis and capped at no more than 5% of the budgeted contingency and/or a 2% rate reduction.

Revised Resolution 8-26 is included.

MONTHLY BILLING LATE PAYMENT INTEREST

PERMA has been working with WEX to allow us to rename individual line-item adjustments to monthly bills to reflect interest accrued on late payments. PERMA is expecting to have this interest penalty process in place by September. We will have an update in July. As a reminder:

PERMA's enrollment team will run the bills on the sixteenth of the month and after pre-bill audits are completed, they will be sent out. The bills are due on the 15th of the billed month. Payments not received by the 15th are subject to a 10% interest penalty.

We recognize that certain circumstances may impact timely payment. PERMA will be working with the Fund Treasurer to identify situations that would warrant a waiver of the late payment interest charge. If your entity anticipates difficulty meeting a payment deadline, please contact the Fund Treasurer and your PERMA team as soon as possible.

MRHIF MEETING

The MRHIF met in early May to introduce bylaw changes. The second reading will be in June, and all members will be asked to adopt within six months. The recommended changes will be presented at the July meeting for approval.

FINANCIAL DISCLOSURE STATEMENTS 2026

All Fund Commissioners should have received their financial disclosure statements on April 2, 2026, from Jordyn Robinson. As a reminder, the role of HIF Fund Commissioner is a separate filing from that of your municipality obligation.

As of **May 26th**, there are **three** Fund Commissioners who have not completed their filing and reminders have been sent. If you have not filed and need your PIN or email, please contact Jordyn Robinson at jrobinson@permainc.com

GASB 75 REPORTING

The Fund is contracted with an actuary to prepare GASB 75 reports for its medical members. If your audit requires a complete report or an update to the previous year's report, please contact Jordyn Robinson at jrobinson@permainc.com. Please note that during peak periods, report turnaround time may be up to six weeks.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

		AS OF	February 28, 2026		
		<i>THIS</i>	<i>YTD</i>	<i>PRIOR</i>	<i>FUND</i>
		<i>MONTH</i>	<i>CHANGE</i>	<i>YEAR END</i>	<i>BALANCE</i>
1.	UNDERWRITING INCOME	18,175,712	36,252,775	1,091,244,940	1,127,497,715
2.	CLAIM EXPENSES				
	Paid Claims	13,811,566	26,425,172	964,122,158	990,547,330
	IBNR	1,824,978	4,241,608	14,013,181	18,254,789
	Less Specific Excess	-	(18,708)	(28,625,431)	(28,644,139)
	Less Aggregate Excess	-	-	-	-
	TOTAL CLAIMS	15,636,544	30,648,072	949,509,908	980,157,980
3.	EXPENSES				
	MA & HMO Premiums	164,639	316,959	3,872,890	4,189,848
	Excess Premiums	755,093	1,404,955	34,399,340	35,804,295
	Administrative	1,462,235	2,726,481	94,650,604	97,377,085
	TOTAL EXPENSES	2,381,968	4,448,395	132,922,834	137,371,228
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	157,200	1,156,309	8,812,198	9,968,506
5.	INVESTMENT INCOME	26,491	50,098	4,705,186	4,755,284
6.	DIVIDEND INCOME	-	-	4,391,262	4,391,262
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	183,691	1,206,407	17,908,646	19,115,052
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)	183,691	1,206,407	(444,893)	761,513
SURPLUS (DEFICITS) BY FUND YEAR					
	Closed				
	Surplus	7,592	(14,271)	7,249,745	7,235,474
	Cash	33,436	31,660	19,364,291	19,395,950
	2024				
	Surplus	(28,995)	(268,705)	(2,508,066)	(2,776,771)
	Cash	88,338	(162,180)	(2,721,716)	(2,883,896)
	2025				
	Surplus	105,809	(1,039,591)	(5,186,572)	(6,226,162)
	Cash	913,307	121,364	(652,782)	(531,418)
	2026				
	Surplus	99,284	2,528,973		2,528,973
	Cash	5,704,938	4,526,155		4,526,155
	TOTAL SURPLUS (DEFICITS)	183,691	1,206,407	(444,893)	761,513
	TOTAL CASH	6,740,019	4,516,998	15,989,793	20,506,792
CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	4,953	38,865	661,661,714	661,700,579
	FUND YEAR 2024				
	Paid Claims	35,297	291,818	140,981,980	141,273,798
	IBNR	-	-	-	-
	Less Specific Excess	-	(10,808)	(3,882,374)	(3,893,182)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2024 CLAIMS	35,297	281,010	137,099,606	137,380,616
	FUND YEAR 2025				
	Paid Claims	2,143,558	9,468,213	139,206,283	148,674,496
	IBNR	(2,242,109)	(8,407,909)	14,013,181	5,605,272
	Less Specific Excess	-	(7,900)	(2,470,875)	(2,478,775)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2025 CLAIMS	(98,551)	1,052,404	150,748,589	151,800,993
	FUND YEAR 2026				
	Paid Claims	11,627,758	16,626,276		16,626,276
	IBNR	4,067,087	12,649,517		12,649,517
	Less Specific Excess	-	-		-
	Less Aggregate Excess	-	-		-
	TOTAL FY 2026 CLAIMS	15,694,845	29,275,793		29,275,793
	COMBINED TOTAL CLAIMS	15,636,544	30,648,072	949,509,909	980,157,981

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

FINANCIAL FAST TRACK REPORT

		AS OF	March 31, 2026		
		<i>THIS</i>	<i>YTD</i>	<i>PRIOR</i>	<i>FUND</i>
		<i>MONTH</i>	<i>CHANGE</i>	<i>YEAR END</i>	<i>BALANCE</i>
1.	UNDERWRITING INCOME	18,103,502	54,356,277	1,091,244,940	1,145,601,217
2.	CLAIM EXPENSES				
	Paid Claims	13,805,905	40,231,077	964,122,158	1,004,353,235
	IBNR	515,981	4,757,589	14,013,181	18,770,770
	Less Specific Excess	(910,015)	(928,723)	(28,625,431)	(29,554,154)
	Less Aggregate Excess	-	-	-	-
	TOTAL CLAIMS	13,411,871	44,059,943	949,509,908	993,569,851
3.	EXPENSES				
	MA & HMO Premiums	164,945	481,903	3,872,890	4,354,793
	Excess Premiums	698,736	2,103,691	34,399,340	36,503,031
	Administrative	1,361,538	4,088,019	94,650,604	98,738,623
	TOTAL EXPENSES	2,225,219	6,673,613	132,922,834	139,596,447
4.	UNDERWRITING PROFIT/(LOSS) (1-2-3)	2,466,412	3,622,720	8,812,198	12,434,918
5.	INVESTMENT INCOME	41,418	91,516	4,705,186	4,796,702
6.	DIVIDEND INCOME	-	-	4,391,262	4,391,262
7.	STATUTORY PROFIT/(LOSS) (4+5+6)	2,507,830	3,714,236	17,908,646	21,622,882
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)	2,507,830	3,714,236	(444,893)	3,269,343
SURPLUS (DEFICITS) BY FUND YEAR					
	Closed				
	Surplus	(10,605)	(24,877)	7,249,745	7,224,868
	Cash	12,173	43,832	19,364,291	19,408,123
	2024				
	Surplus	43,384	(225,321)	(2,508,066)	(2,733,387)
	Cash	89,641	(72,539)	(2,721,716)	(2,794,255)
	2025				
	Surplus	1,040,043	453	(5,186,572)	(5,186,119)
	Cash	(1,535,392)	(1,414,028)	(652,782)	(2,066,810)
	2026				
	Surplus	1,435,008	3,963,981		3,963,981
	Cash	4,811,522	9,337,677		9,337,677
	TOTAL SURPLUS (DEFICITS)	2,507,830	3,714,236	(444,893)	3,269,343
	TOTAL CASH	3,377,944	7,894,942	15,989,793	23,884,736
CLAIM ANALYSIS BY FUND YEAR					
	TOTAL CLOSED YEAR CLAIMS	24,158	63,024	661,661,714	661,724,737
	FUND YEAR 2024				
	Paid Claims	(36,576)	255,242	140,981,980	141,237,222
	IBNR	-	-	-	-
	Less Specific Excess	-	(10,808)	(3,882,374)	(3,893,182)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2024 CLAIMS	(36,576)	244,434	137,099,606	137,344,040
	FUND YEAR 2025				
	Paid Claims	1,559,396	11,027,609	139,206,283	150,233,892
	IBNR	(1,681,582)	(10,089,491)	14,013,181	3,923,690
	Less Specific Excess	(910,015)	(917,915)	(2,470,875)	(3,388,789)
	Less Aggregate Excess	-	-	-	-
	TOTAL FY 2025 CLAIMS	(1,032,201)	20,203	150,748,589	150,768,793
	FUND YEAR 2026				
	Paid Claims	12,258,927	28,885,202		28,885,202
	IBNR	2,197,563	14,847,080		14,847,080
	Less Specific Excess	-	-		-
	Less Aggregate Excess	-	-		-
	TOTAL FY 2026 CLAIMS	14,456,490	43,732,282		43,732,282
	COMBINED TOTAL CLAIMS	13,411,871	44,059,943	949,509,909	993,569,852

Southern Coastal Regional Employee Benefits Fund
CONSOLIDATED BALANCE SHEET
AS OF MARCH 31, 2026
BY FUND YEAR

	COASTAL 2026	COASTAL 2025	COASTAL 2024	CLOSED YEAR	FUND BALANCE
ASSETS					
Cash & Cash Equivalents	9,337,677	(2,066,810)	(2,794,255)	19,408,123	23,884,736
Assesments Receivable (Prepaid)	9,575,832	266,998	46,241	-	9,889,072
Interest Receivable	-	-	-	40	40
Specific Excess Receivable	-	1,527,447	14,626	-	1,542,074
Aggregate Excess Receivable	-	-	-	-	-
Dividend Receivable	-	-	-	-	-
Prepaid Admin Fees	6,204	-	-	-	6,204
Other Assets	712,063	161,239	-	-	873,301
Total Assets	19,631,776	(111,126)	(2,733,387)	19,408,164	36,195,427
LIABILITIES					
Accounts Payable	-	-	-	-	-
IBNR Reserve	14,847,080	3,923,690	-	-	18,770,770
A4 Retiree Surcharge	636,307	986,612	-	-	1,622,919
Dividends Payable	-	-	-	-	-
Retained Dividends	-	-	-	12,183,295	12,183,295
Accrued/Other Liabilities	184,408	164,691	-	-	349,100
Total Liabilities	15,667,795	5,074,993	-	12,183,295	32,926,084
EQUITY					
Surplus / (Deficit)	3,963,981	(5,186,119)	(2,733,387)	7,224,868	3,269,343
Total Equity	3,963,981	(5,186,119)	(2,733,387)	7,224,868	3,269,343
Total Liabilities & Equity	19,631,776	(111,126)	(2,733,387)	19,408,164	36,195,427
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

RATIOS

INDICES	2025	JAN	FEB	MAR
Cash Position	15,989,793	\$ 13,766,773	\$ 20,506,792	\$ 23,884,736
IBNR	14,013,181	\$ 16,429,811	\$ 18,254,789	\$ 18,770,770
Assets	27,028,324	\$ 30,725,142	\$ 33,062,865	\$ 36,195,427
Liabilities	27,473,218	\$ 30,147,319	\$ 32,301,351	\$ 32,926,084
Surplus	(444,893)	\$ 577,823	\$ 761,513	\$ 3,269,343
Claims Paid -- Month	12,972,841	\$ 12,613,606	\$ 13,811,566	\$ 13,805,905
Claims Budget -- Month	12,041,889	\$ 15,617,720	\$ 15,620,273	\$ 15,623,616
Claims Paid -- YTD	155,182,136	\$ 12,613,606	\$ 26,425,172	\$ 40,231,077
Claims Budget -- YTD	143,592,143	\$ 15,617,720	\$ 31,237,993	\$ 46,861,609
RATIOS				
Cash Position to Claims Paid	1.23	1.09	1.48	1.73
Claims Paid to Claims Budget -- Month	1.08	0.81	0.88	0.88
Claims Paid to Claims Budget -- YTD	1.08	0.81	0.9	0.9
Cash Position to IBNR	1.14	0.84	1.12	1.27
Assets to Liabilities	0.98	1.02	1.02	1.1
Surplus as Months of Claims	(0.04)	0.04	0.05	0.21
IBNR to Claims Budget -- Month	1.16	1.05	1.17	1.2

Southern Coastal Regional Employee Benefits Fund

2025 Budget Report

AS OF MARCH 31, 2026

				Cumulative	\$ Variance	% Variance
Expected Losses	Cumulative	Annual	Latest Filed	Expensed		
Medical Claims Aetna 12/31 Renewal	23,655,160	94,436,364	74,977,896			
Medical Claims Aetna 6/30 Renewal	11,188,956	22,841,483	50,393,383			
Medical Claims AmeriHealth 12/31 Renewal	6,203,001	24,812,004	24,267,085			
Medical Claims AmeriHealth 6/30 Renewal	3,997,947	11,015,766	11,447,065			
Subtotal Medical Claims	45,045,064	153,105,617	161,085,429	41,163,337	3,881,727	9%
Prescription Claims 12/31 Renewal	1,213,233	4,822,970	2,920,283			
Prescription Claims 6/30 Renewal	1,425,285	3,914,979	4,797,563			
Prescription Formulary Rebates	(844,325)	(2,796,145)	(2,469,711)			
Subtotal Prescription	1,794,193	5,941,804	5,248,135	2,550,085	(755,892)	-42%
Dental Claims 12/31 Renewal	5,938	23,578	24,211			
Dental Claims 6/30 Renewal	16,414	32,970	61,935			
Subtotal Dental	22,352	56,548	86,146	18,861	3,491	16%
Vision Claims 12/31 Renewals	0	0	0			
Vision Claims 6/30 Renewals	0	0	0			
Subtotal Vision	0	0	0	Included in Medical		
Subtotal Claims	46,861,609	159,103,969	166,419,710	43,732,282	3,129,327	7%
Loss Fund Contingency	750,000	2,935,000	3,000,000	0	750,000	100%
DMO Premiums	0	0	0	225	(225)	#DIV/0!
Medicare Advantage / EGWP	509,474	2,027,197	920,298	481,678	27,796	5%
Reinsurance						
Specific	2,104,259	7,095,623	7,089,088			
Subtotal Reinsurance	2,104,259	7,095,623	7,089,088	2,103,691	568	0%
Total Loss Fund	50,225,343	171,161,789	177,429,096	46,317,876	3,907,466	8%
Expenses						
Legal	6,633	26,530	26,530	6,633	(0)	0%
Treasurer	1,897	7,589	21,339	5,335	0	0%
Deputy Treasurer	3,437	13,750	21,339	Included above in Treasurer		
Administrator	496,741	1,691,871	1,648,882	496,150	591	0%
Program Manager	964,587	3,285,326	3,201,849	963,440	1,147	0%
Risk Management Consultants	816,973	3,297,311	2,481,467	816,973	-	0%
TPA - Aetna	572,261	1,906,634	1,936,990	Included below in Med AmerihealthAdmin		
TPA - AmeriHealth	204,905	715,835	680,499	776,955	211	0%
Nurse Advocates	207,260	698,888	698,244	182,586	24,675	6%
TPA - Dental	1,070	2,538	3,843	1,063	7	1%
TPA - Vision	0	0	0	Included below in Med AmerihealthAdmin		
Actuary	3,062	12,250	12,250	3,250	(188)	-6%
Auditor	5,355	21,420	21,420	5,355	0	0%
Retiree First	0	0	38,880	16,608	(16,608)	-100%
QPA	750	3,000	3,000	750	0	0%
Subtotal Expenses	3,284,933	11,682,941	10,796,532	3,275,098	9,835	0%
Misc/Cont	30,882	123,527	123,527	4,758	26,124	85%
Wellness, Disease, Case Management	147,737	492,223	500,060	147,737	(0)	0%
Claims Audit	10,000	40,000	40,000	10,000	-	0%
Plan Documents	3,125	12,500	12,500	3,125	0	0%
Affordable Care Act Taxes	10,995	37,075	37,041	10,995	(0)	0%
A4 Surcharge	636,307	2,083,516	1,941,580	636,307	0	0%
Total Expenses	4,123,979	14,471,782	13,451,240	4,088,019	35,959	1%
		9				
Total Budget	54,349,321	185,633,571	190,880,336	50,405,896	3,943,426	7%

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
Year: 2026

<u>Yearly Items</u>	<u>Filing Status</u>
Budget	Filed
Assessments	Filed
Actuarial Certification	Filed
Reinsurance Policies	Filed
Fund Commissioners	Filed
Fund Officers	Filed
Renewal Resolutions	Filed
Indemnity and Trust	Filed
New Members	To Be Filed
Withdrawals	N/A
Risk Management Plan and By Laws	Filed
Cash Management Plan	Filed
Unaudited Financials	Filed
Annual Audit	2025 To be filed
Budget Changes	N/A
Transfers	N/A
Additional Assessments	N/A
Professional Changes	N/A
Officer Changes	N/A
RMP Changes	To be filed
Bylaw Amendments	N/A
Contracts	Filed
Benefit Changes	N/A

Contract	Professional	Contract	Insurance	Contract Term
Executive Director	PERMA	Y	Y	1/1/2025-12/31/2027
Program Manager	Shared Health Alliance	Y	Y	1/1/2025-12/31/2027
Attorney	Marmero Law	Y	Y	1/1/2025-12/31/2027
Auditor	Bowman & Company	Y	Y	1/1/2025-12/31/2027
Actuary	John Vataha	Y	Y	1/1/2025-12/31/2027
Treasurer	Matt Laracy	Y	Y	1/1/2025-12/31/2027
Deputy Treasurer	Verrill & Verrill	Y	Y	1/1/2025-12/31/2027
Medical TPA	Aetna	Y	Y	1/1/2026-12/31/2026
Medical TPA	AHA	Y	Y	1/1/2026-12/31/2026
Nurse Advocacy	Guardian Nurses	Y	Y	Sub producer of PM
Wellness	Advanta	Y	Y	1/1/2024 -12/31/2026

Executive Director Team:

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

Commissioners:

Earlier this year, CS&B Parent Holdings, LLC purchased Guardian Nurses Health Care Advocates, LLC (“Guardian Nurses”). Importantly, Betty Long, Guardian Nurse’s President/CEO and Founder will continue to lead the company and continue to provide outstanding service to your members. As a result of this purchase, Guardian Nurses is now an affiliate of Conner Strong & Buckelew Companies, LLC; J.A. Montgomery Consulting, LLC; Perma Fair Health and Pharmacy, LLC; and PERMA, LLC. Thus, partners and employees of these entities have direct and/or indirect financial interests in each of these entities.

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC (“PERMA”), as administrator of the Southern Coastal Regional Employee Benefits Fund (“the Fund”), and its employees, officers and directors hereby provide notice that they have direct and indirect financial interests in Conner Strong & Buckelew Companies, LLC, and Guardian Nurses which are servicing organizations for the Fund.

Pursuant to N.J.A.C Title 11, Chapter 15, Subchapter 5, PERMA, LLC, which is the Administrator for the Southern Coastal Regional Employee Benefits Fund (“the Fund”), and Guardian Nurses, which is the nurse advocates for the Fund, and their respective employees, officers and directors hereby provide notice that they have direct and indirect financial interests in each other.



June 1, 2026

Prospects:

GROUPS WITH CLAIMS REQUESTED/PENDING	1
NUMBER OF GROUPS UNDER REVIEW WITH UNDERWRITING	0
PROPOSALS PENDING	1
PROPOSALS RELEASED	4
GROUPS SOLD	5
GROUPS WITH UNFAVORABLE CLAIMS/POOR RISK	1

Coastal Fund Meeting Dates:

- January 26, 2026
- March 30, 2026
- June 1, 2026
- July 27, 2026
- September 28, 2026
- October 26, 2026
- January 25, 2027

Coastal Fund Brokers:

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

Executive Committee:

- Richard Davidson, Chair
- Pat Yacovelli, 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
- Dennis Zakroff, Executive Committee Alternate
- Kevin Smaniotto, Executive Committee Alternate

2026 Committees:

FINANCE & CONTRACTS

- Richard Davidson – Chair
- Jerry Velazquez
- Scott Musterel

OPERATIONS & NOMINATIONS

- Pat Yacovelli – Chair
- Jerry Velazquez
- Mark Mallet

WELLNESS & CLAIMS

- Laurie Ryan – Chair
- Megan Duffield
- Pat Yacovelli

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.

2026 GRANT SUBMISSIONS CLOSED

In 2026, we received a total of **17 wellness applications including 9 new submissions** for use from July 1, 2026 through June 30, 2027. **We will no longer be accepting new applications for the 2026 fund year which leaves us with \$103,130 remaining in the budget to be added to our contingency fund.**

Once again, thank you to all of the groups that participated this year! We believe that wellness programs can really make a difference in the overall health of our Fund and its employees. As the Program Manager, we will continue to evolve and upgrade our offerings.



2026 COASTAL WELLNESS GRANTS
Budget Amount: \$281,770

<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>
Vineland BOE	\$30,750	\$25,200	12/1/25	12/2/25	\$25,200	
Upper Twp BOE	\$9,620	\$9,630	12/1/25	12/2/25	\$9,630	
Millville BOE	\$23,905	\$23,905	12/1/25	12/2/25	\$23,905	
Egg Harbor Twp	\$11,040	\$11,000	12/1/25	12/2/25	\$11,000	
Buena Reg BOE	\$10,620	\$10,620	12/1/25	12/2/25	\$10,620	
Cumberland Reg BOE	\$7,670	\$7,670	12/1/25	12/2/25	\$7,670	
Alloway Twp BOE	\$2,250	\$2,250	12/1/25	12/9/25	\$2,250	
City of Margate	\$6,370	\$6,370	12/1/25	12/9/25	\$6,370	
Lower Cape May Regional BOE	\$8,580	\$8,580	2/12/26	5/27/26	\$8,580	
City of Northfield	\$3,975	\$3,975	3/31/26	5/27/26	\$3,975	
CCTEC	\$8,060	\$8,060	4/30/26	5/27/26	\$8,060	
City of Absecon	\$2,550	\$2,550	5/6/26	5/27/26	\$2,550	
Middle Twp BOE	\$14,600	\$14,600	5/7/26	5/27/26	\$14,600	
Salem County	\$20,080	\$20,080	5/11/26	5/27/26	\$20,080	
Ocean City BOE	\$13,035	\$13,035	5/15/26	5/27/26	\$13,035	
Waterford BOE	\$6,995	\$6,995	5/15/26	5/27/26	\$6,995	
Cumberland Charter Schools	\$5,625	\$4,120	5/20/26	5/27/26	\$4,120	
TOTAL TO DATE	\$185,725	\$178,640			\$178,640	\$103,130

If you have any questions about your grant or the reimbursement process, please reach out to corey@shanj.com or visit www.coastalhif.com

RAMP HEALTH PILOT PROGRAM:

2026 has brought exciting new wellness initiatives, including the launch of the Ramp Health Pilot Program. Just a few months in, both Millville BOE and The Authority are already seeing great results. Representatives from Ramp Health and Millville BOE will once again be joining us to share more about how the program operates and to answer any questions you may have.

ACTIVEFIT+ PAYMENT SYSTEM IS NOW FULLY AUTOMATED:

We've been working with PERMA and Advanta behind the scenes to streamline the monthly payment process for Advanta's ActiveFit+ program.

We are thrilled to have made this change effective in April! This means that any charges for incentives or additional buy-up plans that were previously billed to any group utilizing these upgrades will now be directly paid by the Coastal HIF. This adjustment should also expedite the incentive payments for employees by eliminating the middleman and reducing the administrative workload. If you are one of these groups, you should no longer receive any financial communications or bills from Advanta moving forward.

REIMBURSEMENT REMINDER:

We have observed that some 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 on coastalhif.com and sending to corey@shanj.com. Below are the guidelines for how to submit. We have included the entire form on the following page.

Submission Checklist

- *The Fund will reimburse approved expenses by submitting this completed voucher with required documents. Please include this signed voucher along with required back up documents/receipts. Without the below items, reimbursement will be denied:*
 - *Signed Purchase Orders for all items & Vendor Invoices if applicable OR purchase receipts (must match PO) & Check Copies or proof of payment for each item listed on voucher*

PROOF THAT WELLNESS WORKS:

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.**

Advanta, with the help of the Validation Institute, studied our Medical Loss Ratio data relative to their active users and found that **groups utilizing Advanta Health’s ActiveFit+ platform report an average MLR savings of 10.4% in the first year**, with increased savings correlating to higher participant enrollment.

GUARDIAN NURSES:

MEET THE COASTAL FUND DEDICATED GUARDIAN NURSES

**Paula Spector, RN
609-276-5001**

pspector@guardiannurses.com

**Rebecca Parkerson, RN
609-276-4990**

rparkerson@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.
- **WEX PORTAL AND BILLING ISSUES:** The following emails should be used:
 - **Marlene Robinson, mrobinson@permainc.com, 856-552-4818**
 - **Michele McKeever, mmckeever@permainc.com, 856-479-2160**

OPERATIONAL UPDATES:

Retiree First: The Coastal Fund is now working with Retiree First. Retiree First will add another layer of support for the Medicare Retiree population. Letters were mailed out to the current Medicare Advantage population making them aware of Retiree First as a resource.

Attached is a Retiree First flyer sharing their toll-free number 1-855-257-7195.

They will be available to help the Medicare Advantage population. Just some of the support they will offer is:

- Plan Questions
- Outreach to Providers and Pharmacies (if applicable)
- Mail Order Assistance
- Formulary Lookup
- Medical and Prescription Billing Issues (if applicable)
- Updating Personal Information Changes

NEW MEMBERS: A resolution approving the below groups to join the SCHIF is attached for consideration.

New Member Overview	
Fund	Coastal HIF
Entity	Galloway Twp BOE
County	Atlantic
Effective Date	7/1/2026-8/30/2027
Lines of Coverage	Medical & Rx
Eligible Employees	411
Retiree Coverage	None
Current Arrangement	Non-SHBP
Actuary Certification	Yes: Standard Underwriting Methodology
Broker	Brown & Brown
Broker Fee	2.5%
Run Out Claims	Horizon
Member approval?	Indemnity and Trust Agreement received
Special Requests	None

New Member Overview	
Fund	Coastal HIF
Entity	Hamilton Twp BOE
County	Atlantic
Effective Date	7/1/2026-8/30/2027
Lines of Coverage	Medical & Rx
Eligible Employees	384
Retiree Coverage	None
Current Arrangement	Non-SHBP
Actuary Certification	Yes: Standard Underwriting Methodology
Broker	Brown & Brown
Broker Fee	2.5%
Run Out Claims	Horizon
Member approval?	Indemnity and Trust Agreement received
Special Requests	None

New Member Overview	
Fund	Coastal HIF
Entity	Township of Middle
County	Cape May
Effective Date	7/1/2026-8/30/2027
Lines of Coverage	Medical & Rx
Eligible Employees	82
Retiree Coverage	46 (under 65 only)
Current Arrangement	AmeriHealth NJ
Actuary Certification	Yes: Standard Underwriting Methodology
Broker	Marsh McLennan
Broker Fee	2.5%
Run Out Claims	AmeriHealth NJ
Member approval?	Indemnity and Trust Agreement received
Special Requests	None

New Member Overview	
Fund	Coastal HIF
Entity	Hammonton BOE
County	Atlantic
Effective Date	7/1/2026-8/30/2027
Lines of Coverage	Medical
Eligible Employees	360
Retiree Coverage	None
Current Arrangement	Non-SHBP
Actuary Certification	Yes: Standard Underwriting Methodology
Broker	Hardenbergh
Broker Fee	\$31.00 PEPM
Run Out Claims	Horizon
Member approval?	Indemnity and Trust Agreement received
Special Requests	None

New Member Overview	
Fund	Coastal HIF
Entity	Greater Wildwood Tourism Development & Improvement Authority
County	Cape May
Effective Date	8/1/2026-8/30/2027
Lines of Coverage	Medical
Eligible Employees	10
Retiree Coverage	None
Current Arrangement	SHBP
Actuary Certification	Yes: Standard Underwriting Methodology
Broker	J Byrne Agency
Broker Fee	2%
Run Out Claims	SHBP
Member approval?	Indemnity and Trust Agreement pending (LOI received)
Special Requests	None

RESOLUTION TO ADD A 4TH GUARDIAN NURSE: Due to the addition of the new groups (~1200 employees) an additional nurse is needed to service the entire fund adequately. The cost of GN is considered in all proposals released. Resolution 17-26 is included in the consent agenda.

LEGISLATIVE UPDATES:

2026 LEGISLATIVE REVIEW

MEDICAL AND RX REPORTING: None

NO SURPRISE BILLING AND TRANSPARENCY ACT –

Effective January 1, 2026:

As previously reported, the Federal No Surprises Act has resulted in the reprocessing of several Million dollars of claims for the HIFs statewide. While the State program does not remove the exposure to these types of claims reprocessing, it should allow for more predictability and less backlog and surprise cash

exposure going forward. As a result of the transition, enrolled members will be receiving new ID cards from Aetna prior to January 1st. subscriber ID numbers and Fund member group numbers will not be changing.

INDUSTRY UPDATES

In the April 2026 edition of the NJ Municipalities magazine, Joseph DiBella, Co-President, PERMA Risk Control Services, coauthored an article on controlling medical cost through reimbursement controls. Specifically, the article addresses New Jersey public employers' ability to implement clinically grounded care management and utilization management programs and modify out-of-network reimbursement methodologies without collective bargaining.

Fund Performance/Observations/Vendor updates

Medical: Aetna

Provider network

-Hackensack Meridian contract renewal 7/1/2026 (2-week extension)

-Abilities in Action – Par in all networks excluding AWH effective 5/1/2026

Clinical policies & procedures - While the prior authorization process has an important role to play in promoting quality care and managing health insurance coverage, Aetna remains focused on delivering clinical value while also reducing friction in the payer-provider experience. To that end, Aetna is leveraging their clinical, pharmaceutical, and technological expertise to offer condition-specific, prior authorization bundles.

With these capabilities, Aetna is one of the first, large national healthcare payers to integrate pharmacy prescriptions and medical procedures into a single clinical review. Previously, providers had to submit two separate prior authorizations — one for medical procedures like in vitro fertilization (IVF) and one for related medications under the Aetna pharmacy plan. Now providers simply file the medical PA, and if approved, the associated medications covered under the Aetna pharmacy benefit are automatically approved.

Aetna launches leading-edge conversational AI navigation – This experience will simplify health care, allowing members to quickly and easily navigate their benefits for a personalized experience. The solution embeds generative AI throughout the end-to-end digital experience as opposed to relegating AI to a chat window. This embedded approach ensures the Aetna assistant combines all relevant information for the member.

The assistant will deliver immediate, easy-to-digest answers for the user, eliminating the need to weed through links or complex content. More specifically, members won't need to use technical healthcare terminology, such as "prior authorization" or "claims" to get answers. Instead, they can use plain language and receive a response that is personalized, understandable and visually dynamic.

Medical – AHA

Provider network

- Hackensack Meridian contract renewal 4/14/2026 finalized

- Saint Peter's contract renewal 8/15/2026

- RWJ Barnabas contract renewal 9/1/2026

- Holy Name contract renewal 9/1/2026

- Inspira contract renewal 10/1/2026

- AtlantiCare contract renewal 1/1/2027

- Cooper contract renewal 1/1/2027

- Abilities in Action – Participating in all networks effective TBD

Pharmacy - ESI

2026 National Preferred Formulary (NPF) – Effective 7/1/2026

NPF Exclusions list– Effective 7/1/2026 (attached)

SaveOn List – Effective 7/1/2026 (attached)

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

Medical & Pharmacy – Aetna/AHA/ESI

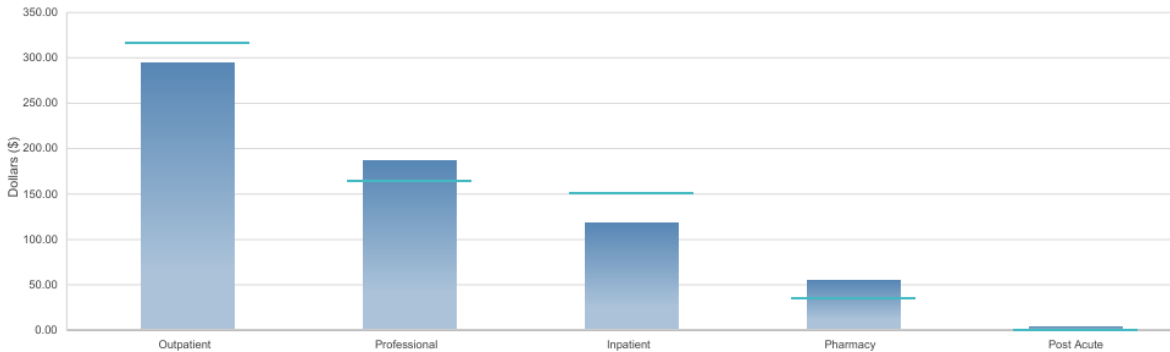
Quarterly Data Review - The following key metrics compare the periods January 2026-March 2026 vs. January 2025-March 2025.

Cost & Utilization Variance:

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

Member Avg Risk Score 1.38 Current	1.43 Comparison	-3.85% ↓ vs Previous	Count of Members 14,483 Current	10.43% ↑ vs Previous	Paid Claims Expense (PMPM) \$656.14 Current	\$676.54 Comparison	-3.01% ↓ vs Previous	Total Annual Spend - Paid \$36.5M Current	6.33% ↑ vs Previous
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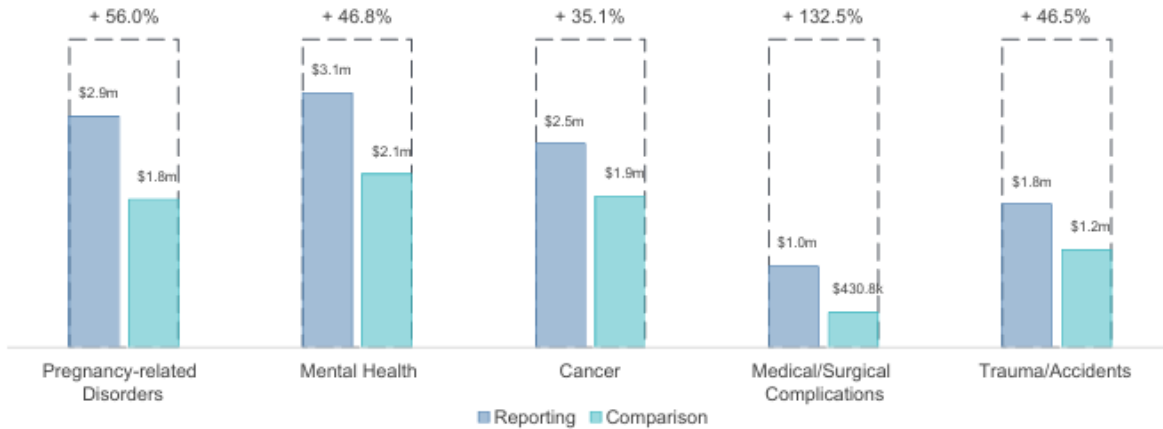
PMPM \$ Actual vs Comparison (Paid)



Top 20 Diagnosis Groups – Comparison:

This report presents the top diagnosis groups by total amount paid during the reporting and comparison periods. This information helps to identify what conditions are driving healthcare costs the most. The chart shows the top diagnosis groups that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period

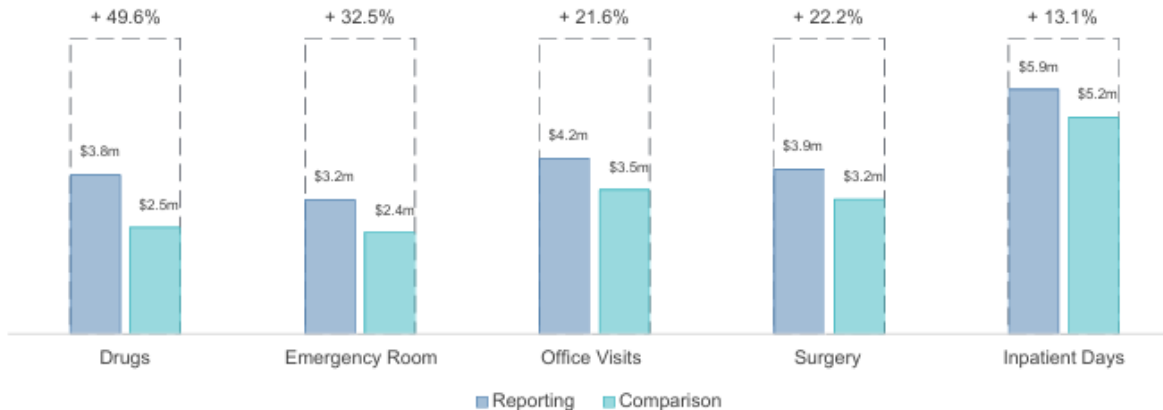


- Pregnancy-related Disorders had the largest change in the reporting period with an increase of \$1,025,548 from the comparison period.
- Miscellaneous has the most significant deviation from the benchmark in the reporting period at 184%

Top 20 Procedure Groups - Comparison:

This report presents the top procedure groups by total amount paid during the reporting and comparison periods. This information helps to identify what procedures are driving healthcare costs the most. The chart shows the top procedure groups that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period

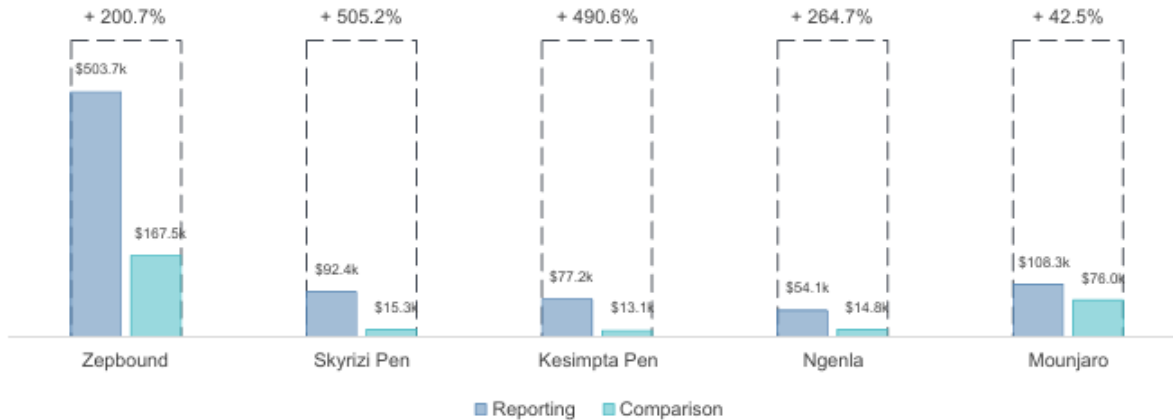


- Drugs had the largest change in the reporting period with an increase of \$1,262,749 from the comparison period.
- Ambulatory Services has the most significant deviation from the benchmark in the reporting period at 1,111%

Top 20 Drugs – Comparison:

This report presents the top drugs by total amount paid during the reporting and comparison periods. Drugs administered by the pharmacy benefit manager are included and drugs paid through medical claims are excluded. By looking at the total cost for a drug along with the prescription count it can be determined if the cost driver is a few individuals using a high-cost drug or high utilization of the drug. The chart shows the top drugs that had the most growth in terms of amount paid between the comparison period and reporting period.

Largest Dollar Increase from Comparison Period



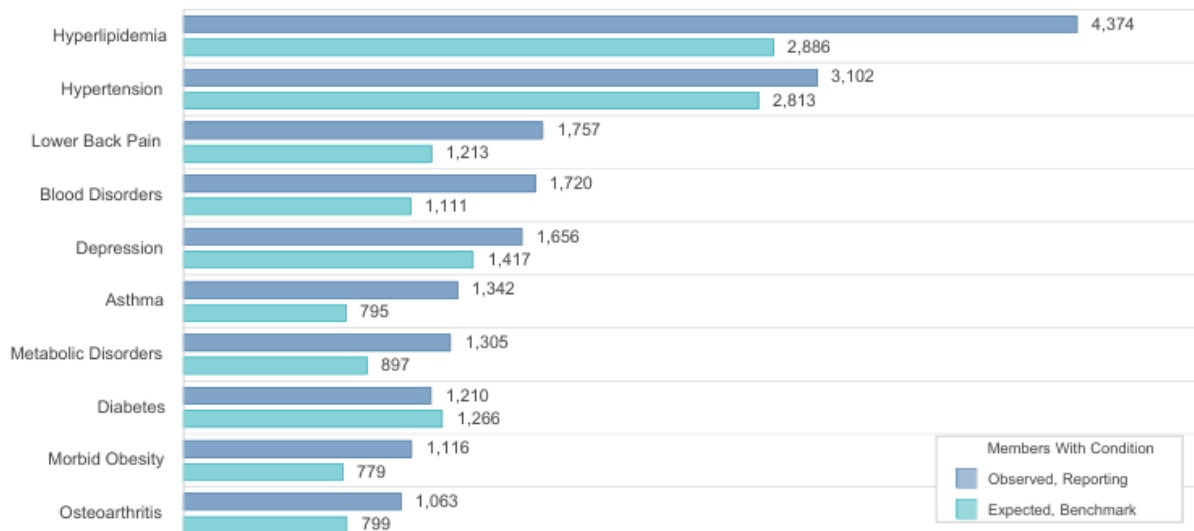
- Zepbound had the largest change in the reporting period with an increase of \$336,228 from the comparison period
- Skyrizi Pen has the most significant growth percentage in the reporting period at 505% (\$92,400)

Chronic Conditions Prevalence:

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

- Hyperlipidemia is the most prevalent chronic condition in the reporting period with 4,374 members.
- Hyperlipidemia was also the most prevalent condition in the comparison period with 4,460 members.
- The condition with the greatest % increase in prevalence per 1000 is Eating Disorders with 2%.

Top Conditions by Prevalence



Fund Strategic Initiatives

Through an extensive review of the historical medical & pharmacy utilization of the Funds, opportunities to impact key cost drivers were identified.

The following are key strategic recommendations for discussion:

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

APPEALS & IRO’s (Independent Review Organization) (as of 5/28/26) –

Carrier Appeals

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
02/02/2026	Medical/Aetna	COASTAL 2026 03 01	Infusion Therapy	Upheld	2/11/2026
03/11/2026	Medical/Aetna	COASTAL 2026 03 02	Anesthesia	Under Review	
03/11/2026	Medical/Aetna	COASTAL 2026 03 03	Anesthesia	Under Review	
03/11/2026	Medical/Aetna	COASTAL 2026 03 04	Anesthesia	Under Review	
03/11/2026	Medical/Aetna	COASTAL 2026 03 05	Anesthesia	Under Review	
03/24/2026	Medical/Aetna	COASTAL 2026 04 01	COB	Under Review	
04/10/2026	Medical/Aetna	COASTAL 2026 04 02	Anesthesia	Under Review	
04/10/2026	Medical/Aetna	COASTAL 2026 04 03	Anesthesia	Under Review	
04/24/2026	Medical/Aetna	COASTAL 2026 05 01	Inpatient post-operative stay	Upheld	4/7/2026

IRO Submissions:

Submission Date	Appeal Type	Appeal Number	Reason	Determination	Determination Date
03/30/2026	Medical/Aetna	COASTAL 2026 03 01	Infusion Therapy	Overtured	3/31/2026
04/30/2026	Medical Aetna	COASTAL 2026 05 01	Inpatient post-operative stay	Under Review	



Executive Summary Reporting on Dates: 1/1/26 – 3/31/26

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

Highlights Y6:

- **58 readmissions out of 776 inpatients (7.5% readmission rate); Commercial Benchmark-14.6% expected 113; Projected cost avoidance of \$836,000 for Y6**
- **1058 referrals**
- **810 mobilizations including 434 hospital visits**
- **518 members 'new' to GN**

Highlights this Reporting Period

- Significant reduction in avoidable readmissions (see below)
- Strong projected cost savings related to expert care coordination
- **Estimated projected cost savings this quarter-\$686,095**

Improving Care: Cost Avoidance

Goals: Improve timeliness, appropriateness, and quality of care

Acute and Chronic Care Programs

- **446 cases supported (385 unique members); 67% Engagement Rate**
- **329 referrals; 216 mobilizations**
- **263 inpatients**

Inpatient Impact: Among **263 inpatients with a 54% engagement rate**, nurses coordinated in hospital/facility care interventions for **143 members**, including transfers to appropriate levels of care, preventing projected readmissions. Significance of high engagement and proactive coordination reduce readmissions, ensure safe transitions, and improves the quality outcomes for hospitalized members.

Improving Members' Experience: Cost Avoidance & Containment

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

- Coordinating outpatient care for **296 members** including pediatric and complex/chronic diagnosis
- One referral to Guardian Nurses Social Worker

Impact of Care Coordination: Nurses delivered **316 clinical and social interventions** — This work shows the breadth of clinical advocacy: timely access, preventing delays, connecting members to the right care, reflects both immediate impact (expedited/urgent needs, second opinions) and long-term support (addressing prevention, gaps in care, appropriate level of care, clinical and community resources.).



Managing or Reducing Cost Interventions & Outcomes: Cost Savings & Avoidance

Goals: Prevent unnecessary hospitalizations, ICU admissions and bounce backs

Projected Cost Savings

- **13 Prevented/Projected ER Visit:** avg. cost per visit \$2,715- **Projected savings of \$35,295** (Smith, 2025)
- **9 Prevented/Projected Admissions:** avg cost per admission \$30,000-**Projected savings of \$270,000** (Bengfort, 2024)
- **2 Prevented/Projected UC Visits:** avg. cost of per visit \$400- **Projected savings of \$800** (FAIR Health Consumer, 2025)
- **Prevented/Projected 1 Readmission:** avg cost per readmission \$15,200- **Projected savings of \$15,200** (Weiss & Jiang, 2018)

Projected Cost Avoidance

- **14 readmissions -- out of 263 admissions (5% readmission rate). Commercial benchmark -14.6% expected (38)**
- **Projected Cost Avoidance: \$364,800 (based on \$15,200 average admission)** (Weiss & Jiang, 2018)

Respectfully submitted,

Rebecca Czarkowski

Rebecca Czarkowski, MSN, RN
Vice President

References:

Bengfort, H. (2024, January 18). *Infographic: How much does a hospital stay cost?* Health Benefits: PeopleKeep. <https://www.peoplekeep.com/blog/infographic-how-much-does-a-hospital-stay-cost>

Definitive Healthcare. (2024, October 28). *Top U.S. hospitals by readmission scores.* Definitive Healthcare. <https://www.definitivehc.com/resources/healthcare-insights/top-hospitals-readmission-scores>

FAIR Health Consumer. (2025). *Medical cost lookup: ZIP 11790 – Suffolk County, NY.* FAIR Health. <https://fairhealthconsumer.org>

Smith, B. (2025, February 25). *Emergency room visit cost with and without insurance (2025 update).* Mira Health. <https://www.talktomira.com/post/how-much-does-an-er-visit-cost>

Weiss, A. J., & Jiang, H. J. (2018). *Overview of clinical conditions with frequent and costly hospital readmissions by payer (Statistical Brief #278).* Agency for Healthcare Research and Quality. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb278-Clinical-Conditions-Readmissions-by-Payer.pdf>

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

BILLS LIST

APRIL 2026

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

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

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

FUND YEAR 2026

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	ADMIN FEES 04/26	165,559.29
PERMA	RETIREE FIRST INV 05012026	5,688.00
PERMA	POSTAGE 03/26	70.51
		171,317.80
GLENN INSURANCE, INC	BROKER FEES 04/26	1,647.30
		1,647.30
MARMERO LAW, LLC	OSC REVIEW 03/26 INV 32766	45.00
MARMERO LAW, LLC	SPECIAL LEGAL SERVICES 03/26 INV 32765	405.00
MARMERO LAW, LLC	SPECIAL LEGAL 3/6/26 INV 32767	45.00
MARMERO LAW, LLC	LEGAL FEES 3/2/26-3/30-26 INV 32764	2,346.00
		2,841.00
THE CANNING GROUP LLC	QPA SERVICES 04/26 INV 2026-04	250.00
		250.00
ADVANTA HEALTH SOLUTIONS	ABSECON 02/26 ACT&INCENTIVE INV 3286	140.00
ADVANTA HEALTH SOLUTIONS	LOWER TWP 02/26 ACT&INC INV 3287	400.00
ADVANTA HEALTH SOLUTIONS	PENNS GROVE 02/26 ACT&INC INV 3285	280.00
ADVANTA HEALTH SOLUTIONS	LOWER TWP 04/26 ACT&MGMT INV 3306	768.32
ADVANTA HEALTH SOLUTIONS	COASTAL 04/26 ACTIVIT&MGMT INV3302	9,548.28
ADVANTA HEALTH SOLUTIONS	CAPEMAY 04/26 ACT&MGMT FEE INV 3309	376.32
ADVANTA HEALTH SOLUTIONS	CAPEMAY 02/26 ACT&INCENTIVE INV 3289	240.00
ADVANTA HEALTH SOLUTIONS	VINELAND 02/26 ACT&INCENTIVE INV3291	1,240.00
ADVANTA HEALTH SOLUTIONS	UPPER TWP 02/26 ACT&INC INV 3290	860.00
		13,852.92
ACCESS	INV 12108434 03/31/26 DEPT 963 FOR 04/26	23.44
		23.44
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 04/26	701,956.45
		701,956.45
	TOTAL CHECKS 2026	891,888.91
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 04/26	181,770.40
		181,770.40
DELTA DENTAL INSURANCE COMPANY (DELTACARE USA)	DENTAL- A#7872000000 BE006995096 04/26	74.90
		74.90
AETNA	MEDICAL TPA FEES 04/26	190,879.50
		190,879.50
AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 04/26	-2,769.00
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 04/26	71,144.84
		68,375.84
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 04/26	357.71
		357.71

VERRILL & VERRILL	TREASURER FEES 04/26	1,145.83 1,145.83
POINT ACCOUNTING GROUP	TREASURER FEES 04/26	632.41 632.41
SHARED HEALTH ALLIANCE	PROGRAM MANAGER 04/26	321,488.10 321,488.10
SHARED HEALTH ALLIANCE	GUARDIAN NURSES 5289 04/26	60,861.90 60,861.90
ALLEN ASSOCIATES	BROKER FEES 04/26	166,291.05 166,291.05
ALLEN ASSOCIATES	MEETING EXPENSE - 03/30/26	2,205.60 2,205.60
A.R FANUCCI INSURANCE AGENCY LLC	BROKER FEES 04/26	2,501.70 2,501.70
BROWN & BROWN METRO LLC	BROKER FEES 04/26 - GOLDFARB	9,873.60 9,873.60
BROWN & BROWN METRO LLC	BROKER FEES 04/26 - GORMLEY	6,807.51 6,807.51
THE GRAHAM GROUP INC	BROKER FEES 04/26	8,051.75 8,051.75
CONNER STRONG & BUCKELEW	BROKER FEES 04/26	13,061.34 13,061.34
HAFETZ AND ASSOCIATES LLC	BROKER FEES 04/26	7,201.92 7,201.92
HARDENBERGH INSURANCE GROUP, INC	BROKER FEES 04/26	1,407.60 1,407.60
INSURANCE SOLUTIONS INC	BROKER FEES 04/26	18,171.07 18,171.07
INTEGRITY CONSULTING GROUP	BROKER FEES 04/26	15,363.12 15,363.12
J BYRNE AGENCY, INC.	BROKER FEES 04/26	17,870.32 17,870.32
PROFESSIONAL BENEFIT CONSULTANTS, INC.	BROKER FEES 04/26	13,242.57 13,242.57
ACTUARIAL SOLUTIONS, LLC	2ND QTR 2026 FUND ACTUARY FEES	3,250.00 3,250.00
	TOTAL WIRES 2026	1,110,885.74
	Total Payments FY 2026	2,002,774.65
	TOTAL PAYMENTS ALL FUND YEARS	2,002,774.65

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**

MAY 2026

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

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

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

FUND YEAR CLOSED

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
LOWER CAPE MAY REGIONAL	RETAINED DIVIDEND 05/26	400,000.00
		400,000.00
	Total Payments FY CLOSED	400,000.00

FUND YEAR 2025

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PKF O'CONNOR DAVIES, LLP	PROG. BILING Y/E 12/25 CLIENT# 3500412	10,500.00
		10,500.00
Millville Board of Education	WELLNESS REIMBURSEMENT 05/26	5,405.77
		5,405.77
ADVANTA HEALTH SOLUTIONS	WATERFORD ACT&MGMT FEE INV 40113	380.00
ADVANTA HEALTH SOLUTIONS	PENNS GROVE 03/26 ACT&INC INV 3322	380.00
ADVANTA HEALTH SOLUTIONS	ABSECON 03/26 ACT&INCENTIVE INV 3323	140.00
		900.00
	Total Payments FY 2025	16,805.77

FUND YEAR 2026

<u>Vendor Name</u>	<u>Comment</u>	<u>Invoice Amount</u>
PERMA	ADMIN FEES 05/26	166,909.94
PERMA	POSTAGE 04/26	34.00
PERMA	RETIREE FIRST INV 06012026	5,532.00
		172,475.94
SOUTHERN NJ REGIONAL EBF	REIMBURSE OSC REVIEW 01/26-03/26	385.39
		385.39
GLENN INSURANCE, INC	BROKER FEES 05/26	1,647.30
		1,647.30
MARMERO LAW, LLC	LEGAL FEES 4/1/26-4/24/26 INV 32867	2,346.00
MARMERO LAW, LLC	SPECIAL LEGAL SERVICES 04/26 INV 32868	90.00
		2,436.00
THE CANNING GROUP LLC	QPA SERVICES 05/26 INV 2026-05	250.00
		250.00

ADVANTA HEALTH SOLUTIONS	LOWER TWP 03/26 ACT&INC INV 3324	500.00
ADVANTA HEALTH SOLUTIONS	CAPEMAY 03/26 ACT&INCENTIVE INV 3326	240.00
ADVANTA HEALTH SOLUTIONS	COASTAL 05/26 ACTIVIT&MGMT INV3340	9,579.78
ADVANTA HEALTH SOLUTIONS	CAPEMAY 05/26 ACT&MGMT FEE INV 3347	376.32
ADVANTA HEALTH SOLUTIONS	VINELAND 03/26 ACT&INCENTIVE INV3328	1,520.00
ADVANTA HEALTH SOLUTIONS	LOWER TWP 05/26 ACT&MGMT INV 3344	768.32
ADVANTA HEALTH SOLUTIONS	UPPER TWP 03/26 ACT&INC INV 3327	900.00
		13,884.42
ACCESS	INV 12159430 04/30/26 DEPT 963 FOR 05/26	67.17
		67.17
MUNICIPAL REINSURANCE HIF	SPECIFIC REINSURANCE 05/26	702,619.51
		702,619.51
	TOTAL CHECKS 2026	893,765.73
AETNA HEALTH MANAGEMENT, LLC	MEDICARE ADVANTAGE 05/26	196,080.52
		196,080.52
DELTA DENTAL INSURANCE COMPANY (DELTACARE USA)	DENTAL-A#7872000000 BE007021939 05/26	74.90
		74.90
AETNA	MEDICAL TPA FEES 05/26	191,428.30
		191,428.30
AMERIHEALTH ADMINISTRATORS	WELLNESS/MARKETING 05/26	-2,755.50
AMERIHEALTH ADMINISTRATORS	MEDICAL TPA FEES 05/26	70,797.98
		68,042.48
DELTA DENTAL OF NEW JERSEY INC.	DENTAL TPA FEES 05/26	367.93
		367.93
VERRILL & VERRILL	TREASURER FEES 05/26	1,145.83
		1,145.83
POINT ACCOUNTING GROUP	TREASURER FEES 05/26	632.41
		632.41

SHARED HEALTH ALLIANCE	PROGRAM MANAGER 05/26	324,110.82 324,110.82
SHARED HEALTH ALLIANCE	GUARDIAN NURSES INV 5338 05/26	60,861.90 60,861.90
ALLEN ASSOCIATES	BROKER FEES 05/26	167,722.64 167,722.64
A.R FANUCCI INSURANCE AGENCY LLC	BROKER FEES 05/26	2,501.70 2,501.70
BROWN & BROWN METRO LLC	BROKER FEES 05/26 - GOLDFARB	9,873.60 9,873.60
BROWN & BROWN METRO LLC	BROKER FEES 05/26 - GORMELY	7,184.43 7,184.43
THE GRAHAM GROUP INC	BROKER FEES 05/26	8,051.75 8,051.75
CONNER STRONG & BUCKELEW	BROKER FEES 05/26	13,296.24 13,296.24
HAFETZ AND ASSOCIATES LLC	BROKER FEES 05/26	7,008.32 7,008.32
HARDENBERGH INSURANCE GROUP, INC	BROKER FEES 05/26	1,407.60 1,407.60
INSURANCE SOLUTIONS INC	BROKER FEES 05/26	18,195.86 18,195.86
INTEGRITY CONSULTING GROUP	BROKER FEES 05/26	8,544.30 8,544.30
J BYRNE AGENCY, INC.	BROKER FEES 05/26	17,753.30 17,753.30
PROFESSIONAL BENEFIT CONSULTANTS, INC.	BROKER FEES 05/26	12,795.11 12,795.11
	TOTAL WIRES 2026	1,117,079.94
	Total Payments FY 2026	2,010,845.67
	TOTAL PAYMENTS ALL FUND YEARS	2,427,651.44

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		March							
Current Fund Year		2026							
Policy Year	Coverage	1.	2.	3.	4.	5.	6.	7.	8.
		Calc. Net Paid Thru Last Month	Monthly Net Paid March	Monthly Recoveries March	Calc. Net Paid Thru March	TPA Net Paid Thru March	Variance To Be Reconciled	Delinquent Unreconciled Variance From	Change This Month
2026	Medical	24,839,833.10	12,964,661.29	0.00	37,804,494.39	0.00	37,804,494.39	24,839,833.10	12,964,661.29
	Dental	4,805.60	4,562.98	0.00	9,368.58	0.00	9,368.58	4,805.60	4,562.98
	Rx	2,042,678.12	1,086,598.61	0.00	3,129,276.73	0.00	3,129,276.73	2,042,678.12	1,086,598.61
	Vision	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	Total	26,887,316.82	14,055,822.88	0.00	40,943,139.70	0.00	40,943,139.70	26,887,316.82	14,055,822.88

**COASTAL HEALTH BENEFITS FUND
SUMMARY OF CASH TRANSACTIONS - ALL FUND YEARS COMBINED**

Current Fund Year: 2026 Month Ending: March		Medical	Dental	Rx	Vision	Reinsurance	Admin	LFC	Closed Year	etained Dividen	TOTAL
OPEN BALANCE		1,075,407.28	(8,638.00)	(6,058,733.01)	60,008.94	(946,731.33)	4,031,593.73	2,930,156.91	7,267,208.47	12,156,518.81	20,506,791.80
RECEIPTS											
Assessments		16,089,164.39	7,112.22	630,182.78	0.00	731,642.95	1,492,859.19	265,371.00	0.00	0.00	19,216,332.53
Refunds		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Invest Pymnts		18,070.83	6.64	0.00	103.48	0.00	7,467.34	5,052.63	12,531.93	20,963.29	64,196.14
Invest Adj		(0.02)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	(0.02)
Subtotal Invest		18,070.81	6.64	0.00	103.48	0.00	7,467.34	5,052.63	12,531.93	20,963.29	64,196.12
Other Receipts		109,108.56	0.00	193,124.24	0.00	0.00	0.00	0.00	0.00	0.00	302,232.80
TOTAL		16,216,343.76	7,118.86	823,307.02	103.48	731,642.95	1,500,326.53	270,423.63	12,531.93	20,963.29	19,582,761.45
EXPENSES											
Claims Transfers		12,964,661.29	4,562.98	1,086,598.61	0.00	0.00	0.00	0.00	0.00	0.00	14,055,822.88
Expenses		164,869.64	74.90	0.00	0.00	698,736.00	1,284,813.04	0.00	0.00	0.00	2,148,493.58
Other Expenses		0.00	0.00	0.00	0.00	0.00	501.00	0.00	0.00	0.00	501.00
TOTAL		13,129,530.93	4,637.88	1,086,598.61	0.00	698,736.00	1,285,314.04	0.00	0.00	0.00	16,204,817.46
END BALANCE		4,162,220.11	(6,157.02)	(6,322,024.60)	60,112.42	(913,824.38)	4,246,606.22	3,200,580.54	7,279,740.40	12,177,482.10	23,884,735.79

SUMMARY OF CASH AND INVESTMENT INSTRUMENTS							
COASTAL HEALTH BENEFITS FUND							
ALL FUND YEARS COMBINED							
CURRENT MONTH		March					
CURRENT FUND YEAR		2026					
Description:		OceanFirst Investment Account	OceanFirst Operating Account	Fulton Bank Investment Account	Wilmington Trust Investment Account	NJ Cash Management Investment Account	Fulton Bank Checking Account
ID Number:							
Maturity (Yrs)							
Purchase Yield:		2.79	2.79	3.77	3.38	3.62	3.77
TOTAL for All Accts & instruments							
Opening Cash & Investment Balance	\$ 20,506,791.80	\$ 13,235.33	\$ 4,117,629.28	\$ 15,635,236.82	\$ 13,479.61	\$ 592,907.88	\$ 134,302.88
Opening Interest Accrual Balance	\$ 35.24	\$ -	\$ -	\$ -	\$ 35.24	\$ -	\$ -
1 Interest Accrued and/or Interest Cost	\$38.77	\$0.00	\$0.00	\$0.00	\$38.77	\$0.00	\$0.00
2 Interest Accrued - discounted Instr.s	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3 (Amortization and/or Interest Cost)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
4 Accretion	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
5 Interest Paid - Cash Instr.s	\$64,160.88	\$30.95	\$15,209.14	\$46,667.61	\$0.00	\$1,823.17	\$430.01
6 Interest Paid - Term Instr.s	\$35.24	\$0.00	\$0.00	\$0.00	\$35.24	\$0.00	\$0.00
7 Realized Gain (Loss)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8 Net Investment Income	\$64,199.65	\$30.95	\$15,209.14	\$46,667.61	\$38.77	\$1,823.17	\$430.01
9 Deposits - Purchases	\$25,763,658.67	\$0.00	\$13,560,456.20	\$10,958,109.13	\$0.00	\$0.00	\$1,245,093.34
10 (Withdrawals - Sales)	-\$22,449,910.80	\$0.00	-\$14,960,821.97	-\$6,245,594.34	\$0.00	\$0.00	-\$1,243,494.49
		OK	OK	OK	OK	OK	OK
Ending Cash & Investment Balance	\$23,884,735.79	\$13,266.28	\$2,732,472.65	\$20,394,419.22	\$13,514.85	\$594,731.05	\$136,331.74
Ending Interest Accrual Balance	\$38.77	\$0.00	\$0.00	\$0.00	\$38.77	\$0.00	\$0.00
Plus Outstanding Checks	\$897,188.24	\$0.00	\$897,188.24	\$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
Balance per Bank	\$24,781,924.03	\$13,266.28	\$3,629,660.89	\$20,394,419.22	\$13,514.85	\$594,731.05	\$136,331.74



SOUTHERN COASTAL HEALTH INSURANCE FUND

Monthly Claim Activity Report

June 1, 2026



SOUTHERN COASTAL HEALTH INSURANCE FUND

MEDICAL CLAIMS + CAP		# OF EES	PER EE	MEDICAL CLAIMS + CAP		
PAID 2025	PAID 2026			# OF EES	PER EE	
JANUARY	\$7,212,499	4,813	\$ 1,499	\$9,385,586	5,575	\$1,684
FEBRUARY	\$7,981,639	4,817	\$ 1,657	\$9,476,178	5,574	\$1,700
MARCH	\$8,575,969	4,796	\$ 1,788	\$12,255,888	5,588	\$2,193
APRIL	\$10,230,178	4,798	\$ 2,132	\$10,319,013	5,593	\$1,845
MAY	\$10,136,230	4,806	\$ 2,109			
JUNE	\$10,105,217	4,820	\$ 2,097			
JULY	\$10,624,134	4,764	\$ 2,230			
AUGUST	\$11,405,481.52	4,724	\$ 2,414			
SEPTEMBER	\$10,042,626.65	4,845	\$ 2,073			
OCTOBER	\$8,401,661.48	4,828	\$ 1,740			
NOVEMBER	\$8,996,850.57	4,835	\$ 1,861			
DECEMBER	\$9,774,596.42	4,840	\$ 2,020			
TOTALS	\$113,487,083			\$41,436,664		
				2026 Average	5,583	\$ 1,855
				2025 Average	4,807	\$ 1,968

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: 04/01/2026 - 04/30/2026
Service Dates: 01/01/2011 - 04/30/2026
Line of Business: All

Total:	Paid Amt	Diagnosis/Treatment
	\$574,055.22	CEREBRAL INFARCTION, UNSPECIFIED
	\$354,850.75	OTHER OSTEOMYELITIS, MULTIPLE SITES
	\$315,377.84	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
	\$228,126.08	INTERVERTEBRAL DISC DISORDERS WITH
	\$188,394.95	OTHER FRACTURE OF FOURTH METACARPAL
	\$143,245.77	STREPTOCOCCAL SEPSIS, UNSPECIFIED
	\$121,352.56	ACUTE LYMPHOBLASTIC LEUKEMIA NOT HAVING
	\$115,864.31	SEPSIS, UNSPECIFIED ORGANISM
	\$2,041,267.48	

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: 03/01/2026 - 03/31/2026
Service Dates: 01/01/2011 - 03/31/2026
Line of Business: All

Paid Amt	Diagnosis/Treatment
\$488,627.52	OTHER SPECIFIED COMPLICATION OF
\$468,344.59	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
\$300,068.75	SPINAL STENOSIS, LUMBAR REGION WITH NEUROGENIC
\$223,929.92	CERVICAL DISC DISORDER WITH MYELOPATHY
\$199,798.43	NONRHEUMATIC AORTIC (VALVE) STENOSIS WITH
\$196,060.72	MALIGNANT NEOPLASM OF LEFT KIDNEY , EXCEPT
\$171,931.66	HYPERTENSIVE CHRONIC KIDNEY DISEASE WITH
\$154,340.77	SINGLE LIVEBORN INFANT, DELIVERED VAGINALLY
\$125,669.00 <input type="checkbox"/>	SEPSIS, UNSPECIFIED ORGANISM
\$115,481.44	SENSORINEURAL HEARING LOSS, BILATERAL
Total:	\$2,444,252.80

Medical Claims Paid
Average Per Employee Per Month (PEPM)
January 2026 – April 2026
Total Medical Paid per Employee: **\$1,855**

Network Discounts

Inpatient:	62.9%
Ambulatory:	62.0%
Physician/Other:	62.4%
TOTAL:	62.4%

Provider Network

% Admissions In-Network:	98.5%
% Physician Office:	98.9%

Aetna Book of Business:
Admissions 98.0%; Physician 90.8%

Top Facilities Utilized
(by total Medical Spend)

- Inspira Medical Center Vineland
- Inspira Medical Center Mullica Hill
- Cooper University Hospital
- University of Pennsylvania
- Virtua Jersey Health System

Catastrophic Claim Impact
(January 2026 - March 2026)

Number of Claims Over \$50,000: **88**
Claimants per 1000 members: **6.6**
Avg. Paid per Claimant: **\$143,915**
Percent of Total Paid: **32.2%**

- Aetna BOB- HCC account for an average of 45.8% of total Medical Cost

Aetna One Flex Care Mgmt
Member Outreach:

Total Members Identified: **3,104**
Members Targeted for 1:1 Nurse Support : **521**
Members identified for Digital Activity: **2,583**
Members receiving Aetna Advice: **5,825**
Average Aetna Advice outreaches per member: **2.2**

CVS Virtual Care

Completed Visits : **45**
Unique Patients : **42**
Completed Visits in 2026 : **320**
Unique Patients in 2026: **244**

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

Service Center Performance Goal Metrics
YTD 2026

Customer Service Performance

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

Claims Performance

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

Claims Performance (Monthly)
(April 2026)

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

(Note: This is not a PG metric)

Performance Goals

1 st 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





2026 Coastal HIF

2025 Coastal HIF

	MEDICAL CLAIMS PAID 2026	# OF EES	PER EE			MEDICAL CLAIMS PAID 2025	# OF EES	PER EE
JANUARY	\$ 962,271.88	1,853	\$ 519.30		JANUARY	\$ 2,647,672.70	1618	\$ 1,636.38
FEBRUARY	\$ 3,759,409.00	1,856	\$ 2,025.54		FEBRUARY	\$ 2,610,983.87	1,601	\$ 1,630.84
MARCH	\$ 2,825,276.86	1,845	\$ 1,531.32		MARCH	\$ 2,718,987.70	1,608	\$ 1,540.06
APRIL	\$ 3,676,408.38	1,848	\$ 1,989.40		APRIL	\$ 2,476,426.33	1,607	\$ 1,541.02
MAY					MAY	\$ 3,264,140.97	1,598	\$ 2,042.64
JUNE					JUNE	\$ 2,294,421.78	1,601	\$ 1,433.11
JULY					JULY	\$ 3,498,661.68	1,543	\$ 2,267.44
AUGUST					AUGUST	\$ 3,301,519.26	1,553	\$ 2,125.89
SEPTEMBER					SEPTEMBER	\$ 2,413,139.97	1,539	\$ 1,567.99
OCTOBER					OCTOBER	\$ 3,261,488.98	1,532	\$ 2,363.89
NOVEMBER					NOVEMBER	\$ 2,543,847.12	1,539	\$ 1,652.92
DECEMBER					DECEMBER	\$ 2,566,800.33	1,534	\$ 1,673.27
TOTALS	\$11,223,366.12				TOTALS	\$ 33,598,090.69		\$ 1,789.62
				39				
2024 Average		2026 Average	\$ 1,516.39					



Southern Coastal HIF
Paid Claims 01/01/2026-12/31/2026

Average payment per member per month 01/01-12/31/2026:	\$584.77
Number of claimants with paid claims over \$100,00 YDT:	3
Total paid on those claimants:	\$549,919

Top Facilities Utilized based on paid claims:
COOPER UNIVERSITY HOSPITAL MEDICAL CENTER, NJ
INSPIRA MEDICAL CENTER MULICA HILL, NJ
ATLANTICARE REGIONAL MEDICAL CENTER, NJ
SHORE MEDICAL CENTER, NJ
COOPER UNIVERSITY HOSPITAL CAPE REGIONAL MEDICAL CENTER, NJ

Provider Network
% Inpatient In- Network: 94%
% Professional providers In-Network: 96.7%
% Outpatient providers In-Network: 89.2%

Metric	AHA Jan. MTD	AHA Feb. MTD	AHA March MTD
1st Call Resolution	88.70%	98.42%	95.51%
ASA	14.00	3.25	7.27
Abandonment Rate	0.22%	0.48%	0.45%

Totals	2026 YTD
Total Inpatient Admissions	86
Total Inpatient Days	320
ER	420



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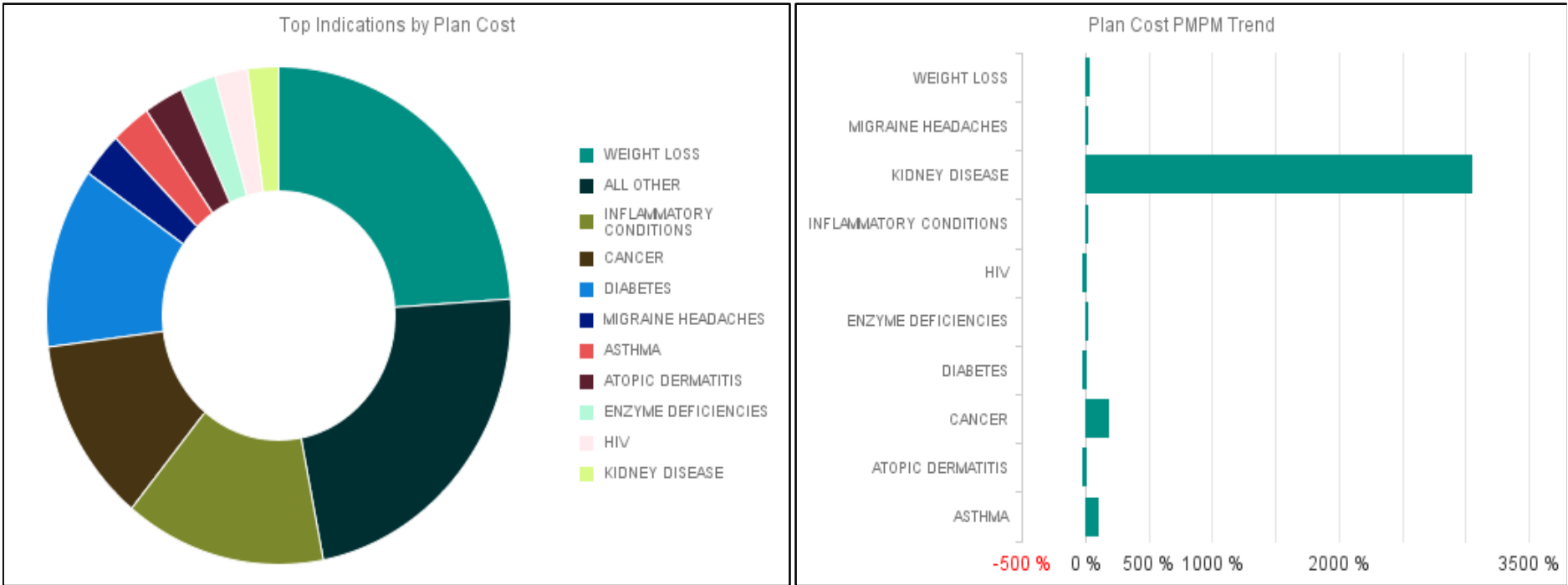
Southern Coastal Health Insurance Fund

Total Component/Date of Service (Month)	2025 01	2025 02	2025 03	2025 Q1	2025 04	2025 05	2025 06	2025 Q2	2025 07	2025 08	2025 09	2025 Q3	2025 10	2025 11	2025 12	2025 Q4	2025 YTD
Membership	2,643	2,621	2,606	2,623	2,600	2,596	2,608	2,601	2,602	2,561	2,648	2,604	2,646	2,661	2,662	2,656	2,621
Total Days	102,714	89,787	101,595	294,096	93,046	97,681	94,960	285,687	94,539	89,945	97,269	281,753	98,718	93,389	102,118	294,332	1,056,366
Total Patients	1,065	1,038	1,032	1,554	1,012	991	999	1,463	973	982	993	1,486	1,078	989	1,141	1,590	2,176
Total Plan Cost	\$556,217	\$612,671	\$608,210	\$1,777,098	\$743,532	\$779,323	\$741,628	\$2,264,483	\$772,403	\$687,539	\$793,221	\$2,253,163	\$757,714	\$791,360	\$934,977	\$2,484,182	\$8,236,105
Generic Fill Rate (GFR) - Total	86.8%	83.9%	84.4%	85.1%	84.2%	83.1%	84.7%	84.0%	83.6%	82.9%	83.1%	83.2%	79.5%	80.2%	83.5%	81.1%	83.0%
Plan Cost PMPM	\$210.45	\$233.75	\$233.39	\$225.81	\$285.97	\$300.20	\$284.37	\$290.17	\$296.85	\$268.46	\$299.55	\$288.46	\$286.36	\$297.39	\$351.23	\$311.73	\$261.85
Total Specialty Plan Cost	\$200,212	\$247,988	\$185,556	\$633,756	\$330,464	\$346,193	\$357,502	\$1,034,159	\$367,628	\$270,757	\$396,041	\$1,034,426	\$323,451	\$357,646	\$472,268	\$1,153,365	\$3,660,447
Specialty % of Total Specialty Plan Cost	36.0%	40.5%	30.5%	35.7%	44.4%	44.4%	48.2%	45.7%	47.6%	39.4%	49.9%	45.9%	42.7%	45.2%	50.5%	46.4%	44.4%

Total Component/Date of Service (Month)	2026 01	2026 02	2026 03	2026 Q1	2026 04	2026 05	2026 06	2026 Q2	2026 07	2026 08	2026 09	2026 Q3	2026 10	2026 11	2026 12	2026 Q4	2026 YTD
Membership	3,912	3,752	3,766	3,810	4,306												
Total Days	144,406	133,835	163,733	442,274	173,846												
Total Patients	1,644	1,573	1,636	2,345	1,787												
Total Plan Cost	\$950,330	\$948,985	\$1,069,506	\$2,988,160	\$1,236,574												
Generic Fill Rate (GFR) - Total	85.0%	85.6%	85.5%	85.4%	85.1%												
Plan Cost PMPM	\$242.93	\$252.93	\$283.99	\$261.43	\$287.17												
% Change Plan Cost PMPM	15.4%	8.2%	21.7%	15.8%	0.4%												
Total Specialty Plan Cost	\$358,604	\$397,099	\$415,566	\$1,162,695	\$549,788												
Specialty % of Total Specialty Plan Cost	37.7%	41.8%	38.9%	38.9%	44.5%												

Top Indications

SOUTHERN COASTAL HLTH INS FUND (Current Period 01/2026 - 04/2026 vs. Previous Period 01/2025 - 04/2025) Peer = Government - National Preferred Formulary



			Current Period						Previous Period						Trend
Rank	Peer Rank	Indication	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Market Share	Adjusted Rxs	Plan Cost	Plan Cost PMPM	GFR	Peer GFR	Plan Cost PMPM
1	3	WEIGHT LOSS	30.7 %	934	\$1,011,312	\$64.27	1.3 %	3.4 %	30.4 %	481	\$543,322	\$51.89	1.2 %	5.5 %	23.8 %
2	2	INFLAMMATORY CONDITIONS	17.9 %	188	\$590,832	\$37.55	36.7 %	31.6 %	19.6 %	96	\$350,885	\$33.51	40.6 %	33.0 %	12.0 %
3	4	CANCER	16.8 %	102	\$554,895	\$35.26	67.6 %	78.7 %	7.4 %	41	\$132,891	\$12.69	75.6 %	77.3 %	177.8 %
4	1	DIABETES	15.0 %	1,393	\$494,909	\$31.45	27.1 %	26.1 %	22.7 %	1,013	\$405,954	\$38.77	24.8 %	26.4 %	-18.9 %
5	6	MIGRAINE HEADACHES	3.7 %	185	\$123,268	\$7.83	43.8 %	51.9 %	4.1 %	99	\$73,743	\$7.04	34.3 %	54.8 %	11.2 %
6	7	ASTHMA	3.5 %	773	\$116,236	\$7.39	83.1 %	90.0 %	2.2 %	512	\$39,625	\$3.78	88.1 %	89.4 %	95.2 %
7	5	ATOPIC DERMATITIS	3.5 %	229	\$115,725	\$7.35	81.2 %	80.7 %	5.4 %	196	\$97,177	\$9.28	83.2 %	83.4 %	-20.8 %
8	9	ENZYME DEFICIENCIES	3.2 %	9	\$104,057	\$6.61	55.6 %	8.8 %	3.3 %	13	\$58,310	\$5.57	61.5 %	8.6 %	18.7 %
9	8	HIV	2.9 %	30	\$96,356	\$6.12	10.0 %	23.9 %	4.8 %	22	\$85,212	\$8.14	0.0 %	25.1 %	-24.8 %
10	10	KIDNEY DISEASE	2.8 %	13	\$90,961	\$5.78	76.9 %	38.9 %	0.1 %	5	\$1,924	\$0.18	40.0 %	40.2 %	3045.9 %
Total Top 10				3,856	\$3,298,550	\$209.62	37.7 %	43.0 %		2,478	\$1,789,044	\$170.87	39.7 %	45.2 %	22.7 %

SOUTHERN COASTAL HLTH INS FUND (Current Period 01/2026 - 04/2026 vs. Previous Period 01/2025 - 04/2025) Peer = Government - National Preferred Formulary

					Current Period				Previous Period				Trend
Rank	Peer Rank	Brand Name	Indication	Specialty Drug	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Adjusted Rxs	Patients	Plan Cost	Plan Cost PMPM	Plan Cost PMPM
1	3	ZEPBOUND	WEIGHT LOSS	N	672	197	\$692,757	\$44.02	234	71	\$238,905	\$22.82	92.9 %
2	8	WEGOVY	WEIGHT LOSS	N	249	78	\$318,275	\$20.23	234	66	\$298,348	\$28.50	-29.0 %
3	1	MOUNJARO	DIABETES	N	136	39	\$142,040	\$9.03	101	28	\$101,649	\$9.71	-7.0 %
4	104	LYNPARZA	CANCER	Y	5	1	\$114,994	\$7.31	NA	NA	NA	NA	NA
5	10	SKYRIZI PEN	INFLAMMATORY CONDITIONS	Y	16	4	\$112,657	\$7.16	6	2	\$30,535	\$2.92	145.5 %
6	5	OZEMPIC	DIABETES	N	117	38	\$112,068	\$7.12	113	30	\$104,057	\$9.94	-28.3 %
7	115	TOLVAPTAN	KIDNEY DISEASE	Y	5	1	\$87,167	\$5.54	NA	NA	NA	NA	NA
8	17	ENBREL SURECLICK	INFLAMMATORY CONDITIONS	Y	13	4	\$86,290	\$5.48	3	1	\$16,446	\$1.57	249.1 %
9	262	PALYNZIQ	ENZYME DEFICIENCIES	Y	4	1	\$81,499	\$5.18	5	1	\$22,475	\$2.15	141.3 %
10	200	CALQUENCE	CANCER	Y	5	1	\$79,543	\$5.05	4	1	\$60,795	\$5.81	-12.9 %
11	163	ALECENSA	CANCER	Y	6	1	\$76,178	\$4.84	2	1	\$19,916	\$1.90	154.5 %
12	162	BRUKINSA	CANCER	Y	4	1	\$64,036	\$4.07	NA	NA	NA	NA	NA
13	49	LENALIDOMIDE	CANCER	Y	4	1	\$59,831	\$3.80	NA	NA	NA	NA	NA
14	102	BENLYSTA	INFLAMMATORY CONDITIONS	Y	14	3	\$56,640	\$3.60	4	1	\$13,608	\$1.30	176.9 %
15	35	STELARA	INFLAMMATORY CONDITIONS	Y	2	1	\$50,703	\$3.22	8	2	\$96,578	\$9.22	-65.1 %
16	36	BIKTARVY	HIV	N	11	3	\$45,687	\$2.90	10	2	\$39,530	\$3.78	-23.1 %
17	160	VENCLEXTA	CANCER	Y	3	1	\$45,093	\$2.87	NA	NA	NA	NA	NA
18	56	OMNIPOD 5 DEXG7G6 PODS (DIABETES		N	55	14	\$41,011	\$2.61	40	10	\$27,616	\$2.64	-1.2 %
19	61	VERZENIO	CANCER	Y	3	1	\$40,131	\$2.55	NA	NA	NA	NA	NA
20	21	SKYRIZI ON-BODY	INFLAMMATORY CONDITIONS	Y	4	1	\$39,488	\$2.51	2	1	\$15,267	\$1.46	72.1 %
21	44	QULIPTA	MIGRAINE HEADACHES	N	32	8	\$35,802	\$2.28	11	3	\$11,784	\$1.13	102.2 %
22	28	NURTEC ODT	MIGRAINE HEADACHES	N	21	11	\$34,906	\$2.22	16	9	\$25,860	\$2.47	-10.2 %
23	174	EBGLYSS PEN	ATOPIC DERMATITIS	Y	8	2	\$31,905	\$2.03	NA	NA	NA	NA	NA
24	160	VENCLEXTA	CANCER	N	2	1	\$30,409	\$1.93	NA	NA	NA	NA	NA
25	22	JARDIANCE	DIABETES	N	96	28	\$29,836	\$1.90	43	11	\$25,094	\$2.40	-20.9 %
Total Top 25					1,487		\$2,508,946	\$159.44	836		\$1,148,462	\$109.69	45.4 %

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
CONSENT AGENDA
JUNE 1, 2026**

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

Motion _____ **Second** _____

REVISED Resolution 8-26: Approval of Risk Management Plan **Page 47**
Resolution 16-26: Approving New Membership **Page 63**
Resolution 17-26: Guardian Nurses - Additional Nurse **Page 64**
Resolution 18-26: Wellness Grant Approval **Page 65**
Resolution 19-26: Approval of the April and May 2026 Bills List..... **Page 66**

REVISED RESOLUTION NO. 8-26

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

2026 RISK MANAGEMENT PLAN

Effective: JANUARY 1, 2026

Adopted: January 28, 2026

Revised: March 30, 2026

Revised: June 1, 2026

BE IT RESOLVED that the following shall be the Fund’s Risk Management Plan for the 2026 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 also offers Medicare Advantage programs.

- 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. The Fund also offers “Employer Group Waiver Plans” for Medicare eligible retirees.

- 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.

Dental Specific and Aggregate Claims Coverage:

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

4.) ASSUMPTIONS AND METHODOLOGY TO CALCULATE CLAIM RESERVES.

The Fund complies with statutory accounting standards and establishes reserves on the probable total claim costs at the conclusion of the Fund Year. Each month, the accrual in the general ledger for claim reserves, including IBNR, is adjusted 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) and, in some cases, Dependents under age 31, are billed directly by the Fund. Should there be a need to enroll or terminate an employee past 60 days due to a missed open enrollment period or a qualified life event, the member must submit this request in writing. The Fund Small Claims Committee will anonymously review each request, including the fiscal impact to the Fund. The Committee will approve/deny the request within 45 days.

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.

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

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 can coverage be changed.
- When does coverage end.
- COBRA provisions.
- Conversion privilege
- Enrollment forms and instructions.

B.) Benefits

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

C.) Claims Procedures

- Submission of claim.
- Proof of loss.
- Appeal procedures. Shall be in accordance with applicable governing law. See also Plan Document and FUND Risk Management Plan and Bylaws

D.) Cost Containment Programs

- * Pre-admission.
- * Second surgical opinion.
- * Case Management
- * 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 prospective 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.

28.) TERMINATION OF ALL LINES OF COVERAGE

When an entity terminates its membership from the Fund all lines of coverage in the Fund are terminated unless otherwise determined by the Executive Committee.

29.)MEMBER MONTHLY BILLING POLICY

To assure timely billing and preservation of cashflow the Fund has developed the following timeline and protocols as it relates to monthly invoices.

Please note, all changes must be entered in the system by the 15th of the month to reflect on the bill.

16th of the month - PERMA's Operations team will run and review all pre-bill audits.

Upon completion of the pre-bill audits - PERMA's Operations team will generate all invoices and associated billing reports. Review of adjustments are completed within 2 business days of being generated

Bills are sent to accounting for review and approval

Upon receipt of accountings approval, invoices are sent to members within two business days

Bills are due 45 days of receipt. Payments not received within 45 days are subject to a 10% interest penalty. If any of the dates outlined above fall on a weekend or holiday, the due date will be the next business day.

If there is a delay on one client's bill, this will not hold up the distribution of any other of the Fund's bills.

All clients should review their bills immediately and report any discrepancies so they can be addressed before the next invoice is generated.

The Fund's policy is to pay as billed and necessary adjustments will be reflected on a future invoice.

The client will receive a delinquent notice via email if payment is not made within a reasonable amount of time.

28.) **QUALITY_AND_CLINICAL PLAN MANAGEMENT**

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

- Drug Utilization Management - The FUND may adopt or amend drug utilization management programs intended to impact the appropriate use of medications. These may include and are not limited to step therapy, generics preferred, formulary, retail network, prior authorization, and other programs provided for by the FUND's contracted Pharmacy Benefit Manager.
- Medical Care Management - The FUND may adopt or amend medical management plans intended to ensure member safety and efficacy of the health care program. This may include and not be limited to programs provided by the FUND's contracted Third-Party Administrator or others that can administer such programs.
- Out of Network Fee Schedules - The FUND shall adopt and amend the out of network fee schedule ("the schedule") used from time to time. The schedule shall be based on an independent methodology, generally Medicare plus a markup (i.e., 150% of Medicare) that ensures fairness and reasonableness related to the provider type, type of procedure and geography. If adopted by the FUND such programs shall apply to all members of the FUND. Individual members may separately be exempted from the application of such programs only with the express approval of the TRUSTEES and after agreeing to an appropriate rate adjustment.

29.) NEW JERSEY PROTECTIONS FOR INVOLUNTARY, INADVERTENT AND EMERGENCY OUT OF NETWORK CLAIMS

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

The Act provides protections for the two types of claims specified below:

1. Involuntary and inadvertent out-of-network services

You are protected from balance bills by a New Jersey out-of-network health care professional for covered services when you use an in-network health care facility (e.g. hospital, ambulatory surgery center, etc.) located in New Jersey and, for any reason, in-network health care services are unavailable at that facility (an “inadvertent out-of-network service”). This includes laboratory testing (e.g., imaging, X-rays, blood tests and anesthesia).

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

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

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

2. Medically necessary treatment on an emergency or urgent basis

You have additional protections from balance bills by any New Jersey facility involving medically necessary treatment on an emergency or urgent basis. Under this heading, “emergency and urgent

care basis” means all emergency and urgent care services including, but not limited to, the services required pursuant to N.J.A.C. 11:24-5.3, which includes: (1) medical and psychiatric care, which shall be available 24 hours a day, seven days a week; (2) coverage for trauma services at any designated Level I or II trauma center as medically necessary (such coverage shall continue at least until, in the judgment of the attending physician, you are medically stable, no longer require critical care, and can be safely transferred to another facility); (3) coverage for out-of-service area medical care when medically necessary for urgent or emergency conditions where you cannot reasonably access in-network services; (4) prehospital care and hospital services regardless of location when medically necessary for injury or emergency illness; and (5) upon a your arrival in a hospital, coverage of a medical screening examination, as required by the Federal Emergency Medical Treatment and Active Labor Act, 42 U.S.C. § 1395dd, and as specified in N.J.A.C. 8:43G-12.

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

<http://www.state.nj.us/dobi/consumer.htm>.

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

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

31.) Outlier Underwriting Discretions

Should an entity be within certain outlier risks that have demonstrated strong performance for the Fund. Given a positive track record, some accounts may warrant special consideration. If the overall budget permits, the Fund may evaluate the possibility of granting underwriting concessions for these well-performing outliers.

Such concessions would be assessed on a case-by-case basis and would be contingent upon both the Fund's financial capacity and the continued favorable performance of these risks. The following must be met for consideration:

- Member must be consistently producing surplus to the Fund over a 3 year period
- Each year, the member must have a medical and prescription loss ratio of 70% or better
- Additional consideration may be limited to No more than 5% or the budgeted contingency and/or 2% rate reduction

ADOPTED: JANUARY 28, 2026

REVISED: MARCH 30, 2026

REVISED: JUNE 1, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

RESOLUTION NO. 16-26

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION TO OFFER MEMBERSHIP**

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

WHEREAS, the Fund held a Public Meeting on **June 1, 2026** for the purpose of conducting the official business of the Fund; and

WHEREAS, the Executive Director and Actuary of the Fund has reviewed the risk, underwriting detail, and actuarial projections for the recommended offers of membership to:

1. Galloway Township Board of Education – effective on or around 7/1/2026
2. Hamilton Township Board of Education – effective on or around 7/1/26
3. Hammonton Board of Education – effective on or around 7/1/26
4. Township of Middle – effective on or around 7/1/26
5. Greater Wildwood Tourism & Development Authority – effective on or around 8/1/26

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

BE IT RESOLVED, that the Southern Coastal Regional Employee Benefits Fund hereby offers membership to the above-mentioned entity’s for medical and prescription coverage, contingent upon receipt acceptance of the conditions stated above.

ADOPTED: June 1, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 17-26

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF AN ADDITIONAL NURSE STAFF WITHIN THE SUBPRODUCER CONTRACT
WITH GUARDIAN NURSES**

WHEREAS, there is a need for nurse advocacy services for the Southern Coastal Regional Employee Benefits Fund; and

WHEREAS, the Program Manager contract allows for subcontracts with firms for necessary services;

WHEREAS, the Program Manager contracts directly with Guardian Nurses, a nurse advocacy service;

WHEREAS, as the Fund covers more medical lives, there is a need for the Fund to acquire an additional nurse staff.

WHEREAS, the subcontract includes fees for a recommended 4th nurse of which the contracts committee is recommending to include in the contract award at a fee of \$243,448.00 per nurse per year; and

NOW, THEREFORE, BE IT RESOLVED by the Executive Committee of the Southern Coastal Regional Employee Benefits Fund that the subcontract between Shared Health Alliance and Guardian Nurses will include a fee for 4 nurses at \$243,448.00 per nurse per year.

SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND

ADOPTED: June 1, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 18-26

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
RESOLUTION TO APPROVE WELLNESS GRANTS**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund (hereinafter the Fund) is duly constituted as a joint insurance fund operating pursuant to N.J.S.A. 40A:10-36 et seq.; and

WHEREAS, the Executive Committee set forth a budget for the Fund year of January 1, 2026 through December 31, 2026. This budget includes \$281,770 for individual member wellness grants;

WHEREAS, Lower Cape May Regional BOE, City of Northfield, Cumberland County Technical Education Center, City of Absecon, Middle Township BOE, Salem County, Ocean City BOE, Waterford Township School District, and Cumberland County Charter School Network submitted applications for a wellness grant through the Southern Coastal Regional Employee Benefits Fund, which were presented to and approved by the Wellness Committee for use from July 1, 2026 through June 30, 2027; and

WHEREAS, the projected program and requested funds in the amounts listed below were deemed appropriate for the objectives of the Fund wellness grant program

1. Lower Cape May Regional BOE - \$8,580
2. City of Northfield - \$3,975
3. Cumberland County Technical Education Center - \$8,060
4. City of Absecon - \$2,550
5. Middle Township BOE - \$14,600
6. Salem County - \$20,080
7. Ocean City BOE - \$13,035
8. Waterford Township School District - \$6,995
9. Cumberland County Charter School Network - \$4,120

NOW THEREFORE BE IT RESOLVED, that the Executive Committee of the Southern Coastal Regional Employee Benefits Fund hereby approves the above-listed Wellness Grant Programs for the period July 1, 2026 through June 30, 2027, in the total amount of \$81,995.

ADOPTED: June 1, 2026

BY: _____
CHAIRPERSON

ATTEST: _____
SECRETARY

RESOLUTION NO. 19-26

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
APPROVAL OF THE APRIL AND MAY 2026 BILLS LIST**

WHEREAS, the Southern Coastal Regional Employee Benefits Fund held a Public Meeting on June 1, 2026 for the purposes of conducting the official business of the Fund; and

WHEREAS, the Treasurer for the Fund presented bills lists to satisfy outstanding costs incurred for operating the Fund during the months of April and May 2026 for consideration and approval of the Executive Committee; and

WHEREAS, the Treasurer for the Fund presented a Treasurer's Report which detailed the claims payments and imprest transfers for the Fund for the month of March 2026 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 April and May 2026 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 Treasurer's Report as furnished by the Treasurer of the Fund and concur with actions undertaken by the Treasurer, in accordance with the laws and regulations promulgated by the State of New Jersey for Municipal Health Insurance Funds.

ADOPTED: JUNE 1, 2026

BY: _____
CHAIRPERSON

ATTEST:

SECRETARY

APPENDIX I

**SOUTHERN COASTAL REGIONAL EMPLOYEE BENEFITS FUND
 MINUTES OF THE REGULAR MEETING
 MARCH 30, 2026
 THE GREENVIEW INN AT EASTLYN GOLF COURSE
 4049 ITALIA AVE, VINELAND, NJ 08361
 12:30 P.M.**

STATEMENT OF COMPLIANCE WITH OPEN PUBLIC MEETINGS ACT

The Open Public Meetings Act statement was read into the record.

FLAG SALUTE

Chairperson Richard Davidson led all attendees in the Pledge of Allegiance.

ROLL CALL OF THE 2026 EXECUTIVE COMMITTEE

Jordyn Robinson conducted the roll call of the 2026 Executive Committee:

Name / Title	Status
Richard Davidson – Chairperson	Present
Pasquale Yacovelli – Secretary	Present
Jerry Velazquez – Executive Committee	Present
Megan Duffield – Executive Committee	Present
Laurie Ryan – Executive Committee	Present
Scott Musterel – Executive Committee	Present
Mark Mallet – Executive Committee	Present
Frank Badessa – EC Alternate	Absent
Dennis Zakroff – EC Alternate	Present
Kevin Smaniotto – EC Alternate	Absent
Thomas D'Intino – EC Alternate	Present

Fund Professionals:

- Fund Administrator (PERMA Risk Management Services): Emily Koval, Jordyn Robinson, Jim Rhodes
- Fund Attorney (Marmero Law, LLC)
- Program Manager (Shared Health Alliance / Allen Associates): Rich Allen
- Fund Treasurer (Laracy Associates LLC / Verrill & Verrill): Lorraine Verrill
- Network TPA – Aetna: Sophie Peligo
- Network TPA – AmeriHealth: Tyler Jackson

- Ramp Health: Nicole Putnam
- Guardian Nurses

Others Present:

- Patrick Yacovelli – CSB
- Gerald Cowan – Shared Health Alliance
- Jessica Snyder – City of Absecon
- Joe Madera – Hardenbergh Insurance Group
- Gina Murray – Allen Associates
- Courtney Adamonis – Allen Associates
- Corey Allen – Allen Associates
- Susan Dortu – Allen Associates
- Bob Allen – Allen Associates
- Lewis N. Thompson – Allen Associates
- James Ridgway – J. Byrne Agency
- Monica Newton – Mullica Township
- Kelle Amodeo – Margate
- Jenna Kelly – Longport
- Tim Kelly – Ocean City BOE

APPROVAL OF MINUTES – JANUARY 28, 2026

Chairperson Davidson called for a motion to approve the minutes of January 28, 2026.

Moved: Scott Musterel

Seconded: Pasquale Yacovelli

Vote: 9 Yes. Motion Carried.

CORRESPONDENCE

None.

PUBLIC COMMENT – AGENDA ITEMS ONLY

No public comment was received.

REPORTS

Executive Director's Report – PERMA Risk Management Services

Emily Koval presented the Executive Director's Report, as included in the agenda. Key items highlighted included:

- Finances: The Financial Fast Track Report as of January 31, 2026 was presented. The Actuary added approximately \$1.5 million to the IBNR above his typical certification, reflecting uncertainty in 2024 and 2025 fund year development, particularly with high-cost claims. Fund Year 2026 is currently running with a surplus, and preliminary February and March claims data were described as favorable.
- 2026 Risk Management Plan Update: A revision to Resolution 8-26 was presented as a consent agenda item to incorporate New Jersey Out-of-Network

Consumer Protection Act language (P.L. 2018, c. 32), reflecting the Fund's transition from the federal to the state no surprise billing program effective January 1, 2026.

- **Broker Payments:** Beginning with the March vouchers, the Fund is now paying broker partners directly rather than through the Program Manager. The Program Manager has been in contact with all brokers to collect required documentation. Some brokers confirmed receipt of their payment on the day of the meeting.
- **2027 Professional Contracts:** The Nurse Advocacy and Wellness vendor contracts expire December 31, 2026. This will be a discussion item at the next Finance and Contracts Committee meeting.
- **Financial Disclosure Statements:** Notices will be emailed in approximately one to two weeks. The filing deadline is April 30, 2026. Commissioners were reminded to file separately for each position held (HIF Commissioner, JIF Commissioner, local elected official, etc.), as each position carries a unique PIN.
- **2026 MEL, MR HIF & NJCE Educational Seminar:** The 16th Annual Seminar will be held virtually on April 24 and May 1, 9 AM to 12 PM. Continuing education credits are pending approval. Jim Rhodes of PERMA will be presenting at one of the sessions. Registration links were distributed via email.
- **Lockboxes:** Members were reminded to verify that current invoices reflect the updated lockbox remittance address.
- **GASB 102 Disclosure:** A memo is included in Appendix III of the agenda explaining why the GASB 102 disclosure requirements do not apply to Health Insurance Funds.
- **GASB 75 Reporting:** Members requiring GASB 75 reports for their annual audits were directed to contact Jordyn Robinson as soon as possible, as reports may take up to six weeks to complete during peak periods.

No questions were raised regarding the Executive Director's Report.

Program Manager's Report – Shared Health Alliance

Rich Allen of Shared Health Alliance / Allen Associates presented the Program Manager's Report, as included in the agenda. Key items highlighted included:

- **Membership Prospects:** Weymouth Township Board of Education has been approved for membership effective July 1, 2026, pending receipt of the Resolution and Indemnity & Trust Agreement (Resolution 14-26 included in consent). Additional prospects include Galloway Township Board of Education, Hamilton Board of Education, and Greater Wildwood Tourism. The Fund remains selective in its underwriting approach.
- **Spring Open Enrollment:** Open enrollment will run from April 20 through May 8, with changes to be entered into WEX by May 15. Materials will be distributed in the coming weeks.

Wellness Update – Corey Allen, Shared Health Alliance

Corey Allen reported on the wellness program. Key items noted:

- Spring Grant Deadline: The submission deadline for a July 1, 2026 program start is May 15, 2026. Applications submitted by this date will be reviewed at the June meeting.
- Grant Reminders: A list of member groups with expiring grants from the prior spring cycle that have not yet resubmitted was noted for the record, as included in the agenda.
- ActiveFit+ Payment Automation: Beginning in April, charges for Advanta incentives and buy-up plans will be paid directly by the Coastal HIF rather than routed through the member group, streamlining the process.
- June Meeting: A golf outing is being planned to precede the June 1, 2026 meeting at this same location. Members interested in participating were asked to RSVP when the next meeting invitation is distributed.

Ramp Health Pilot Program Presentation

Representatives from Ramp Health provided an update on the wellness coaching pilot program, which launched October 1, 2025 with the Millville Board of Education and the Cumberland County Improvement Authority. The following was reported:

- The on-site wellness coach serves approximately 700 employees across the two entities and 13 locations. The program focuses on lifestyle modification, physical health, stress management, mental wellbeing, and connecting employees to benefits and community resources.
- Millville Board of Education results (approximately five months): 483 unique participants with nearly 1,500 coaching interactions (approximately three sessions per participant); 30% of outreach contacts converted to one-on-one coaching sessions.
- Cumberland County Improvement Authority results: 56 unique participants and 275 coaching interactions (approximately five sessions per participant); 29% conversion to one-on-one sessions.
- Case examples were shared illustrating impact in areas including nutrition guidance, caregiver support, fitness, mental health crisis navigation, and connecting employees to mental health providers.

Discussion followed regarding the value of the program both as a claims mitigation tool and as a demonstration to employees that the Fund and member groups care about their wellbeing. Chairperson Davidson acknowledged that the pilot was initiated in response to the Executive Committee's interest in lifestyle-focused wellness services.

Guardian Nurses – Mobile Care Coordinator Report

A representative from Guardian Nurses presented the Board Report for the period October 1 through December 31, 2025, as included in the agenda. Highlights included:

- 394 cases supported (328 unique members); 70% engagement rate
- Projected cost savings of \$263,985 from care coordination interventions
- 11% readmission rate vs. a 14.6% commercial benchmark, reflecting approximately \$91,200 in projected cost avoidance

No questions were raised.

Treasurer's Report – Laracy Associates LLC / Verrill & Verrill

The Treasurer presented the February and March 2026 Bills Lists and the January 2026 Treasurer's Report, as included in the agenda:

- February 2026 Bills List: Total Payments All Fund Years – \$2,102,953.08
- March 2026 Bills List: Total Payments All Fund Years – \$2,148,493.58
- January 2026 Treasurer's Report: Cash as of January 31, 2026 – \$13,766,773.24

The Confirmation of Claims Paid/Certification of Transfers and Ratification of Treasurer's Report were included as part of the consent agenda. No questions were raised.

Attorney's Report – Marmero Law, LLC

The Fund Attorney had no report items to present.

Network & Third-Party Administrator Report – Aetna

A representative from Aetna presented the monthly report on behalf of Jason Silverstein, who was on leave. The report, as included in the agenda, covered claims activity through January 2026:

- December 2025: Medical claims paid – \$9,774,596.42; 4,840 employees; \$2,020 per employee per month
- January 2026: Medical claims paid – \$9,385,586; 5,575 employees; \$1,684 per employee per month
- High-cost claims (over \$100,000) for December totaled \$831,309.92; the January high-cost claims figure was noted to be approximately \$1,000,000 based on corrected numbers provided at the meeting
- Dashboard performance metrics continued to perform well

No questions were raised.

Network & Third-Party Administrator Report – AmeriHealth

A representative from AmeriHealth presented the monthly report, as included in the agenda:

- January 2026: Medical claims paid – \$962,271.88; 1,853 employees; \$519.30 per employee per month
- February 2026: Medical claims paid – \$3,759,409.00; 1,856 employees; \$2,025.54 per employee per month
- Dashboard metrics performing well

A question was raised regarding the January per-employee figure. The representative indicated she would follow up, as she was filling in for the primary AmeriHealth contact who had recently departed.

Prescription Administrator Report – Express Scripts

The Express Scripts monthly report was included in the agenda. The report covered pharmacy utilization through February 2026. No verbal report was delivered at the meeting.

Dental Administrator Report – Delta Dental

The Delta Dental monthly report was included in the agenda. The report covered dental network utilization for 2025. No verbal report was delivered at the meeting.

CONSENT AGENDA

Chairperson Davidson presented the Consent Agenda, which comprised the following resolutions:

- REVISED Resolution 8-26: Approval of Revised 2026 Risk Management Plan
- Resolution 14-26: Approving New Membership
- Resolution 15-26: Approval of the February and March 2026 Bills List and Ratification of the January 2026 Treasurer's Report

Chairperson Davidson called for a motion to approve the Consent Agenda.

Moved: Scott Musterel

Seconded: Megan Duffield

Vote: Thomas D'Intino – Yes; Dennis Zakroff – Yes; Mark Mallet – Yes; Scott Musterel – Yes; Laurie Ryan – Yes; Megan Duffield – Yes on Res. 8-26 and 14-26, Abstain on Res. 15-26; Jerry Velazquez – Yes; Pasquale Yacovelli – Yes; Richard Davidson – Yes. Motion Carried.

The following resolutions were adopted:

- REVISED Resolution 8-26: Approved
- Resolution 14-26: Approved
- Resolution 15-26: Approved

OLD BUSINESS

None

NEW BUSINESS

None

ADDITIONAL PUBLIC COMMENT

No public comment was received. Public comment was closed.

EXECUTIVE SESSION

Executive session was not required.

ADJOURNMENT

Chairperson Davidson called for a motion to adjourn the meeting.

Moved: Megan Duffield

Seconded: Scott Musterel

Vote: All in Favor. Motion Carried.

The meeting was adjourned.

Respectfully submitted,

Secretary, Southern Coastal Regional Employee Benefits Fund

APPENDIX II



the FLAME®

Healthcare News and Tips

**Tuesday,
May 12, 2026**

May is Mental Health Awareness Month—also known as the time of year when every newsletter, workplace, and social media feed gently reminds us to breathe, hydrate, and maybe stop answering emails at 11PM. (All good advice, by the way.)

At Guardian Nurses, we don't need a special month to know how important mental health is. We see it every day in the patients and families we support, and to be honest—we see it in ourselves, too.

Healthcare is rewarding, meaningful work, but it's also human work. And humans come with stress, emotions, and the occasional moment of wondering why the coffee machine hates us or why our iPhones turned off for no apparent reason.

This month's issue of *The Flame* focuses on what employers can do to support mental health in the workplace. When people feel supported, they show up better. They communicate better. They take care of themselves better. And yes, they even handle rainy Monday mornings better.



A Kinder Workplace Starts With You

May is [Mental Health Awareness Month](#), and it's a good reminder that mental health isn't something we leave at the door when we walk into work. Whether employees are managing stress, caring for aging parents, juggling chronic conditions, or simply trying to keep up with the pace of life, mental health plays a major role in how they show up every day.

Everyday, our nurse advocates see firsthand how emotional well-being affects physical health, decision-making, and a person's ability to navigate the healthcare system. Employers who take mental health seriously don't just support their people—they strengthen their organizations.

Here are some meaningful, practical ways employers can make a difference.

Normalize the Conversation

Mental health becomes easier to talk about when leaders talk about it. When managers acknowledge stress, workload pressures, or the importance of taking time off, it signals that mental health isn't taboo. A simple "How are you doing?"—asked sincerely—can open the door for someone who's struggling.

So take a breath, give a chuckle at my nursing school graduation photo---40 years ago! and enjoy this month's issue.



**Abington Memorial Hospital
School of Nursing 1986**

Betty

Betty Long President/CEO

**May 12th
International Nurses Day!**



Every May 12th, the world celebrates International Nurses Day. Why May 12th, you ask? It is the birthday of Miss Florence Nightingale (1820-1910), the British woman who is considered the "mother of modern nursing." Miss Nightingale is also known as "The Lady with the Lamp" for her work with British soldiers during the Crimean War.

If you haven't celebrated the nurses in your life, today would be a good day to reach out and say "Thanks." **It's also a good day to sign the Protect Our Nurses Campaign.**

Make Benefits Easy to Understand

Many employees don't know what resources they have—or how to access them. Employers can help by sharing simple, plain-language summaries of mental health benefits, EAP services, and teletherapy options. And not just during open enrollment. Regular reminders go a long way.

This is also where our nurse advocates shine: helping members find providers, navigate referrals, and get the support they need. Offer Flexibility When Possible

Rigid schedules and heavy workloads are major contributors to burnout. Flexibility—whether in hours, location, or expectations—can make a tremendous difference. Encouraging employees to take PTO (and taking it yourself!) reinforces that rest is not only allowed but necessary.

Train Managers to Recognize When Someone Needs Support

Managers are often the first to notice when something seems "off," but many feel unsure about what to say or do. **Training can help** them check in with empathy, understand their role, and know when to connect someone with HR, EAP, or a nurse advocate.

Reduce Stigma Through Ongoing Communication

One email in May won't change culture. But consistent messaging throughout the year—sharing resources, highlighting wellness programs, and reminding employees that seeking help is a sign of strength—helps build trust and reduces stigma.

Partner With Experts

Accessing mental health care can be confusing and overwhelming. Nurse advocates can help employees find the right providers, understand their options, and feel supported throughout the process. Sometimes just knowing someone is walking alongside them makes all the difference.

A Kinder Workplace Starts With You

Whether you're a CEO, a supervisor, or simply the person who always remembers to ask how someone's doing, you play a role in shaping the emotional climate of your workplace. Every supportive conversation, every moment of patience, every effort to make resources easier to access—it all adds up. A kinder workplace isn't built in a day, but it is built by people who care.

A Healthier Workplace Helps Everyone

Mental health affects all of us—regardless of job title, age, or personality. When employers create environments where people feel safe, supported, and valued, everyone benefits. Productivity improves, turnover decreases, and employees feel more connected to their work and to each other.

As we recognize Mental Health Awareness Month, it's a good time for all of us—employers, leaders, and colleagues—to remember that compassion is one of the most powerful tools we have. **A kinder workplace truly does start with you.**

Lighting your way
through the
healthcare maze.®

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info@guardiannurses.com | GuardianNurses.com



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

EXPRESS SCRIPTS PHARMACY BENEFIT SERVICES

2026 National Preferred Formulary

Exclusion list changes coming July 1, 2026

This is not an all-inclusive list of exclusions for the Express Scripts® Pharmacy Benefit Services National Preferred Formulary. The excluded medications shown below are not covered on the Express Scripts National Preferred Formulary beginning July 1, 2026 unless otherwise noted. If there is a clinical reason, identified by your doctor, that requires you to continue taking your current medication, your doctor can request a coverage review by visiting the Express Scripts online portal at esrx.com/PA.

Single-source brand and generic exclusions

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
AUTONOMIC AND CENTRAL NERVOUS SYSTEM Orphenadrine-Containing Analgesics	orphenadrine-aspirin-caffeine, NORGESIC, NORGESIC FORTE	orphenadrine citrate er
Tricyclic Antidepressants	protriptyline¹	desipramine, nortriptyline
CARDIOVASCULAR HMG and Cholesterol Inhibitor Combinations	fluvastatin, fluvastatin er, ALTOPREV, ATORVALIQ, LESCOL XL	atorvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin
MISCELLANEOUS AGENTS Other Bone Mineral Density Increasing Agents	BOMYNTRA, OSENVELT , WYOST, XGEVA	BILPREVDA, XTRENBO
Primary Biliary Cholangitis Agents	LIVDELZI	IQIRVO

Indication-based management

DRUG CLASS	EXCLUDED MEDICATIONS	PREFERRED ALTERNATIVES
Adalimumab Products for Inflammatory Conditions‡	ADALIMUMAB-AACF, IDACIO ADALIMUMAB-AATY, YUFLYMA ADALIMUMAB-BWWD ADALIMUMAB-FKJP, HULIO ADALIMUMAB-RYVK (by Teva) ABRILADA AMJEVITA CYLTEZO HADLIMA HUMIRA HYRIMOZ YUSIMRY	ADALIMUMAB-ADAZ ADALIMUMAB-ADB (by Boehringer Ingelheim & Quallent) ADALIMUMAB-RYVK (by Quallent), SIMLANDI
Tocilizumab Products for Inflammatory Conditions‡	ACTEMRA SC	TYENNE SC**
Ustekinumab Products for Inflammatory Conditions‡	OTULFI SC, PYZCHIVA SC, STARJEMZA SC, STELARA SC² , STEQEYMA SC, USTEKINUMAB SC, USTEKINUMAB-AAUZ SC, USTEKINUMAB- AEKN SC, WEZLANA SC	IMULDOSA SC, SELARSDI SC, USTEKINUMAB- TTWE SC (by Quallent), YESINTEK SC
Referenced excluded medications for Inflammatory Conditions‡ as indicated	KINERET, SILIQ	See next page for Preferred Alternatives

Indication-based management (continued)

DRUG CLASS	OTHER MEDICATIONS	PREFERRED ALTERNATIVES
Inflammatory Conditions‡	All other Brand Name medications for Inflammatory Conditions may require a trial of one or more Preferred medications as part of the Formulary exceptions process.	<p>Preferred: ADALIMUMAB-ADAZ, ADALIMUMAB-ADBIM (by Boehringer Ingelheim & Quallent), ADALIMUMAB-RYVK (by Quallent), ENBREL, IMULDOSA SC, OMVOH SC, OTEZLA, RINVOQ, RINVOQ LQ, SELARSDI SC, SIMLANDI, SKYRIZI, SOTYKTU, TALTZ, TREMFYA SC, USTEKINUMAB-TTWE SC (by Quallent), VELSIPITY, XELJANZ, XELJANZ SOLUTION, XELJANZ XR, YESINTEK SC, ZYMFENTRA</p> <p>Preferred for Non-Radiographic Axial Spondyloarthritis (nr-axSpA) only: CIMZIA, TALTZ</p> <p>**Preferred after use of one Preferred Medication: CIMZIA (for Crohn's Disease only), SIMPONI 100MG, TYENNE SC</p>

Multi-source brand exclusions

The generic equivalents of the following brand-name medications are covered on the National Preferred Formulary. FDA-approved generic medications meet strict standards and contain the same active ingredients as their corresponding brand-name medications, although they may have a different appearance.

ENTRESTO
FARXIGA³

MAVENCLAD
MYDAYIS

XIGDUO XR³

Excluded Medications are new for 07/01/2026

1. Exclusion impacts new utilizers only
2. Exclusion impacts all utilizers effective 07/01/2026
3. Pending generic availability

‡ Please note that PDL and product placement for treatment of Inflammatory and Atopic Conditions in the Inflammatory and Atopic Conditions Care Value (IACCV) Program are subject to change throughout the year based upon changes in market dynamics, new indications for existing products, biosimilar and new product launches.

State Benchmark = CA, CO, UT

2026 Copay Assistance Benefit Drug List

Effective July 1, 2026

The specialty medications included in the copay assistance benefit drug list are specific to your plan's prescription drug benefit and subject to change at any time. Prescription drug benefit plan terms will always take precedence. Medications with prior authorization criteria must be approved in advance by the plan and follow applicable laws and/or regulations. The specialty medications included on this list will have a 30 percent coinsurance, which may be subject to change. When coinsurance applies for these medications is determined by your plan benefit design. By completing the manufacturer copay assistance program's enrollment process and consenting to SaveOnSP monitoring your pharmacy account, **your final cost will be reduced**. Specialty medications will be filled through your approved specialty pharmacy.

Please call **800-683-1074** to participate. Once you've completed the manufacturer copay assistance program's enrollment process and consented to SaveOnSP monitoring your pharmacy account, your responsibility will be reduced.

A	Aqneursa	Cablivi	Duopa	Exjade
Abraxane	Aqvesme	Cabometyx	Dupixent	Exondys 51
Actemra	Arcalyst	Calquence	Duvyzat	Eylea
Acthar	Arikayce	Camzyos	E	F
Adakveo	Asceniv	Caprelsa	Ebglyss	Fabhalta
Adalimumab-adaz	Attruby	Carbaglu	Egrifta	Fabrazyme
Adalimumab-adbm*	Austedo	Cayston	Ekterly	Fasenra
Adbry	Avastin	Cerdelga	Elahere	Feiba NF
Adcetris	Avonex	Cerezyme	Elaprase	Ferriprox
Adcirca	Avsola	Cholbam	Elelyso	Filspari
Adempas	Avtozma	Cibinqo	Elfabrio	Fintepla
Adstiladrin	Ayvakit	Cimzia	Eloctate	Firazyr
Advate	B	Cinryze	Elrexio	Firdapse
Adynovate	Bafiertam	Columvi	Emflaza	Folotyng
Adzynma	Balversa	Cometriq	Empaveli	Forteo
Afinitor	Bavencio	Copaxone	Empliciti	Forzinity
Afstyla	Benefix	Copiktra	Emrelis	Fotivda
Agamree	Benlysta	Cortrophin	Enbrel	Fruzaqla
Akeega	Berinert	Cosentyx	Encelto	Fulphila
Aldurazyme	Besremi	Cotellic	Enhertu	Fyarro
Alecensa	Bilprevida	Crenessity	Enjaymo	Fylnetra
Alhemo	Bimzelx	Crysvita	Ensacove	G
AlphaNine	Bivigam	Ctexli	Enspryng	Galafold
Alprolix	Bizengri	Cutaquig	Entyvio	Gamifant
Altuviio	Bkemv	Cuvitru	Epclusa	Gammagard
Alunbrig	Blenrep	Cuvrior	Epkinly	Gattex
Alvaiz	Bosulif	Cyramza	Epysqli	Gavreto
Alyftrek	Braftovi	Cystadrops	Erbitux	Gazyva
Alyglo	Brinsupri	D	Eriedge	Genotropin
Alymsys	Briumvi	Danziten	Erleada	Gilotrif
Ampyra	Brixadi	Datroway	Esbriet	Givlaari
Amvuttra	Brukinsa	Dawnzera	Esperoct	Glatiramer Acetate
Andembry	Bylvy	Daybue	Evenity	Glatopa
Anzupgo	Byooviz	Dojolvi	Evkeeza	Gocovri
Apokyn	C	Doptelet	Exdensur	Gomekli

*Excludes Quallent Pharmaceuticals.

Granix	Jemperli	Lupron	Onureg	Retevmo
H	Jivi	Luxturna	Opdivo	Revatio
Haegarda	Joenna	Lynozytic	Opdualag	Revcovi
Halaven	Juxtapid	Lynparza	Opsumit	Revlimid
Harliku	Jynarque	Lytgobi	Opsynvi	Revuforj
Harvoni	K	M	Orencia	Rezlidhia
Hemlibra	Kadcyla	Margenza	Orenitram	Riabni
Herceptin	Kalbitor	Mayzent	Orfadin	Rinvoq
Herceptin Hylecta	Kalydeco	Mekinist	Orgovyx	Rituxan
Hercessi	Kanjinti	Mektovi	Orkambi	Rituxan Hycela
Herzuma	Kanuma	Miplyffa	Orladeyo	Rivfloza
Hetlioz	Kebilidi	Modeyso	Orserdu	Rixubis
Humate-P	Kesimpta	Mvasi	Otezla	Rolvedon
Humira	Keveyis	Myalept	Otulfu	Romvimza
Hyqvia	Kevzara	Myobloc	Oxervate	Rozlytrek
Hyrnuo	Keytruda	Myqorzo	Oxlumo	Ruconest
I	Khindivi	Mytesi	P	Ruxience
Ibrance	Kineret	N	Padcev	Rybrevant
Ibtrozi	Kisqali	Nemluvio	Palsonify	Rydapt
Iclusig	Kitabis	Nerlynx	Palynziq	Rystiggo
Idelvion	Komzifti	Neulasta	Panzyga	Rytelo
IDHIFA	Korlym	Neupogen	Papzimeos	S
Ilaris	Koselugo	Nexvazyme	Pemazyre	Samsca
Ilumya	Kovaltry	Ngenla	Perjeta	Sandostatin Lar Depot
Imaavy	Krazati	Ninlaro	Phesgo	Saphnelo
Imbruvica	Krystexxa	Nityr	PiaSky	Sarclisa
Imcivree	Kuvan	Nivestym	Piqray	Scemblix
Imfinzi	Kyprolis	Northera	Plegridy	Selarsdi
Imjudo	L	Nourianz	Pluvicto	Sephience
Imkeldi	Lamzede	Novoeight	Polivy	Serostim
Imuldosa	Lazcluze	Novoseven RT	Pombiliti	Sevenfact
Increlex	Ledipasvir/Sofosbuvir	Nplate	Ponvory	Signifor
Inflectra	Lemtrada	Nubeqa	Poteligeo	Signifor LAR
Ingrezza	Lenvima	Nucala	Privigen	Siliq
Inluriyo	Leqembi	Nulbry	Procysbi	Simlandi
Inlyta	Leqselvi	Nuplazid	Promacta	Simponi
Inqovi	Letairis	Nuwiq	Pyrukynd	Skyclarys
Inrebic	Leukine	Nyvepria	Pyzchiva	Skyrizi
Iqirvo	Libtayo	O	Q	Skysona
Isturisa	Litfulo	Ocrevus	Qfitlia	Skytrofa
Itovebi	Livdelzi	Odomzo	Qinlock	sodium oxybate
Itvisma	Livmarti	Ofev	R	Sofosbuvir/Velpatasvir
Iwilfin	Lonsurf	Ogivri	Radicava	Sogroya
Ixemptra	Loqtorzi	Ogsiveo	Ravicti	Sohonos
Ixinity	Lorbrena	Ojemda	Rebif	Soliris
Izervay	Lucentis	Ojjaara	Rebinyr	Somatuline Depot
J	Lumakras	Olpruva	Recombinate	Somavert
Jadenu	Lumizyme	Olumiant	Redemplo	Sotyktu
Jakafi	Lumryz	OmvoH	Remicade	Sovaldi
Jaypirca	Lunsumio	Ontruzant	Renflexis	Spevigo
	Lupkynis			Spinraza

*Excludes Quallent Pharmaceuticals.

Sprycel
Stelara
Steqeyma
Stimufend
Stivarga

Strensiq

Sublocade
Sucraid
Supprelin
Susvimo
Sutent
Syfovre
Sylvant
Symdeko

Synagis

T

Tabrecta
Tadliq
Tafinlar
Tagrisso
Takhzyro

Taltz

Talzenna
Targretin
Tasigna
Tavalisse
Tavneos

Tazverik

Tecentriq

Tecfidera

Tecvayli

Teglutik
Tepezza
Tepmetko
Tevimbra
Tezspire
Thiola
Tibsovo
Tobi
Torpenz
Tracleer
Trazimera

Tremfya
Tretten
Trikafta
Triptodur
Trodelvy
Truqap
Truxima

Tryngolza

Tukyasa
Turalio

Tyenne

Tykerb
Tymlos

Tysabri

Tyvaso
Tzield

U

Udenyca

Ultomiris

Uptravi

V

Vabysmo
Valchlor
Vanflyta
Vanrafia
Vectibix
Vegzelma
Velsipity
Venclexta
Veopoz

Verzenio

Vijoice
Viltepso
Vistogard
Vitrakvi
Vivimusta
Vivitrol
Vizimpro
Vonjo

Vonvendi
Voranigo
Vosevi

Votrient
Vowst
Voxzogo

Voydeya

Voyxact

Vpriv

Vumerity
Vyalev

Vyepiti

Vyjuvek
Vyloy
Vyndamax
Vyndaqel
Vyondys 53
Vyvgart
Vyvgart Hytrulo
Vyxeos

W

Wainua
Wakix

Wayritz

Welireg
Wezlana
Wilate

Winrevair

Wyost

X

Xalkori
Xeljanz
Xembify
Xenazine
Xenpozyme
Xermelo
Xgeva
Xolair

Xospata

Xphozah

Xpovio

Xtandi

Xyntha
Xyrem

Y

Yargesa
Yervoy
Yesintek
Yonsa
Yorvipath
Yutrepia

Z

Zarxio
Zejula
Zelboraf
Zeposia
Zepzelca
Ziextenzo
Zirabev
Zokinvy
Zolgensma
Ztalmy
Zusduri
Zydelig
Zykadia

Zymfentra

Zynlonta
Zynteglo
Zynyz
Zytiga

Care Management

Controlling medical costs by reimbursement controls

Paul Tomasko, Mayor, Alpine Boro, NJLM Immediate Past President; and Joseph DiBella, Co-President, PERMA Risk Control Services

New Jersey public employers are permitted to implement clinically grounded care management and utilization management programs and modify out-of-network reimbursement methodologies without collective bargaining. Health plan administration controls, including medical necessity standards, utilization review, formulary controls, and clinical prior authorization protocols, have repeatedly been found to fall squarely within management rights.

Non-Negotiables

New Jersey's Public Employment Relations Commission (PERC) has consistently ruled that how a benefit is administered is not negotiable so long as the benefit itself remains available (*City of Jersey City*, PERC No. 2011-12, *Borough of Metuchen*, PERC No. 2006-69, and *State of New Jersey (Dept. of Treasury)*, PERC No. 2003-79). These decisions make clear that care management is not benefit "reduction"; it is employee benefit plan "governance."

PERC and the courts have repeatedly recognized that:

- Employers may require prior authorization.
- Employers may impose medical necessity standards.
- Employers may manage high-cost drug utilization.

No bargaining obligation is triggered so long as criteria are uniformly applied, clinically based, and non-discriminatory.

This is important because medical procedures have many different prices, and plan administration can have a major impact on the final cost. The cost of the same procedure performed by the same doctor varies depending on the payer. The types of pricing include the following.

- **Reasonable and Customary (R&C) is the list price.** This is what you will be billed if you walk off the street without insurance. R&C is a misnomer...it is neither reasonable nor customary.

- **Network Price is a negotiated discount.** Various companies negotiate network discounts with providers that are typically half of R&C. Medical Plans then retain a network for a fee to "reprice" medical bills. This fee is

part of the overall cost paid by the employer and employees who contribute to premium costs.

- **Medicare Reimbursement Rates are established each year by the Centers for Medicare & Medicaid Services (CMS).** In 2025, these rates were approximately 52% of the Network Price based on Milliman Commercial Reimbursement Benchmarks.

Another reality is that public sector plans cost almost double what private employers pay. The differences are especially large in New Jersey where the most popular family plans offered by the State Health Benefits Commission now cost over \$60,000 a year.

To control runaway costs, employers and their plan administrators, including Health Insurance Funds (HIFs) must exercise their right to negotiate between networks. The latest idea is Referencing Based Pricing (RBP) that uses Medicare Reimbursement Rates as a standard. Because public employers effectively subsidize the private sector, some public employers are now establishing that the appropriate price for public plans is 150% of the Medicare Reimbursement Rate, or about 75% of the typical network reimbursement rate.

Transitioning from one out of network pricing benchmark to another (e.g., 150% of Medicare) does not eliminate out of network coverage, does not cap access to providers and reflects evolving standards of "reasonable and customary." New Jersey precedent recognizes that what is reasonable necessarily changes over time, and employers are not locked into static pricing methodologies.

Some unions support this idea because public employees are now required to pay a portion of the cost. Referenced based pricing may be the only way to continue comprehensive benefit levels without bankrupting both local government and their employees.

GLP-1 "weight reduction" medication is another area utilization management programs apply evidence-based clinical criteria (e.g., BMI thresholds, comorbidities), align with FDA indications and nationally recognized clinical guidelines and ensure appropriate continuation, step therapy, and discontinuation protocols. These programs do not eliminate coverage; they ensure appropriate use.

New Jersey law is clear that out of network reimbursement levels are not a negotiable benefit term. Courts and PERC have repeatedly recognized that employers may update fee schedules to reflect market conditions and that reimbursement methodology is not benefit design. 🦋