



# Members HealthPlan<sup>NJ</sup>

*Designed for You.*

## ***NEW BUSINESS EMPLOYER PACKAGE***

### ***A Better Health Plan Experience Designed for You and Your Employees***

We at the Members Health Plan NJ (MHPNJ) would like to thank you for being a trusted partner. Now that the transition to the Aetna platform has been completed, we hope your clients are enjoying the vast variety of programs, plans and tools that are being offered such as:

- **NEW - Effective 1/1/21 - Integrated Medical and Pharmacy Benefit Program**
- **Aetna One Advocate (A1A)** - A high touch, high tech customer service model that contains data-driven processes with the expertise of highly trained advocates in a pod type setting. A total view of the member will be at the fingertips of these specialized experts.
- **Member Engagement Platform**
- **Teladoc** - Telemedicine for General Health, Behavioral Health and Dermatology.
- **Informed Health Line** - A toll free 24-hour hotline for employees.
- **Mindcheck** - Online tool to get a quick read on your emotional health and how you can improve it.
- **Member website and Mobile experience**

The information on the following pages will provide important information and outline why Members Health Plan NJ is the right choice for your clients. Please review the information carefully. If you have any questions, please reach out to your Broker Relations Manager.

Sincerely,

Members Health Plan NJ



### 22 Benefit Plan Designs

Employers Can offer 1 or all 22 Benefit Plan Designs

- + Variety of High Value, High Deductible and Value Based Network Plans.
- + 7 Open Access in Network/Out of Network Plans
- + 10 Open Access Network Only Plans
- + 4 HSA Compatible Plans
- + National Network available on All Plans



### 5 Value Based Network Plans (AWH)

Members will have access to 5 Value Based Network Plans (M, N, X, Y & Z)

- + Plans utilize (NJ) Aetna Whole Health<sup>SM</sup>- New Jersey- Aetna Select Multi-Tier.
- + A more comprehensive state-wide Value Based Network includes 27 hospitals, 3,400+ Primary Care Doctors, 21,000+ Specialists and 175+ Urgent Care Facilities
- + National Network available on All Value Based Network Plans



### 6 Prescription Plan Options

**IMPORTANT UPDATE: Effective 1/1/2021, Aetna will be the new Pharmacy Benefit Manager. We are excited to provide an integrated medical and prescription benefit for our members. Additional details are listed on the Prescription Benefit Summary. If you have any questions, please contact your BRM.**

- + RX1: Retail \$15/\$50/\$75, Mail Order: \$35/\$125/\$187.50 Copay Plan, Specialty (Retail & Mail): 30%
- + RX2: Retail \$25/\$75/\$100, Mail Order: \$60/\$187.50/\$250 Copay Plan, Specialty (Retail & Mail): 30%
- + RX3: Retail \$15 Copay for Generic/Brand 50% Copay (Min \$25/Max \$500), Mail Order: \$37.50 Copay for Generic/Brand 50% Copay (Min \$62.50/Max\$1,250), Specialty (Retail & Mail): 50%
- + RX4: Retail \$15/\$50/\$75 after Deductible, Mail Order: \$35/\$125/\$187.50 after Deductible, Specialty (Retail & Mail): 30%, after Ded
- + RX5: Retail \$15 Copay after Ded for Generic/Brand 50% Copay after Ded (Min \$25/Max \$500), Mail Order: \$37.50 Copay after Ded for Generic/Brand 50% Copay after Ded (Min \$62.50/Max \$1,250), Specialty (Retail & Mail): 50%, after Ded
- + RX6: No Prescription Selection (Medical Rates will increase by 3%)



### 4 Dental Plan Options

Members will have access to the same 4 Dental Plan Options

- + Delta Dental Premier Plan
- + Delta Dental Base Plan
- + Guardian PPO Plan
- + Guardian DHMO Plan

### COBRA/HRA/FSA/DCA

Employers continue to have the benefit of OCA as the Administrator for HRA/FSA/DCA and COBRA

- + COBRA/NJ Continuation is covered at no additional cost under the Plan
- + HRA/FSA/DCA is available all employers at a set up and renewal fee of \$250 per year. No monthly admin fees



#### PROVIDER NETWORK ACCESS

##### Members have access to three (3) Comprehensive Provider Networks with Aetna

- + **Aetna Select<sup>SM</sup> Open Access**
  - Offered with Network Only Plans F, H, J, K, O, S, T, U, V and W
- + **Aetna Choice<sup>®</sup> POS II Open Access**
  - Offered with In/Out Network Plans A, B, D, G, L, P and R
- + **(NJ) Aetna Whole Health<sup>SM</sup>- New Jersey- Aetna Select Multi-Tier**
  - Offered with Value Based Plans M, N, X, Y and Z

#### ENHANCED MEMBER EXPERIENCE

##### The Aetna Platform offers members a greater variety of programs, plans and tools including:

- + **Aetna One Advocate (A1A)**


This program provides members with a single, trusted advisor when they need one. Designed to ease members' burdens of managing their health and their benefits, our members have a dedicated advocate who reaches out to members about their health and whom members can reach directly as well. The dedicated team collects, reviews and connects information end to end to help our members access care and get the most from their benefit plans.
- + **Telemedicine Program (Teladoc)**

Use Teladoc anytime, anywhere for non-emergency conditions like the flu, bronchitis, stress, psoriasis, and more. Just visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) or call **1-855-TELADOC (835-2362)** to set up your account.
- + **24/7 Informed Health Line**

Whether you're looking for general information or have a specific health concern, the Informed Health Line is a 24-hour hotline for employees. Just call **1-800-556-1555** and select the option to speak to a nurse (TTY: Dial 711 and ask the operator).
- + **Urgent Care**

In urgent situations you may find you save time and money by going to an In-Network Urgent Care Center instead of the Emergency Room. In most cases you pay a copayment which will often be lower than the copayment or coinsurance for an Emergency Room Visit.
- + **Member Website**

Members will need to register and create an account on Aetna's website [www.aetna.com](https://www.aetna.com). Members will have access to a variety of tools and services, which includes finding providers and facilities, see coverage and costs, manage claims, view explanations of benefits (EOBs), view medical ID card
- + **Member Mobile Experience**

You can download the Aetna app  on Google Play or the Apple App Store. Members will be able to view benefits, dependent(s) information, search providers and access products available to you as a member accessing the Aetna platform.
- + **Stay Healthy Programs**

Members will be able to receive discounts on health products and services from eye care to fitness and weight management. Members will also be able to access their health assessment, health record and personalized health and wellness programs. Members will also be able to get helpful information about procedures, conditions and treatments.

## Employer/Employee Online Enrollment Platform



Members Health Plan NJ is pleased to provide online administrative access to benefit administrators and brokers via Jet Insure, our enrollment platform. Benefit administrators and brokers can manage the group 24/7, 7 days a week.

- + Enroll/Terminate Employees
- + Make Demographic Changes
- + Renew Online
- + Print/View Employee Roster



To gain access to the Enrollment Platform, join us for a brief webinar that will show you how to manage the day to day activity for your group.

- + Webinars are held every Thursday from 11am – 12 noon EST. To register, send an email with your name and group name to: [PortalAssistance@concordmgt.com](mailto:PortalAssistance@concordmgt.com)
- + Webinar Information  
Dial: 1-773-231-9226  
Meeting ID: 148 944 0215  
<https://meetings.ringcentral.com/teleconference>

## Employer Billing/Invoices



Invoices are sent via email to the employers administrative billing email address. Please confirm we have the current contact information and email address for the person responsible for administration and billing.

- + **Questions related to accessing your electronic invoice:**  
Email: [PortalAssistance@concordmgt.com](mailto:PortalAssistance@concordmgt.com)  
Phone: 833-MEWANOW (833-639-2669) Option 4
- + **Questions related to your invoice or billing:**  
Email: [MEWABilling@concordmgt.com](mailto:MEWABilling@concordmgt.com)  
Phone: 833-MEWANOW (833-639-2669) Option 5
- + **Information related to Payment Submission including Binder Check (1<sup>st</sup> months healthcare fees):**

### Paying by Check via Regular Mail:

#### Checks payable to: Members Health Plan NJ

APEMT/Members Health Plan NJ  
P.O. Box 412491  
Boston, MA 02241-2491

### Paying by Check via Overnight Mail:

#### Checks payable to: Members Health Plan NJ

APEMT/Members Health Plan NJ  
Bank of America Lockbox Services – Lockbox  
#412491  
MA5-527-02-07  
2 Morrissey Blvd.  
Dorchester, MA 02125

### Paying by Direct Debit:

The payment will be deducted on or about the 10<sup>th</sup> business day of every month

### Employer Contacts/Information

- + Employers should call **(833) MEWANOW (833-639-2669)** to speak a Members Health Plan NJ representative.
- + Employers can also send completed paperwork or email questions to [MEWAnewbusiness@concordmgt.com](mailto:MEWAnewbusiness@concordmgt.com)
- + Employers can visit [www.MembersHealthPlanNJ.com](http://www.MembersHealthPlanNJ.com) for additional plan information.
  - + View or print Summary Plan Documents (SPD)
  - + View or print Summary of Benefits & Coverage (SBC's)
  - + View or print Medical, Dental and Prescription Summaries

### Member Contacts/Information - Aetna One Advocate (A1A)

- + Members now have access to a care focused, value driven, high tech customer service model that is staffed by highly trained advocates dedicated to our membership for both medical and pharmacy benefits.
- + Members can call **1-833-98APEMT (1-833-982-7368)**
  - + Hours of operation:
    - Monday through Friday 8am to 8pm EST and Saturday 8am to 4pm EST

### ID Cards

- + Enrolled members will receive a combined Medical & Prescription ID Card from Aetna.
- + Enrolled members will receive a Dental Cards (if selected) from either Guardian or Delta Dental.
- + The Plan must be notified of any discrepancies with benefits, coverage, ID Cards and invoices within 30 days after the effective date of coverage.

### COBRA/NJ Continuation/Age 31

- + OCA Benefit Services (OCA) is the COBRA/NJ Continuation/Age 31 administrator for Members Health Plan NJ. OCA administers these services at no additional cost to the employer.
- + If you currently have a COBRA administrator and chose to continue to use them, you must let us know.

### HRA/FSA/DCA

- + OCA Benefit Services (OCA) administrators Health Reimbursement Account (HRA), Flexible Spending Account (FSA) and Dependent Care Account (DCA) for the Employers of Members Health Plan NJ. OCA administers these services for an annual set-up and renewal fee of \$250.00. No additional monthly fee is being charged.
- + If you are interested in the HRA/FSA/DCA program, please contact OCA at **1-609-514-0777**.

**New Business Disclaimers and Eligibility Criteria:**

- + Groups that enroll January, February, March will Renew January 1<sup>st</sup> and each January 1<sup>st</sup> to follow
- + A group is eligible to participate in Members Health Plan NJ for coverage if they have at least two (2) Eligible Employees (one of which must be provided a W-2 and that W-2 employee must be enrolled in the health plan). Employer must be located in New Jersey.
- + An individual and his or her legal spouse when the business is owned by the individual or by the individual and his or her legal spouse **are not considered employees of the Policyholder.**
- + Groups with 2-5 Eligible Employees MUST provide tax documents. *(See attached Underwriting Guidelines for specific details.)*
- + Groups must meet participation requirements
  - + 75% for Small Group 2-50 Eligible Employees
  - + 50% for Large group 51+ Eligible Employees
- + Eligible Groups must be domiciled in New Jersey with at least 75% of eligible enrolled employees residing in New Jersey
- + Employers must be a member of one of the Plans sponsoring Associations. Termination or Non-renewal of sponsoring association will result in health plan termination.
  - + Groups are Eligible through their affiliation with Employers Association of New Jersey (EANJ)
  - + Groups are Eligible through their affiliation with Medical Society of New Jersey (MSNJ)
  - + Groups are Eligible through their affiliation with BioNJ
  - + Groups are Eligible through their affiliation with New Jersey Chamber of Commerce (NJCC)
  - + Groups are eligible through their association with the IPA of North Jersey, Trinitas Hospital Medical Staff, Mountainside IPA, Vista IPA, Northwest Physician Organization, Inc. and The Medical & Dental Staff of Hackensack Meridian Health, CentraState Medical Center. The employer must be a member of their local IPA (if there is one).
  - + Members Health Plan NJ will always be primary while Medicare is secondary
  - + The Plan reserves the right to rerate the group if the enrolled census changes +/- 10%
  - + The release of rates does NOT ensure group acceptance
  - + The Plan has the authority to make final determination of eligibility based on submission.

**New Business Submission Requirements:**

- + A binder check for the 1<sup>st</sup> months Healthcare Fees is due at time of enrollment
- + New Group Paperwork must be submitted by the 15<sup>th</sup> of the month prior to the effective date

**Please read and sign the attached proposal agreement below. You must return both pages to the Health Plan.**

*I acknowledge receipt and approve the proposal and attached rates as outlined. Health Care Fees are effective from my effective date of \_\_\_\_/\_\_\_\_/20\_\_\_\_ for coverage through December 31, 2021 (Contract Period), provided my group meets eligibility requirements listed in the Plans Underwriting Guidelines. Medical and Prescription Fees are inclusive of required ACA fees. These fees are collected and paid on behalf of our enrolled groups. Rates are final unless there is a change to my final enrollment; enrollment changes by more than 10% during the year or for reasons outlined in my contract rates may be adjusted throughout the year.*

*I authorize commissions to be paid to the General Agent and/or the Broker of Record and understand that I am solely responsible for contracting with the broker of record and that the Health Plan or Third-Party Administrator is not party to such relationships for this purpose.*

Authorized Name & Title: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## GROUP 2 to 50

### NEW GROUP SUBMISSION CHECKLIST

Please confirm all items are attached by checking the box. If items are not complete and/or documents are not enclosed, the review of the submission will be delayed. All new business submissions must be submitted no later than the required due date. Attach this checklist with your new group submission.

New business submission email: [mewanewbusiness@concordmgt.com](mailto:mewanewbusiness@concordmgt.com)

- Broker of Record letter (If applicable)**
- Proof of Membership Documentation (Select One)**
  - Employers ASSOCIATION OF New Jersey (EANJ) Membership # \_\_\_\_\_
  - Medical Society of New Jersey (MSNJ) – Paid Invoice/Membership Letter
  - BioNJ – Membership Letter
  - New Jersey Chamber of Commerce – Membership Letter
  - Hospital IPA/Membership letter
- Completed and Signed New Group Health Plan Contract (Sections 1-7)**
- Completed and Signed Employer Certification Form**
  - Page 1 – Employee Calculations, Total Benefit Eligible Employees Section should equal to letter (A)
  - Page 2 - Signatures, Census Grid
  - If providing your own Census, columns must match Census Grid on Page 2, DO NOT ADD COLUMNS
- Attach Payroll Verification – Required Tax Documents for groups with 2-5 eligible employees.**
  - Last two quarters of WR-30 (1 Full Time eligible employee must be provided a W-2 and listed on the most recent quarterly wage and tax statement (QWTS/WR-30 and employee must have worked 13 weeks in each of the last two quarters)  

*-For Owners not on WR-30-*
  - K1 or Schedule C with personal 1040. (If there is an amount on line 1 of personal 1040, a W-2(s) must be provided to account for total amount)
- Attach Employer Certification for Groups with 6-50 eligible employees.**
- Completed and Signed Employer Plan Selection Form**
- Completed and Signed Employee Benefit Enrollment Forms**
  - Total forms Equals Page 1 of Employer Certification – Total# Eligible Employees applying/enrolling
  - COBRA Questionnaire for members who are currently enrolled with COBRA or DU31 benefits (applicable for groups who elect OCA as the administrator)
- Completed and Signed Employee Waiver Forms**
  - Total forms Equals Page 1 of Employer Certification – Total # Eligible waving with and without other coverage
- Signed Rates & Plans**
- Name of Current Carrier and Plan Design**
- Were you previously enrolled with the plan? \_\_\_\_\_ No \_\_\_\_\_ Yes Dates: \_\_\_\_\_**
- Attach Binder Check (provide a copy with paperwork) and mail 1<sup>st</sup> months healthcare fees payable to:**

APEMT/Members Health Plan NJ  
P.O. Box 412491  
Boston, MA 02241-2491

FOR OFFICE USE ONLY

Submission Date: \_\_\_\_\_ Received By: \_\_\_\_\_  
Submitted By: \_\_\_\_\_ Approved By: \_\_\_\_\_



# GROUP SIZE 51+

## NEW BUSINESS SUBMISSION CHECKLIST

Please confirm all items are attached by checking the box. If items are not complete and/or documents are not enclosed, the review of the submission will be delayed. All new business submissions must be submitted no later than the required due date. Attach this checklist with your new group submission.

New business submission email: [mewanewbusiness@concordmgt.com](mailto:mewanewbusiness@concordmgt.com)

- Broker of Record letter (If applicable)**
- Proof of Membership Documentation (Select One)**
  - Employers Association of New Jersey (EANJ) Membership # \_\_\_\_\_
  - Medical Society of New Jersey (MSNJ) – Paid Invoice/Membership Letter
  - BioNJ – Membership Letter
  - New Jersey Chamber of Commerce – Membership Letter
  - Hospital IPA/Membership letter
- Completed and Signed New Group Health Plan Contract (Sections 1-7)**
- Completed Employee Census**
  - Please list of all part time and full-time employees including gender, employee home zip code, date of hire, date of birth and hours worked per week, and waivers.
- Completed and Signed Employer Plan Selection Form**
- Completed and Signed Employee Benefit Enrollment Forms**
  - Total forms must match total enrolling from census – Total# Eligible Employees applying/enrolling
  - COBRA Questionnaire for members who are currently enrolled with COBRA or DU31 benefits (applicable for groups who elect OCA as the administrator)
- Completed and Signed Employee Waiver Forms**
  - Total forms must match total waiving from census. – Total # Eligible waving with and without other coverage
- Signed Rates & Plans**
- Name of Current Carrier and Plan Design**
- Were you previously enrolled with the plan?    \_\_\_No    \_\_\_Yes    Dates: \_\_\_\_\_**
- Attach Binder Check (provide a copy with paperwork) and mail 1<sup>st</sup> months healthcare fees payable to:**

**APEMT/Members Health Plan NJ**  
**P.O. Box 412491**  
**Boston, MA 02241-2491**

FOR OFFICE USE ONLY	
Submission Date: _____	Received By: _____
Submitted By: _____	Approved By: _____



# UNDERWRITING GUIDELINES MEMBERS HEALTH PLAN NJ MEWA

Plans effective January 1, 2021

This material is intended for agents and brokers. It is not intended to be all inclusive. Other policies and guidelines may apply.

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<b>Plan Information</b>	
<b>Name of Plan</b>	Members Health Plan NJ
<b>Plan Sponsor</b>	The Affiliated Physicians and Employers Master Trust (Trust)
<b>Plan Administrator</b>	The Affiliated Physicians and Employers Master Trust
<b>Claims, Appeals and Utilization Review Administrator</b>	Aetna Life Insurance Company
<b>Plan Type</b>	Multiple Employer Welfare Arrangement (MEWA) This is not an insured benefit Plan. The benefits are self-insured by the Trust.
<b>State Requirements</b>	<p>The Affiliated Physicians and Employers Master Trust, hereinafter referred to as the Members Health Plan NJ, is not an insurance company and does not participate in any of the guarantee funds created by New Jersey Law. These funds will not pay Your claims or protect Your assets if the Members Health Plan NJ, Affiliated Physicians and Employers Master Trust, becomes insolvent and is unable to make payments as promised.</p> <p>This is a fully assessable benefit Plan. In the event that the Trust is unable to pay its obligations, members of Trust shall be required to contribute on a pro rata earned contribution basis the funds necessary to meet any unfulfilled obligations.</p>
<b>Plan Origination Date</b>	January 1, 2004
<b>MEWA Definition</b>	A MEWA is an arrangement, recognized in both federal and state law; whereby multiple employers join together to self-insure the welfare benefits of their employees.
<b>Website</b>	<a href="http://www.membershealthplannj.com">www.membershealthplannj.com</a>

<b>Eligibility and Enrollment Requirements</b>	
<b>Eligible Groups</b>	A group is eligible to participate in Members Health Plan NJ for coverage if they have at least two (2) Eligible Employees (one of which must be provided a W-2 and that W-2 employee must be enrolled in the health plan). Employer must be located in New Jersey.
<b>Eligible Groups must be members of one of Members Health Plan NJ Eligible Associations, IPAs or Chambers as defined</b>	<p>Groups are eligible through their association with <b><u>the IPA of North Jersey, Trinitas Hospital Medical Staff, Mountainside IPA, Northwest Physician Organization, Inc., The Medical &amp; Dental Staff of Hackensack Meridian Health, CentraState Medical Center, and Vista IPA.</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be a member of their local IPA (if there is one).</li> </ul> <p>Groups are Eligible if they are members of the <b><u>Medical Society of New Jersey (MSNJ) either as a physician or as a corporate partner.</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active Physician member of The Medical Society of New Jersey as well as their County Medical Society or</li> <li>○ The employer must be an active MSNJ Corporate Partner Member and they must continue to maintain their active membership in order to remain eligible for coverage</li> </ul> <p>Groups are Eligible if they are members of the <b><u>Employers Association of New Jersey (EANJ).</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active member of EANJ and they must continue to maintain their active membership in order to remain eligible for coverage.</li> </ul> <p>Groups are Eligible if they are members of <b><u>BioNJ.</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active member of BioNJ and they must continue to maintain their active membership in order to remain eligible for coverage.</li> </ul> <p>Groups are Eligible if they are members of <b><u>New Jersey Chamber of Commerce (NJCC).</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active member of NJCC and they must continue to maintain their active membership in order to remain eligible for coverage.</li> </ul>
<b>Eligible Employees</b>	Eligible employee means a full-time employee who works a normal work week of 24 or more hours at its usual place of business and is compensated for such service by a regular periodic wage or salary (must be at least minimum wage) that is subject to FICA and federal income tax withholding by the employer. An individual and his or her legal spouse when the business is owned by the individual or by the individual and his or her legal spouse are NOT Eligible Employees of the Eligible Group. Partners in partnership, proprietors or owners and independent contractors may be treated like Employees, if they meet all of the Plan's underwriting requirements.
<b>Ineligible Employees</b>	<p>Leased, part time (working less than 24 hours), temporary, non-consecutive seasonal or substitute employees (a seasonal employee as an employee who is hired with the understanding that he/she is not a permanent, year-round employee and who is employed for fewer than 120 working days per tax year), 1099 independent contractors working for multiple entities, uncompensated employees, employees making less than minimum wage, volunteers, inactive owners, directors/trustees, shareholders, officers, outside consultants, managing members who are not active, investors or silent partners.</p> <ul style="list-style-type: none"> <li>● Individual and spouse when one or both own the business</li> <li>● Retirees are not eligible.</li> <li>● If the employer's employee eligibility criteria definition (large group only) differs from the above definition (more than 24 hours), the employer's actual definition must be provided on the Employers letterhead at the time of new business submission.</li> <li>● Employees in the waiting period are not included in the count when determining group size.</li> <li>● Union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage.</li> </ul>

<b>Eligible Dependents</b>	<ul style="list-style-type: none"> <li>• The employee’s <u>spouse</u>, defined as the person recognized as the covered Employee’s husband or wife under the laws of the state where the covered Employee lives.</li> <li>• Domestic Partners, of any gender, are covered, provided they meet the proof requirements. It is required that three documents evidencing the commitment of the relationship be provided to the Plan.</li> <li>• Civil Union Partner are covered and required to submit a copy of the Civil Union Certificate.</li> <li>• The employee’s dependent children under 26 years of age. A dependent child regardless of marital status is defined as your biological, adopted children or stepchildren.</li> <li>• Unmarried Child(ren) between the age of 26 and 31 as defined in NJ Chapter 375.</li> <li>• An unmarried child, over the age of 26, who is medically certified as disabled and dependent upon the employee, whom the employee claimed as a dependent on income tax returns filed for the previous year. Subject to periodic review and approval by Medical Director.</li> <li>• Dependents must enroll in the same benefit option as the employee.</li> </ul>
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<b>Important Dates</b>	
<b>Renewal or Anniversary Dates</b>	<ul style="list-style-type: none"> <li>• January 1<sup>st</sup> - for Effective Dates – 1/1 through 3/1</li> <li>• April 1<sup>st</sup> - for Effective Dates - 4/1 through 6/1</li> <li>• July 1<sup>st</sup> - for Effective Dates – 7/1 through 9/1</li> <li>• October 1<sup>st</sup> -for Effective Dates – 10/1 through 12/1</li> <li>• <i>(1<sup>st</sup> Year Rates could have a short rate period, with the shortest rate period being 10 months)</i></li> </ul>
<b>Waiting Periods</b>	<ul style="list-style-type: none"> <li>• Each employee must satisfy a waiting period of at least 30 days from hire date before becoming eligible for coverage or the employer must supply the Plan with any exceptions for waiving the waiting period, prior to the employee’s enrolling in the Plan. <i>(Ex. 1<sup>st</sup> of the month following date of hire, 30 days or 60 days)</i></li> <li>• A group can elect up to a maximum of 60 day wait period after the 1<sup>st</sup> of the month. <i>(Ex. 1<sup>st</sup> of the month following 60 days)</i></li> <li>• The waiting period can only be changed at initial group enrollment or upon renewal.</li> </ul>
<b>Group/Member Effective Dates</b>	<ul style="list-style-type: none"> <li>• Groups may only become effective on the 1<sup>st</sup> of any month.</li> <li>• Members may only become effective on the 1<sup>st</sup> of any month following the group’s designated new hire/rehire waiting period or the first of the month following the date of a qualifying event). <ul style="list-style-type: none"> <li>○ Exception – Newborns will be effective on their date of birth.</li> </ul> </li> </ul>
<b>Group/Member Termination Dates</b>	<p><b>Group Terminations</b> – are effective the last day of the month. Off-renewal terminations require 60-day advance written notice.</p> <p><b>Member Terminations</b> – are effective the last day of the month. A termination form is required and must be submitted no later than the 15<sup>th</sup> of the following month. (i.e. employee terminates employment 1/5, the actual termination of coverage date is 1/31)  Exceptions – Death will be effective on the date of their death</p>

Participation	
<b>Group Level - Minimum Participation Requirements</b>	<ul style="list-style-type: none"> <li>• 2 - 50 Eligible Employees – Requires 75% Participation</li> <li>• 51+ Eligible Employees – Requires 50% Participation</li> <li>• Valid waivers count towards the participation requirement               <ul style="list-style-type: none"> <li>• Employees covered as a dependent under a spouse’s coverage.</li> <li>• Employees covered under NJ Family Care, Medicare, Medicaid, or TRICARE.</li> <li>• Employees covered as an eligible dependent to age 26, in accordance with the federal Patient Protection and Affordable Care Act.</li> <li>• Employees covered under another group health benefits plan.</li> <li>• Ineligible employees will not count towards participation.</li> <li>• Classed-out employees count towards participation requirement.</li> <li>• Federally Facilitated Marketplace.</li> </ul> </li> </ul>
<b>State participation</b>	<ul style="list-style-type: none"> <li>• 75% of eligible employees must reside in NJ</li> <li>• Contact your sales representative for information</li> </ul>

Rates	
<b>Rate Periods</b>	<ul style="list-style-type: none"> <li>• January 1<sup>st</sup> -December 31<sup>st</sup></li> <li>• April 1<sup>st</sup> -March 31<sup>st</sup></li> <li>• July 1<sup>st</sup> -June 30<sup>th</sup></li> <li>• October 1<sup>st</sup> -September 30<sup>th</sup></li> </ul>
<b>Rates (Health Care Fees)</b>	<ul style="list-style-type: none"> <li>• All Groups are billed based on composite rates</li> <li>• Upon enrollment if quoted membership changes more than 10% from the original quote or if the group’s membership changes more than 10% during the year, the Plan reserves the right to requote. Rates are subject to change at any time.</li> </ul>

Case Submission	
<p><b>To facilitate the processing of the applications. Please note the following requirements and timelines.</b>  <i>Additional requirements may be requested by the Plan to facilitate the processing of a new case. A group will not be issued coverage with outstanding requirements.</i></p>	
<b>Submission Dates</b>	<ul style="list-style-type: none"> <li>• New Groups: 15 Days prior to effective Date</li> <li>• Term Groups: 15 Days prior to Renewal date or 60 Days prior to termination date</li> <li>• Plan Changes: Can only be made at Renewal</li> </ul>
<b>Forms</b>	
<b>Employer Group Application</b>	Completed and executed Group Participation/Request Agreement must be provided in order, for a group to be enrolled.
<b>Census and Forms</b>	Employee Enrollment Forms and Waivers for all plan participants including those in the waiting period and those covered by any continuation coverage, such as COBRA or NJ State Continuation must be included for both quoting and enrollment.



<b>Binder Check</b>	<p>Groups are required to submit a binder check for the 1<sup>st</sup> month's health care fees based on the employees enrolling. Checks should be made payable to members Health Plan NJ/MHPNJ and mailed to the following:</p> <p><b>APEMT/ Members Health Plan NJ</b>  <b>P. O. Box 412491</b>  <b>Boston, MA 02241-2491</b></p>
<b>Required Tax Documents to Validate Group Eligibility</b>	
<b>Groups with 2-5 Eligible Employees</b>	<ul style="list-style-type: none"> <li>• For Groups with 1- 2 Employees Enrolled, a group must have 1 Eligible "Common Law" Employee listed on the most recent quarterly wage and tax statement (QWTS/WR-30) and employee must have worked 13 weeks in each of the last two quarters.</li> <li>• Payroll Ledger showing FICA and Federal Income tax withholding (two quarters)</li> <li>• K1 with 1040*, and 1120 or 1120S  *If there is an amount on line 1 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• K1 with 1040* and 1065  *If there is an amount on line 1 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• If filing a K1 extension, submit prior year K1 with current extension form. Once filed you will have 30 days to submit the filed K1.</li> </ul> <p><i>*The Plan reserves the right to make final determination on the acceptance of submitted tax documents and request any additional documentation required.</i></p>
<b>Groups with 6-50 Eligible Employees</b>	<ul style="list-style-type: none"> <li>• Tax documents are <u>NOT</u> required. Completed Employer Certification Only.</li> </ul> <p><i>* The Plan reserves the right to make final determination and request any additional documentation in order to verify a groups eligibility.</i></p>
<b>Groups with 51+ Eligible Employees</b>	<ul style="list-style-type: none"> <li>• Submit a complete census with all employees including: eligible employees, full time, part time, seasonal, home zip codes, gender, coverage status, DOB and employees in the waiting period.</li> </ul>
<b>Common Ownership</b>	<ul style="list-style-type: none"> <li>• Employers that have more than one business with different tax identification numbers (TINs) may be eligible to enroll as one group if the following are met: <ul style="list-style-type: none"> <li>○ Employer must provide a statement from a tax accountant or attorney verifying that multiple companies are considered affiliated for federal tax purposes.</li> </ul> </li> <li>• The Plan reserves the right to final review and may consider common ownership on a case-by-case basis.</li> </ul>

<b>Continuing Coverage</b>	
<b>COBRA/NJ State Continuation</b>	<p>COBRA services and New Jersey State Continuation, as applicable, are administered through O.C.A. Benefit Services (TPA). Prior to enrolling you must advise the Plan if you are administering your own COBRA or NJ State Continuation benefits for your employees.</p>

## HRA/FSA Administration

<b>HRA/FSA</b>	<p>The Members Health Plan NJ has partnered with OCA Benefits, a Third-Party Administrator for HRA, FSA, Wellness and H.S.A. Administration.</p> <ul style="list-style-type: none"> <li>• HRA/FSA will be offered at no monthly administration fee.</li> <li>• Employers may only fund up to 75% of the deductible.</li> <li>• An employer will pay \$250 for the annual set up and renewal fee.</li> <li>• Additional services can be purchased by the employer. (HSA/Parking &amp; Transit/Regulatory Notifications/Dependent Care/COBRA etc.)</li> </ul>
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## IMPORTANT BENEFIT/PLAN INFORMATION

<b>Subject</b>	<b>Description and Explanation</b>	
<b>Plan Offerings</b>	<ul style="list-style-type: none"> <li>• An employer can offer 1 or any combination of all Medical Plan Designs</li> <li>• An employer can elect 1 or more Rx Options per Medical Plan</li> <li>• No minimum employee participation is required by Plan Offering</li> <li>• Plan designs are static, Plans cannot be changed or revised</li> </ul>	
<b>Benefit Period/ Plan Year</b>	January 1 <sup>st</sup> – December 31 <sup>st</sup> Deductibles and MOOP run January 1 <sup>st</sup> – December 31 <sup>st</sup>	
<b>Medicare Coordination</b>	Members Health Plan NJ is Primary regardless of group size as Members Health Plan NJ is treated like a large group plan.	
<b>Networks</b>	Aetna Select <sup>SM</sup> Open Access	<ul style="list-style-type: none"> <li>• Plans F, H, J, K, O, S, T, U, V, W</li> </ul>
	Aetna Choice <sup>®</sup> POS II Open Access	<ul style="list-style-type: none"> <li>• Plans A, B, D, G, L, P, R</li> </ul>
	(NJ) Aetna Whole Health <sup>SM</sup> - New Jersey- Aetna Select Multi-Tier	<ul style="list-style-type: none"> <li>• Plans M, N, X, Y, Z</li> </ul>
<b>National Network</b>	Aetna	<ul style="list-style-type: none"> <li>• Included in Base Rates</li> <li>• Offered with All Plans</li> </ul>
<b>OON Provider Reimbursement</b>	For all Out-of-Network elective and Non-Emergent Services, the Plan will pay the Plan's Allowable Charges which will be based on 110% for Professional services and 140% for Facilities of current year Medicare/RBRVS. Refer to definition of Plan's Allowable Charges in Summary Plan Description.	

<b>Plan Contact Information</b>	<p>Phone Number: <b>1-833-639-2669 (833-MEWANOW)</b>  Fax Number: <b>1-833-639-2329 (833-MEWAFAX)</b></p> <p>New Business: <a href="mailto:mewanewbusiness@concordmgt.com">mewanewbusiness@concordmgt.com</a>  Renewals: <a href="mailto:mewarenewals@concordmgt.com">mewarenewals@concordmgt.com</a>  Existing Business: <a href="mailto:mewaenrollment@concordmgt.com">mewaenrollment@concordmgt.com</a>  Billing Inquiries: <a href="mailto:mewabilling@concordmgt.com">mewabilling@concordmgt.com</a>  Portal Assistance: <a href="mailto:portalassistance@concordmgt.com">portalassistance@concordmgt.com</a></p> <p>Member Claim/Eligibility/ID Cards: <a href="http://www.membershealthplannj.com">www.membershealthplannj.com</a></p>
<b>SPD (Summary Plan Description) &amp; SBC (Summary of Benefits and Coverage)</b>	<p>SPD's and SBC's are available on the Members Health Plan NJ website <a href="http://www.membershealthplannj.com">www.membershealthplannj.com</a> in both English and Spanish. Once enrolled, a paper copy of the SPD, SBC and Uniform Glossary can be provided free of charge upon request. Please contact the Plan to make a request at <b>1-833-639-2669</b>.</p>
<b>Actuarial Value</b>	<p>All Members Health Plan NJ MEWA Plans currently meet the 60% Minimum Actuarial Value as required by PPACA, and therefore are considered "Affordable" options for small employers.</p>
<b>Essential Health Benefits</b>	<p>All Members Health Plan NJ MEWA Plans are not required to meet the Essential Health Benefits, however the MEWA does cover the following ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative services and devices; laboratory services; pediatric vision; preventive and wellness services and chronic disease management. The Members Health Plan NJ MEWA does not currently offer pediatric dental care services.</p>