



UNION COUNTY UTILITIES AUTHORITY

1499 US Highway One, Rahway, New Jersey 07065

(732) 382-9400
FAX (732) 382-5862

RESOLUTION NO.: 68-2023

DATE: October 18, 2023

RESOLUTION OF THE UNION COUNTY UTILITIES AUTHORITY AUTHORIZING THE AUTHORITY'S PARTICIPATION IN THE NEW JERSEY STATE HEALTH BENEFITS PROGRAM.

APPROVED AS TO FORM:
Bianka Vargas
Clerk of the Authority

APPROVED AS TO SUFFICIENCY OF FUNDS
 YES NO NONE REQUIRED
UNION COUNTY UTILITIES AUTHORITY

By: *Bianka Vargas*

By: *John Cuff*

	PRESENT	ABSENT	AYE	NAY	ABSTAIN	MOTION	SECOND
Eastman , Treasurer	✓		✓				✓
Figueiredo	✓		✓				
Jackus	✓		✓				
Kahn	✓		✓			✓	
Holder	✓				✓		
McManus , Secretary	✓		✓				
Rachlin	✓		✓				
Scutari , Vice Chairperson	✓		✓				
Szpond , Chairperson	✓		✓				
Alma , Alternate No. 1	✓						
Scott-Bey , Alternate No. 2	✓						

**RESOLUTION OF THE UNION COUNTY UTILITIES AUTHORITY
AUTHORIZING THE AUTHORITY'S PARTICIPATION IN THE NEW JERSEY
STATE HEALTH BENEFITS PROGRAM.**

WHEREAS, the Union County Utilities Authority ("Authority") provides medical health insurance benefits to its employees and certain retirees; and

WHEREAS, Acrisure, LLC, the Authority's health insurance consultant/broker, has advised that the Authority can obtain cost-effective health insurance benefits that are equal to or greater than the coverage currently offered by the Authority's existing health insurance plans, by participating in the New Jersey State Health Benefits Program ("SHBP"); and

WHEREAS, the PPI Committee, following a review of the health insurance benefits offered by the SHBP, has recommended that the Authority participate in the SHBP; and

WHEREAS, based on the recommendations of the Authority's health insurance consultant/broker and the PPI Committee, the Board of Commissioners wishes to authorize the Authority's participation in the SHBP and authorize the provision of health insurance benefits, including participation in the health program, prescription drug plan and dental plan, to its employees in accordance with the SHBP.

NOW, THEREFORE, BE IT RESOLVED, by the Union County Utilities Authority as follows:

1. The aforesaid recitals are incorporated herein as though fully set forth at length.
2. The Authority authorizes and incorporates herein, as though fully set forth at length, the attached SHBP resolution of participation form.
3. The Authority designates Lisa da Silva, Deputy Executive Director, as the Certifying Officer for purposes of the Authority's SHBP participation, and hereby authorizes Ms. da Silva to execute the attached SHBP resolution of participation form.
4. The Authority further authorizes the Acting Executive Director, with the assistance of counsel as deemed necessary, to take all other steps necessary to ensure the Authority's participation in the SHBP and provision of the insurance benefits approved by way of this resolution.
5. This resolution shall take effect immediately, and the insurance coverages authorized herein shall be effective as of February 1, 2024.



State Health Benefits Program (SHBP)
 School Employees' Health Benefits Program (SEHBP)
RESOLUTION

To be completed by the employing agency's Certifying Officer.

A resolution to authorize participation under the SHBP and/or SEHBP.

BE IT RESOLVED:

1. The Union County Utility Authority 1790-00
Corporate Name of Employer SHBP/SEHBP Employer Location Number

hereby elects to participate in the Health Program provided by the New Jersey State Health Benefits Act of the State of New Jersey (N.J.S.A. 52:14-17.26 and N.J.S.A. 52:14-17.46.2) and to authorize coverage for all the employees and their dependents thereunder in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.

2. a. We elect to participate in the Employee Prescription Drug Plan defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.

b. We will be maintaining _____ as our Prescription Drug Plan¹.
Name of Plan
 This plan is comparable in design to the State Employee Prescription Drug Plan.

c. We will not have a stand-alone prescription drug plan and understand that prescription drug coverage will be provided based on the medical plan chosen by the subscriber.

3. a. We elect to participate in the Employee Dental Plans defined by N.J.S.A. 52:14-17.25 et seq. and authorize coverage for all employees and their dependents in accordance with the statute and regulations adopted by the State Health Benefits Commission and/or School Employees' Health Benefits Commission.

b. We will be maintaining _____ as our dental plan¹.
Name of Plan

c. We will not have a dental plan.

4. We elect 35² hours per week (average) as the minimum requirement for full-time status in accordance with N.J.A.C. 17:9-4.6.

5. As a participating employer we will remit to the State Treasury all charges due on account of employee and dependent coverage and periodic charges in accordance with the requirements of the statute and the rules and regulations duly promulgated thereunder.

6. We hereby appoint Lisa DaSilva, Deputy Executive Director
Name/Title
 to act as Certifying Officer in the administration of this program.

Note: An individual is permitted coverage as an employee, retiree, or dependent. Multiple coverage under the SHBP or SEHBP is prohibited.

¹ If not electing prescription drug coverage and/or dental plan participation through the SHBP or SEHBP, attach copies of the current prescription drug and dental plan contracts.

² May not be less than 25 hours per week for employees, or 35 hours per week for elected or appointed officials.



State Health Benefits Program (SHBP)
School Employees' Health Benefits Program (SEHBP)
RESOLUTION

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7. This resolution shall take effect immediately and coverage shall be effective as of 2, 1, 24 or as soon thereafter as it may be effectuated pursuant to the statutes and regulations (can be no less than 75 or 90 days pursuant to the provisions of N.J.S.A. 17:9-1.4).

I hereby certify that the foregoing is a true and correct copy of a resolution duly adopted by the:

Union County Utility Authority 732-382-9400
Corporate Name of Employer Phone Number
1499 Route 1 North Rahway NJ 07065
Street Address City State Zip Code
Lisa M. da Silva Deputy Executive Director/
Director of Administrative Services LdaSilva@ucua.org
Print Name Official Title Email Address

Susan da Silva 10/19/23
Signature Date
8 22-2814515
Number of Employees Employer's State Employer Identification Number (EIN)

Mail Completed Resolution to:

**New Jersey Division of Pensions & Benefits
Health Benefits Bureau
P.O. Box 299
Trenton, NJ 08625-0299**