



DIVE IN TO OUR OLYMPIC-SIZED HEALTH INSURANCE POOL

SUMMER 2024



New Jersey
Health Insurance Fund

Schools | Municipalities | Public Entities

"hi" Fund CHAIRPERSONS



Gateway BMED FUND

Bergen Municipal
Employee Benefits Fund
Gregory Hart, Chair



Central Jersey FUND

Central Jersey Regional
Employee Benefits Fund
Tom Nolan, Chair



Municipal Reinsurance
Health Insurance Fund
Silvio Esposito, Chair



North Jersey Municipal
Employee Benefits Fund
Scott Heck, Chair



Schools Health Insurance Fund
Joseph Collins, Chair



Southern Coastal FUND

Southern Coastal Regional
Employee Benefits Fund
Rich Davidson, Chair



Southern Jersey FUND

Southern New Jersey Regional
Employee Benefits Fund
Michael Mevoli, Chair



Southern Skylands FUND

Southern Skylands Regional
Health Insurance Fund
Colleen Mahr, Chair



Burlington County INSURANCE COMMISSION

Burlington County
Insurance Commission
Ashley Buono, Chair



METROPOLITAN HEALTH INSURANCE FUND

Metropolitan
Health Insurance Fund
Jenny Mundell, Steering Committee, Chair

WELCOME TO THE “hi” Fund

Just as Olympic athletes “Go for the Gold” and strive to achieve new records, the “hi” Funds continue to build on a 31+ year track record of success and consistently outperform our competitors by delivering continuous, reliable, and stable health benefit solutions for New Jersey public entities.

Our Olympic-sized health benefits pool is the “Gold Medal” standard. No other benefit solution can match the level of engagement and influence our Funds have from our members. Our winning team of Fund professionals, commissioners, and broker partners, continue to push the Funds to new heights in terms of delivering top-tier solutions, services, and features.

More than three decades after the first Health Insurance Fund (HIF) was launched, the “hi” Funds continue to boast strong balance sheets at times of turbulence in the market. Our Funds always provide transparent and stable solutions to manage health benefit costs – every public entity's second-largest operating expense.

Here are some key highlights for 2024:

- + 22 New Groups will be added
- + \$1.151 Billion Collective Annual Budget
- + \$169 Million Surplus
- + \$331 Million Dividends
- + 2.76 % Average Rate Increase over 5 years

While the “hi” Funds have achieved much, and continue to help many municipalities, schools, authorities, and other public entities, there is more to be done. The challenge of managing health care costs and quality is never-ending, but the “hi” Funds have doubled down our efforts to drive savings and value.

Read about the new Metropolitan Fund (p. 6), learn about our focus on data in the Innovation Corner (p.7), find out the benefits of Population Health (p.8), and read how partnering with Guardian Nurses improves ROI and changes lives (p. 13-14).

Our winning team will settle for nothing less than continuing to deliver “Gold Medal” results that provide a real competitive advantage, and the ability to offer high-quality benefits for public employees at the most affordable price.

On behalf of the “hi” Family of Funds, I want to say Thank You to our current members for being a part of our “dream team,” and say Welcome to prospective members looking to “dive in” to our Olympic-sized pool.

With respect,

A handwritten signature in black ink that reads "Joe DiBella".

Joseph DiBella
Executive Partner



MEET THE “hi” fund

New Jersey Health Insurance Fund (hi) is built on the simple and powerful idea of shared services — a pool allowing municipalities, schools, and other public entities to provide choice and value for employees while delivering savings, stability, and reliability for members.

Advantages

Since the “hi” Funds are member owned and governed, they deliver greater customization and control over plans, options and savings.

- + Stable and predictable premium rates over time.
- + Fund Actuary determines required claim premiums, not the insurance carriers.
- + Controls insurance company profit and lowers expenses.
- + Streamlines claims management and data reporting.
- + Emphasizes the health and wellness of employees and their family members.
- + Member entities make the rules and design flexible plans.
- + Member entities can duplicate existing plans or customize plans based on specific needs.
- + Broker Friendly - No need to switch or change, we will work directly with your broker.



“The HIFs offer better pricing, better service and the ability to seek out answers and mandate responsiveness and customer service. And, as a member of the Executive Committee, I take pride in the fact that we are not only helping our individual entities but we are looking out for the best interest for all HIF members.”

-- Gerard Velazquez, III, President/CEO, Cumberland County Improvement Authority



SUCCESS AT A GLANCE



130,000

members lives

50,000

employees

320

public
entities



163

Municipalities

11

Authorities

142

Schools

4

Counties



\$1.151B

collective annual budget

\$331M

in dividends (since 1992)

\$169M

in surplus



1.75 months

of claims as surplus

5 YEAR
AVERAGES

2.76%

rate increase

30%

enrollment growth
rate per year

WHAT YOU NEED TO KNOW

How do the "hi" Funds operate?

The "hi" Funds (HIFs) are public entities and are governed in the same fashion as Joint Insurance Funds (JIFs) are for property and casualty coverage. What makes these funds so effective is the high level of stakeholder involvement.

Each member entity has a seat at the table and selects one person to serve as their Fund Commissioner. The Commissioner becomes the voice of their school, municipality, or public entity, and serves on the governing body of the Fund.

At the annual reorganization meeting, the Commissioners elect an Executive Committee to manage the monthly meetings and to make decisions that are in the best interest of the member entities within that specific HIF.

On a rotating basis, the "hi" Funds perform a review process for all fund professionals that serve the funds.

- | | | | |
|----------------------|-------------|---------------|--------------------|
| + Executive Director | + Attorney | + Medical TPA | + Wellness Vendors |
| + Program Manager | + Auditor | + Rx PBM | |
| + Actuary | + Treasurer | + Dental TPA | |

Broker/Consultant Role

Employee Benefits brokers and consultants are vetted by the "hi" Funds and are an integral component of the overall success of the "hi" Funds.

Powered by PERMA

PERMA serves as Executive Director for the "hi" Funds. PERMA is responsible for preparing meeting agendas, minutes and records management. PERMA serves as the "back office," with many other responsibilities including: accounting and general ledger functions, enrollment and COBRA administration, regulatory interface, and annual filings.

Powered by **PERMA** | RISK
MANAGEMENT
SERVICES



INTRODUCING THE NEW METROPOLITAN HIF



The continued success of the “hi” Funds translates into growing membership and creating new funds when the need arises in the marketplace.

In January, the Metropolitan Health Insurance Fund (Metro) was officially launched as a stand-alone fund after three years of incubation under the Bergen Municipal Employee Benefits Fund (Gateway/BMED). The Metro Fund serves public entities of all sizes, but has a special focus on larger public entities in Essex, Middlesex, Union, and Hudson Counties.

The idea to form the Metro Fund started in 2019. “We have very successful funds in North Jersey, but there was nothing specifically designed to meet the needs of larger public entities and allow them to come together in a collaborative way for cost containment,” said Joseph DiVincenzo, Metro Fund founder and current Fund Coordinator. “Metro and our members are very grateful for BMED and what they were able to do help us grow and build our financials so we could launch this Fund.”

Plainfield Public Schools is one of the anchor members of the new Metro Fund. “The cost of everything continues to go up, whether it is food, gas, or health insurance. Joining the HIF has allowed us to be more predictable, to be able to forecast what the increases might be,” said Cameron E. Cox, CFO/Board Secretary for Plainfield Public Schools and a Fund Commissioner.

“Over the past two years our participation has provided a cost savings of approximately 15% compared to the state health plan.”

“The Metropolitan Health Insurance Fund provides the Township of Bloomfield, the Bloomfield Public Library, and their employees with premium stability year over year,” stated Jenny Mundell, Bloomfield Township Councilwoman and current Metro Fund Chair. “By joining the Metro, we eliminated our run-out claims liability, making our employee benefits budget much more predictable.”

Broker Viviana Lamm, Vice President of Benefits for Acrisure, who has worked with the Metro Fund since the beginning said her clients have “yielded tremendous savings” from being in the Fund. “One of the biggest reasons is that the coordination of benefits is not arbitrary, and the focus really is on the person’s health. There are scrutiny, safety and cost saving mechanisms put in place that have helped us stay within the confines of the plan and helped bring the claims experience down.”

As with all the “hi” Funds, working collaboratively and being responsive to member needs is top priority. “If you have an issue or a benefit that is not clear, I know I can pick up the phone and get a live person who knows who we are as opposed to general 800 number,” said Cox. “The PERMA team and our broker Vivianna always make sure we are taken care of with the highest level of customer service.”

The Metro Fund now has 13 member entities and anticipates more growth in 2025. “We are very satisfied with the year-over-year renewals so far which have averaged 3.75% over the past three years which is below standard trends,” stated DiVincenzo. “Everyone in the Fund has skin in the game, they have all been very proactive about attending meetings, asking questions, and being a part of the process -- it really feels like one giant team and we are all on the same page.”

LEVERAGING TECHNOLOGY: "IT'S ALL ABOUT THE DATA"



Innovation Corner
by **Tammy Brown**,
Executive Partner, Head of
the Public Entity Business

Making strategic decisions to be able to continue the long-term success and future growth of our Funds relies heavily on being able to predict certain variables. With our collective annual premiums now surpassing the \$1 Billion mark, the ability to access and use data is becoming even more important.

One of the key 2024 initiatives for our Health Insurance Funds (HIFs) is our focus on evaluating the claims experience through a web-based Data Warehouse. A Data Warehouse stores historical claims and enrollment information separately by Fund, and by Benefit offerings.

The "hi" Fund is evaluating qualified Data Warehouse vendors through an RFP process. After recommendations are made, we hope to approve a vendor and implement the program in January 2025.

This weighty repository of data is an extremely powerful tool we can use to leverage evidence-based data to develop strategic solutions for the HIFs. Our joint success in increasing the HIF population also allows our team to continue to leverage already great relationships with vendor partners.

This data will be useful in many applications, but our first targeted areas are Cost Trend Management, Carrier Support, Network/Care Management and Wellness Point Solutions.

Increasing Pharmacy utilization also continues to be on our radar, particularly as it relates to Specialty medications, Gene Therapy medications and the emerging weight loss drug (GLP-1).

The selected Data Warehouse will provide the ability to conduct a deeper dive into Medical and Pharmacy data. Our team of Underwriters and Actuaries can then use this data to provide a clearer proactive analysis of Fund Plan Performance, Gaps in Care, Predictive Modeling, Budget Reconciliation, and Renewal Projections.

It is important to note that ALL data is compliant with HIPAA privacy rules and HIF data will continue to be protected.

We are excited to take this next major step in our ongoing efforts to continue to innovate to keep our Funds competitive and strong.

“The goal is to turn data into information, and information into insight.”

-- Carly Fiorina, former CEO
of Hewlett Packard (2004)

PREDICTIVE MODELING





POPULATION HEALTH: A CASE STUDY OF HEALTH SUCCESS

Improving the overall health and wellbeing of employees has been proven to reduce some of the skyrocketing costs and claims related to acute conditions such as diabetes, high blood pressure, obesity, and even cardiovascular disease.

The “hi” Fund Population Health initiative, known as Wellness 1.0, 2.0, & 3.0, empowers employers to be proactive and take action to encourage healthy lifestyles at the ground level with no-cost to employees.

Population Health initiatives should focus on a narrow group determined by diagnosis, claim spend, compliance, gaps in care, and social determinants.

The Wellness program offers access to a variety of health and wellness vendors and programs that can be customized to fit the individual employer needs. Programs can be virtual or in-person, and can encompass a broad range of options such as: health screenings, physical fitness evaluations, nutrition counseling and cooking classes, education and support, and mental health coaching to reduce job burnout.

Collaborating with the expertise of the Risk Manager, the employer examines claims spend and specific cost drivers regularly and is focused on various programs to manage chronic conditions and improve overall population health. The review of chronic conditions includes top providers and quality of care as well as gaps in care.

Integrating a Population Health program can take a little work, but the reward of healthier employees and reducing preventable costs to the employer can be significant.

Some HIF members may be eligible to apply for Wellness Grants to fund these programs and others may be able to use dividends. Reach out to your Risk Manager to determine eligibility.

Case Study: Health Success

Program: Population Health On-Site Coaches meet individually with employees to review health risk scores, biometrics, and provide coaching and referrals to medical management programs. Group educational sessions are offered. The employer sponsors a Wellness Fair that features preventive screenings, immunizations, on-site biometric screenings, Body Composition and Health Risk Assessment, and serves as a re-introduction to the on-site coaching and other programs that promote a healthier population.

Goal: Encourage employees to become better educated and compliant in the management of their chronic conditions or the risk of chronic conditions, with the additional benefit of reducing healthcare claims by mitigating catastrophic risk exposure. As employees engage with the coaches, they become healthier, happier and have reduced work absences.

Results: In 2023, the coaches had 3,900 interactions across 468 employees and 200 employees realized a reduction in their health risk scores.

- 125 lowered their blood pressure
- 80 increased their exercise
- 105 employees lowered their BMI
- 62 reduced their stress
- Positive results in all these categories help manage hypertension

The employer also covers GLP-1 medications subject to healthy lifestyle changes. This includes a scale for weigh-ins and coaching to address nutrition, exercise and lifestyle challenges.

Building on Success: These results have prompted the employer to review several new programs to address: Mental Health Well-Being and Pediatric Behavior Health, Digital Personal Health Solutions, and a Diabetic Care Program. Decision factors on programs are based on claims, employee feedback and Social Determinants of Health.

SAVINGS & DIVIDENDS

The “hi” Funds shared services approach and self-insured structure provides enormous leverage to keep pricing and costs significantly lower than fully-insured programs. The long-term stability and careful management of the funds can lead to a surplus. Since surplus dollars are owned by the members — not the insurance carriers — excess surplus is returned to the members through dividends.

Over the past 5 years the funds have paid

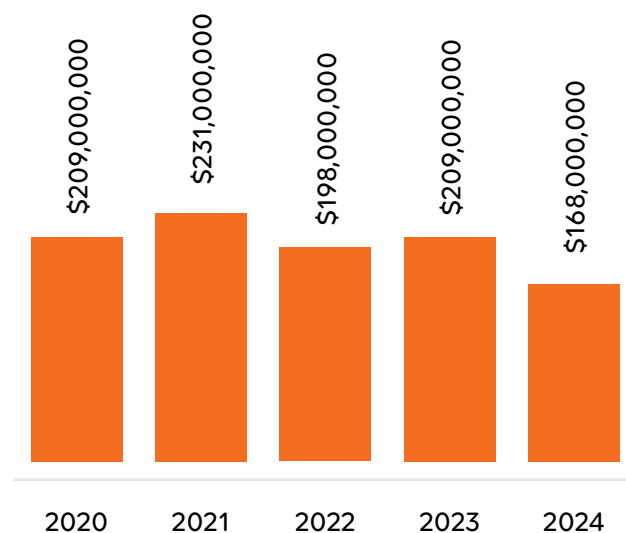
\$257 MILLION

in dividends to member entities

Since inception the funds
have paid more than

**\$331
MILLION**

in dividends



5 Year Surplus Chart

Financial information and entity count as of 5/31/2024

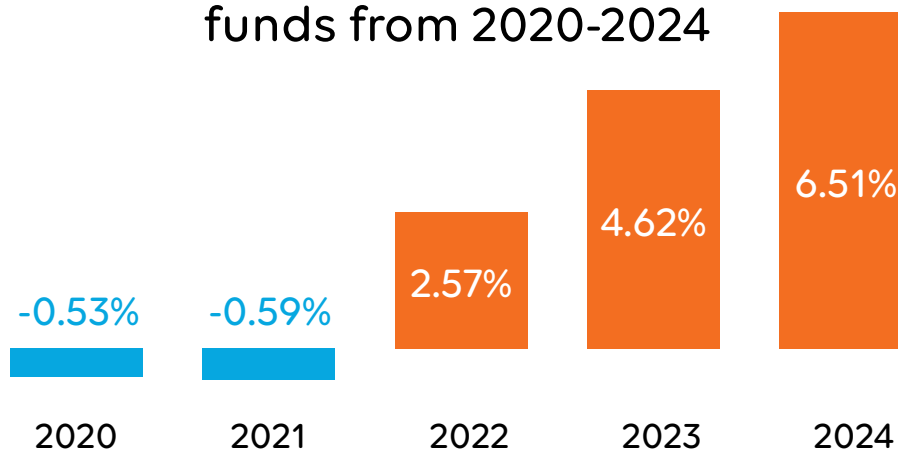
BUDGET MANAGEMENT

Delivering stable, predictable rates year-over-year is possible because we manage our funds with intense discipline, evaluate prospective members, and continue to implement innovative cost controls methods. Using features such as telehealth, pharmacy utilization protocols, medical case management techniques, and health and wellness grants, we can reduce the amount spent on claims and “flatten” premium variations over time.

On average, budget costs over the past 5 years have only increased on average

2.76%

Combined average increase for all funds from 2020-2024



Financial information and entity count as of 5/31/2024

BENEFITS

The “hi” Fund Best in Class Administrators offer top of the line health plan products and services, and take the burden of tedious paperwork, plan management and reporting off the “to do” lists of our members.



Medical coverage is provided by: Aetna, AmeriHealth and Horizon OMNIA



Dental coverage is provided by: Delta Dental



Pharmacy coverage is provided by: Express Scripts



Medicare Eligible Retirees is provided by: Aetna and United Healthcare

The “hi” Fund also includes these “value added” services for our member entities.



- Through the network of Telehealth providers offered by AETNA and AmeriHealth, employees and their family members have the ability to get medical advice and prescriptions by phone or computer 24/7. This service has a ZERO \$0 copayment and is more convenient and less costly compared to a visit to urgent care or the emergency room. The HIFs also save claim dollars which produces lower premiums. These services are provided by:

- WEX is a web-based, online enrollment service that helps consolidate billing, provides administrator access for enrollment changes.



- RetireeFirst is the premier Retiree Benefits Advocacy provider enhancing the experience and outcomes for group plan sponsors and their retirees. The company partners with the “hi” Funds to serve the medical and pharmacy needs of retirees. This includes access to a dedicated advocacy team available to assist with any situations that arise such as network access, prior authorizations, plan design questions, erroneous billing and any general plan and Medicare needs. Retiree Advocacy Services create a seamless benefits experience and connect members to programs that improve their health and wellness.



- COBRA & Retiree Billing Services are standard and included. We handle the notification letters, premium billing and premium collection. In addition, reporting and reconciliations are provided for each member entity and there is a call center for employer and employee inquiries.
- Wellness Programs, locally run and supported.

The “hi” Fund also offers these health partnerships.

Everside Health offers members, employees and their families a higher level of access to primary care doctors, offices and medical services at reduced costs. Everside provides a variety of services including enhanced care management, assistance with managing chronic conditions, proactive outreach for testing and follow-up care. (Currently available through the Schools Health Insurance Fund)

Guardian Nurses include a team of experienced registered nurses (RN) who provide personalized care to employees and their family members to better manage their health, make informed decisions and guide them through the complex world of health care. (Currently available through the Schools Health Insurance Fund and Southern Coastal Fund)

Partnership Health Centers provide customized, patient-centered health programs built on the understanding and knowledge of coordinating care for the patient’s whole health to promote better outcomes. An on-site health center combines an array of primary care services under one roof, including mental health, pain management, pharmacy, and testing, screenings, and check-ups. Services are delivered by a dedicated team of health care professionals 7 days a week and there are never any co-pays. (Partnership Health Center is currently available through the Southern Skylands Health Insurance Fund).



HEALTH SUPPORT THAT CHANGES LIVES



Guardian Nurses have often been referred to as “angels” by their patients because they are always there when you need them most. The Guardian Nurses (GN) are a team of experienced, highly trained health care providers that visit with patients in the hospital, at home, and even accompany them to doctor’s offices serving as advocates to improve patient well-being and promote positive health outcomes.

Patients who engage with the Guardian Nurses program work one-on-one with a nurse who typically stays with that same patient throughout the process. The nurse develops an individualized care plan designed specifically for the patient that includes education, goal setting, frequent check-ins, open lines of communication and physical and emotional support.

Partnering with the Guardian Nurses over the past six years has made tremendous strides towards cutting costs, managing acute and chronic conditions, and more importantly making a real difference in the lives of our members.

Two of our Funds offer the Guardian Nurses program to members, supporting 12,440 patients in the Schools Health Insurance Fund and 2,947 patients in the Southern Coastal Regional Employee Benefits Fund.

“We are very proud of the support our nurses have provided for the members and their families,” said Betty Long, President/CEO Guardian Nurses. “That support matters to each patient as they navigate their healthcare journey because they have a nurse by their side when they see their doctor or they are admitted to the hospital. That support matters to the Funds and their members through the return on investment (ROI) that we have demonstrated.”

The improved patient outcomes and costs savings are real. An independent study conducted by Open Health LLC of the cost-effectiveness of case management and care coordination services for the Schools Health Insurance Fund revealed:

ACUTE – Hospitalization, surgery, recovery from acute episodes, etc.

- + 31% total lower cost of care for Acute Care patients engaged with GN Case Management during the acute episode month
- + ROI of 3.0 to 4.6 for each dollar invested in GN Acute Care Episode Support.
- + No hospital readmissions during the two-years analyzed for the study.

CHRONIC – Disease/health management such as diabetes, cardiac issues, etc.

- + ROI of 4.0 for each dollar invested in GN Complex & Chronic Condition Support
- + \$4,000 Reduction in total cost of care per program participant

The study also found that the favorable Return on Investment (ROI) is much higher than what it costs to deliver GN case management model for both acute and complex/chronic members: a \$1 million investment in just five full-time nurses equals a cost savings of approximately \$3.4 million per year.

Guardian Nurses currently has six full-time nurses assisting SHIF members and three full-time nurses helping Coastal members. The Guardian Nurses program – and their nurse angels -- continue to be praised by our members for their commitment and dedication to helping them and their families navigate through an increasingly complex health care environment and more importantly, making a lasting impact on their health and their lives.

Read one such story below, and you can find others at: hifundnj.com/guardian-nurses.

Success Story: A Lifeline to Healing



Antoinette and her
Guardian Nurse Kelli

Antoinette has spent 23 years serving her community working as a paraprofessional at various elementary schools. Even at 70 years old, Antoinette has tremendous energy and enthusiasm for supporting the children she works with, and loves being active outside the classroom. Antoinette's life was turned upside down when she needed knee replacement surgery.

Following her initial knee surgery, Antoinette went home, but noticed something was wrong even before she left the hospital. "When Kelli came to visit she took one look at my leg and said, 'You have to get to the ER now you have a terrible infection.'"

Antoinette was suffering from a rare but serious bacterial infection known as Serratia. She wound up back in the hospital for a second surgery. "I remember crying, saying I was going to lose my leg, but Kelli reassured me everything would be okay."

Antoinette's infection was treated with rigorous intravenous antibiotics, and she had to undergo additional surgeries on her leg. Kelli has been by her side every step of the way.

"Having Kelli has made everything so much easier. She comes to all my appointments and doctor's visits, checks my medication, and she is my advocate," said Antoinette. "Kelli asks all the questions that don't even enter my mind. She is my eyes and my ears and doesn't let anyone go until we have all our questions answered and we know what we are doing next."

Antoinette, who has had to interact with a lot of other nurses and health professionals during this long healing journey, said no one can match the special quality of care she has received from Guardian Nurses.

"She is always there for me, and she has never missed a beat. Kelli is more than a nurse, she is family. I don't know how I would have made it through this without her." She added, "If it wasn't for Kelli, I believe in my heart I wouldn't have a life...she is an angel."

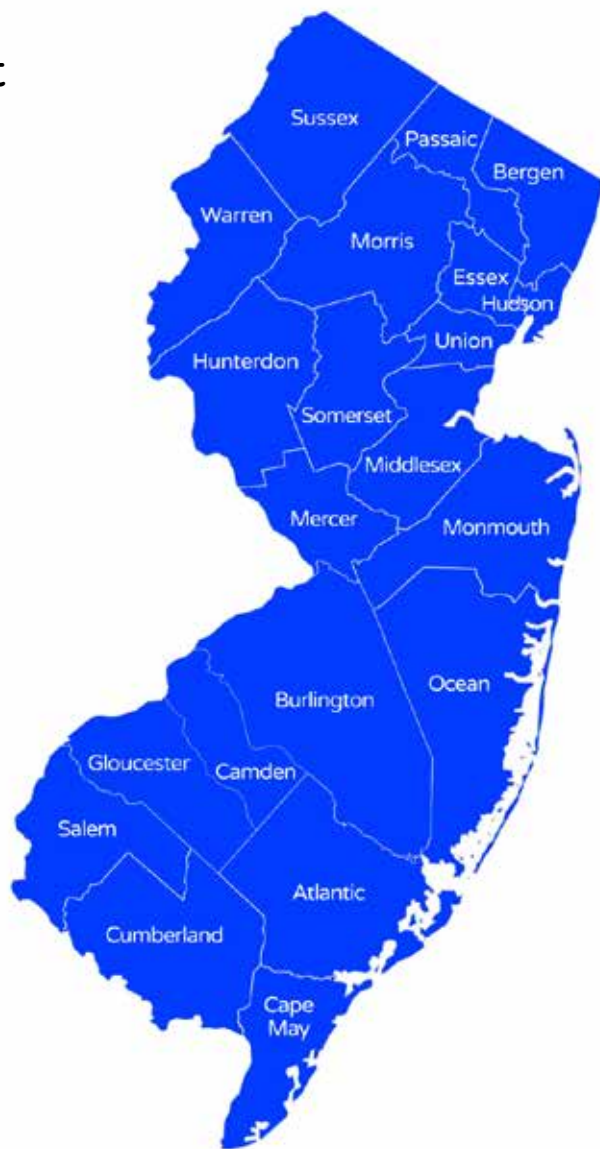
FAMILY OF FUNDS





Founded in 1999

- Statewide reinsurance Fund for Health JIFs
- \$27.5 Million annual budget
- \$7.3 Million in surplus
- \$45.2 Million in dividends
- 44,659 employee lives
- 120,579 members lives
- 5 year average rate increase of 0.8%

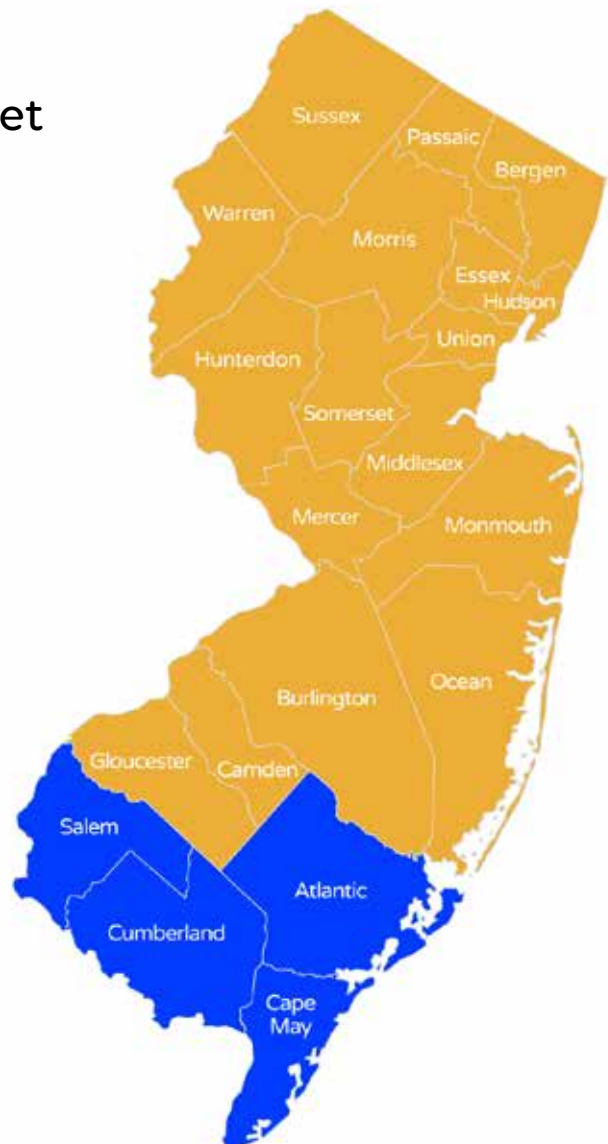


SCHOOLS HEALTH INSURANCE FUND



Founded in 2016

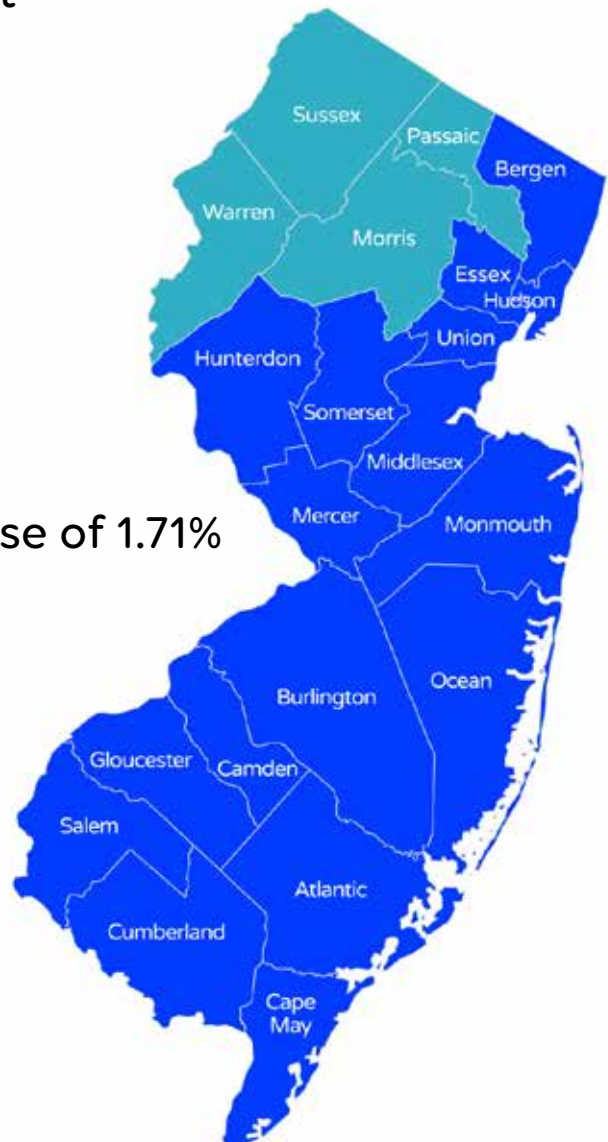
- Services school districts across State of NJ
- \$548.8 Million annual budget
- \$110.7 Million in surplus
- \$52.4 Million in dividends
- 112 entities
- 22,032 employee lives
- 59,486 members lives
- 5 year average rate increase of 4.8%





Founded in 1994

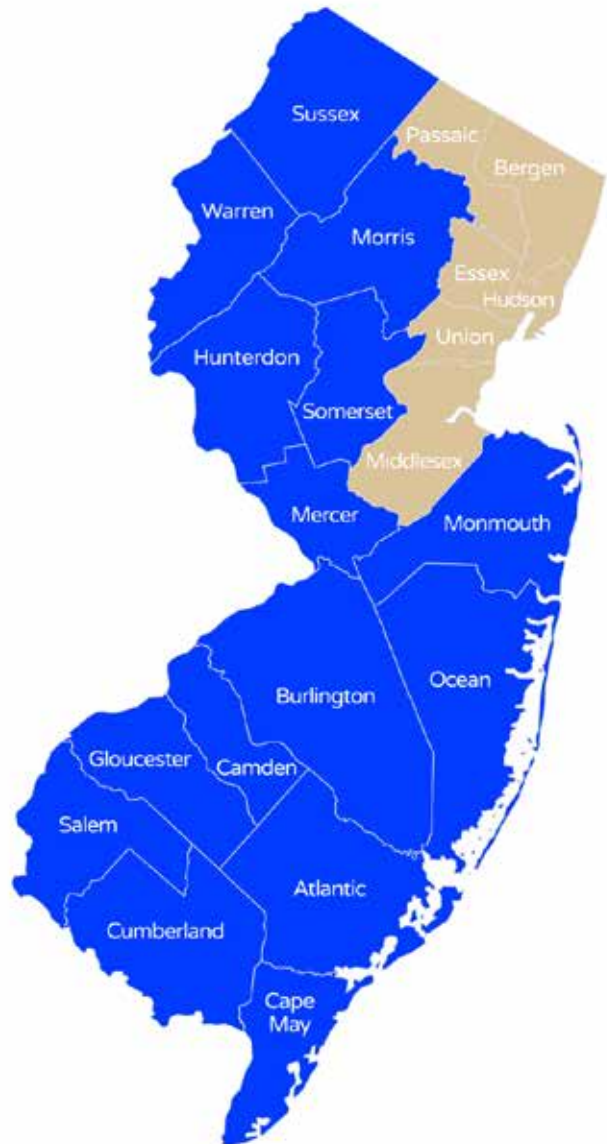
- Services public entities and school districts in Northern parts of New Jersey
- \$63.4 Million annual budget
- \$9.7 Million in surplus
- \$42.5 Million in dividends
- 32 entities
- 1,875 employee lives
- 5,063 members lives
- 5 year average rate increase of 1.71%



Gateway BMED FUND

Founded in 1992

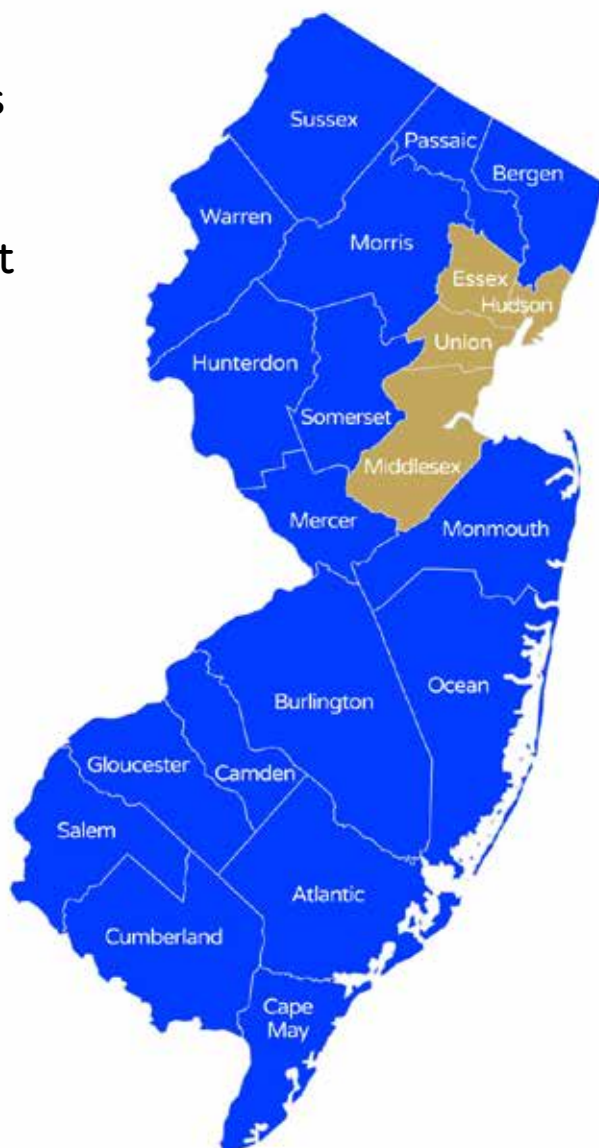
- Services large portions of Northern NJ
- \$55.3 Million annual budget
- \$8.4 Million in surplus
- \$29.5 Million in dividends
- 35 entities
- 1,732 employee lives
- 4,675 members lives
- 5 year average rate increase of 2.2%





Founded in 2020

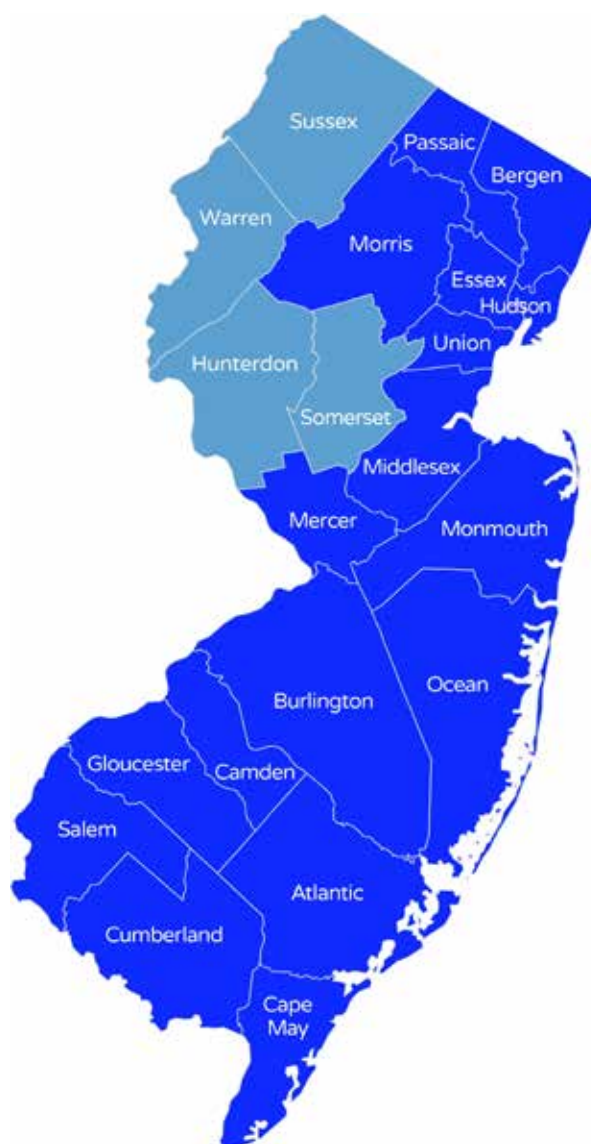
- Services larger public entities and school districts in North Jersey
- \$80.3 Million annual budget
- 13 entities
- 2,652 employee lives
- 7,160 members lives
- Average rate increase of 2.87%



SouthernSkylands^{FUND}

Founded in 2020

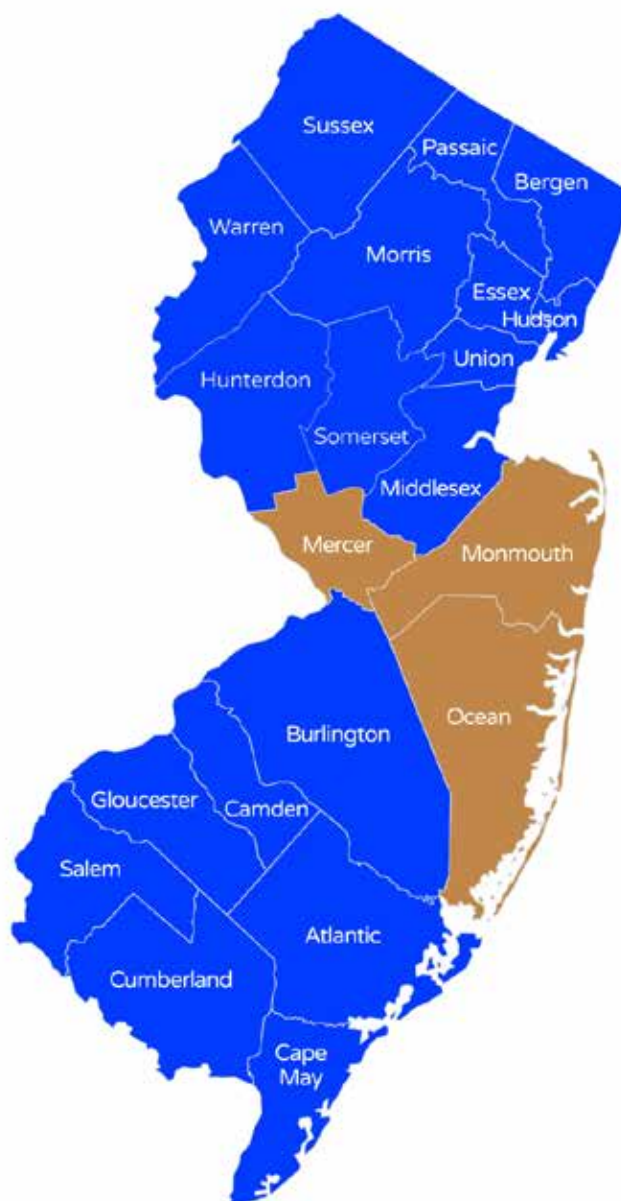
- Primary serving Somerset, Sussex, Hunterdon and Warren Counties
- \$54 Million annual budget
- \$5.7 Million in surplus
- 9 entities
- 1,855 employee lives
- 5,009 members lives
- 5 year average rate increase 4.7%



Central Jersey FUND

Founded in 1992

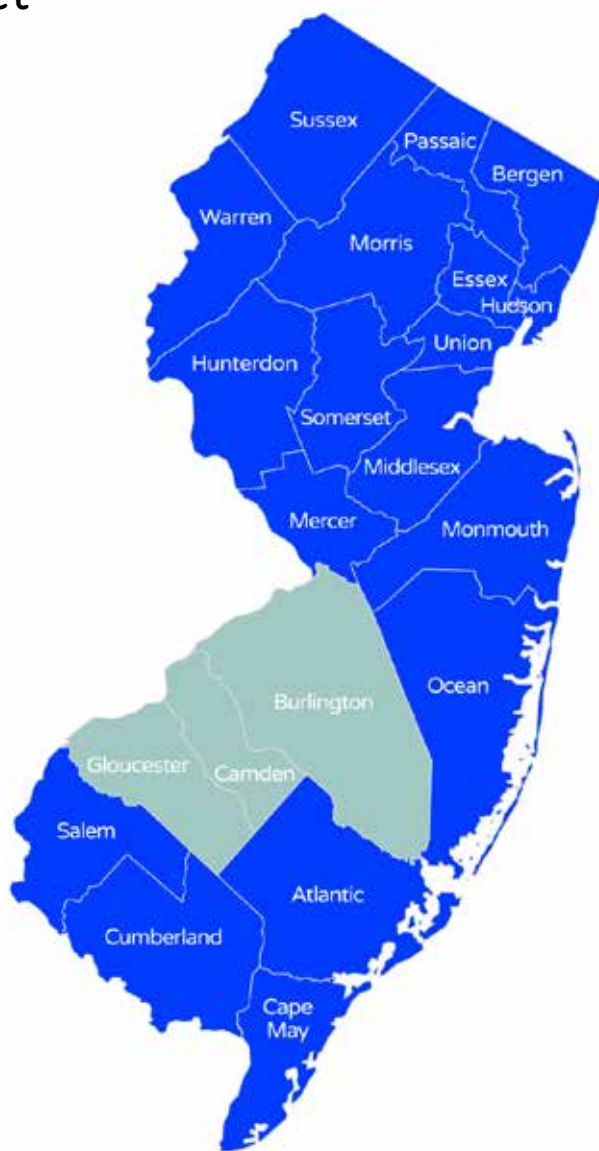
- Services public entities in Central NJ
- \$66 Million annual budget
- \$11.2 Million in surplus
- \$60.9 Million in dividends
- 37 entities
- 2,200 employee lives
- 5,940 members lives
- 5 year average rate increase 0.17%



Southern Jersey FUND

Founded in 1992

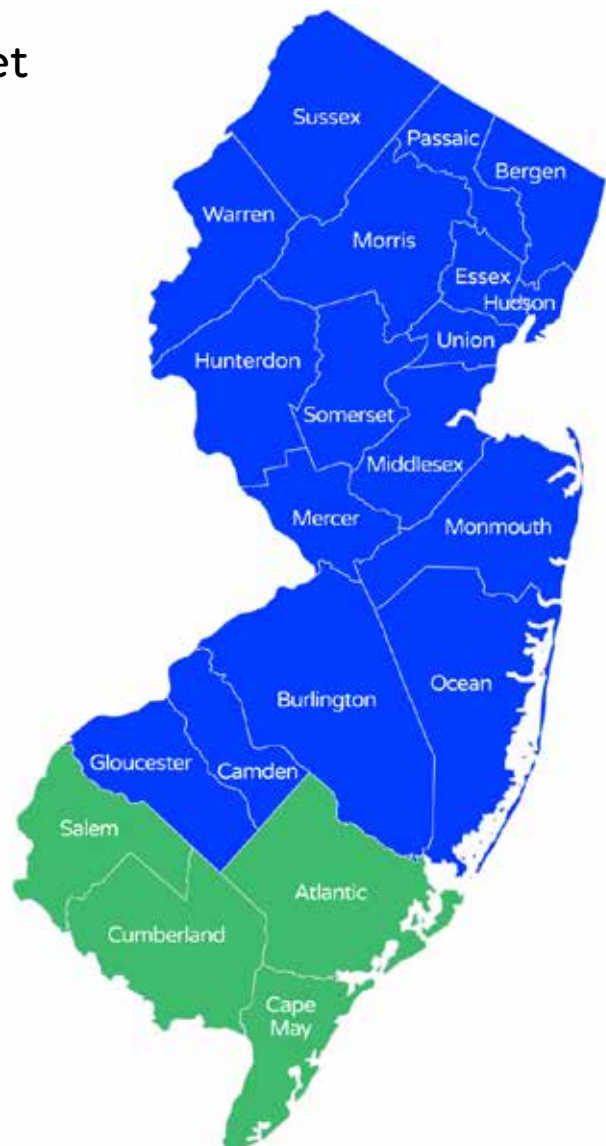
- Services municipalities in the Camden, Gloucester and Burlington Counties
- \$107.5 Million annual budget
- \$7.6 Million in surplus
- \$72.7 Million in dividends
- 52 entities
- 3,676 employee lives
- 2,370 retirees lives
- 9,925 member lives
- 5 year average rate increase of 0.26%



SouthernCoastal^{FUND}

Founded in 2011

- Services public entities in Salem, Cumberland, Atlantic and Cape May Counties
- \$148.1 Million annual budget
- \$7.8 Million in surplus
- \$28.2 Million in dividends
- 30 entities
- 9,462 employee lives
- 25,547 members lives
- 5 year average rate increase of 3.17%



A background image showing a rowing team in blue uniforms on a lake. A semi-transparent blue rectangle is overlaid on the image, containing the title text.

Broker Partners & Consultants

Strong partnerships and solid relationships with brokers and health benefits consultants continue to drive the growth and success of "hi" Family of Funds. Our current partners include:

Acrisure

A.R. Fanucci

Assured Partners

Brown and Brown

Reliance Insurance Group

CBIZ Benefits

Centric Benefits

Cherry Hill Benefits

Corporate Benefit Solutions

Cornerstone Insurance Group

Conner Strong & Buckelew

Danskin Agency

Doyle Alliance Group

Employee Benefits Consulting

Fairview Insurance

Gallagher Insurance

Otterstedt Insurance Agency - GJEM

Hafetz Insurance

Hardenburgh Insurance

IMAC Agency

Innovative Risk Solutions

Insurance Solutions Inc.

Integrity Consulting Group

J. Byrne Agency

Oxygen Benefits Consultant

PIA Security Programs, Inc.

PBC (Professional Benefits Consultants)

RD Parisi Associates

Risk Strategies

Roundhill Risk

Scirocco Group

Skylands Risk Management, Inc.

Shared Health Alliance (Allen Associates)

Steve Anuszewski Financial Services

The Competitive Advantage Companies

Tread Stone Risk Management

World Insurance Associates, LLC

"hi" Fund TEAM

Achieving success requires a solid foundation supported by a network of talented, experienced professionals dedicated to serving the needs of each Fund and its members. The "hi" Fund leadership and management team works daily with a brilliant team of highly motivated, service-oriented professionals to strengthen our processes, foster innovation, and continue to reach new milestones.

Leadership & Management Team



Joe DiBella
Joseph DiBella
Executive Partner



Tammy Brown
Tammy Brown
Head of the Public
Entity Business



Diane Peterson
Diane Peterson
HIF Business Leader



Crystal Bailey
Crystal Bailey
HIF Program Manager



Brandon Lodics
Brandon Lodics
Executive Director



Karen Kidd
Karen Kidd
Director of Operations



Richard Allen
Richard Allen
Southern Coastal
Program Manager



Joseph G. DiVincenzo
Joseph DiVincenzo
Metro Fund
Coordinator



Dave Voza
Dave Voza
NJHIF/MRHIF Program
Manager



Sean Critchley
Sean Critchley
Business Development
Executive



Jason Edelman
Jason Edelman
Business Development
Executive



Raymond Burke
Raymond Burke
Chief HIF Underwriter
& Captive Manager

Dive into New Jersey's Safest Health Insurance Pool



hifundnj.com | info@hifundnj.com