

Members HealthPlan^{NJ}

Designed for You.



JANUARY 1st 2021 NEW AND RENEWAL UPDATES

January 1st Renewal & New Business Changes

- + Prescription Plan
 - + Moving to Aetna
 - + Benefit Changes
 - + Member Experience
- + Medical Plan
 - + MOOP Changes
- + Underwriting Changes
 - + Definition of Eligible Group
 - + Eligible/Ineligible Employees
 - + Tax Documentation Requirements By Group Size
- + Sponsorship Requirements
 - + Current Groups
 - + New Business Groups

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Prescription Plan Changes

MHPNJ is transitioning pharmacy management services from Express Scripts to Aetna, utilizing Aetna's pharmacy network and formulary.

- All members will receive a **NEW ID Card** to include both Medical and Pharmacy benefits.
 - Targeted mailing date is 12/14/2020. *(Please note if the renewal is not received prior to 12/1/2020 – employees will receive an ID card with current benefits. If a group fails to renew, ID cards will be invalid)*
- Similar to the Express Scripts SaveOn SP program, Aetna will offer a program called Prudent. This program saves patients money through a copay assistance program on specialty medications from pharmaceutical manufacturers. Targets specialty drugs in therapy classes: hepatitis c, autoimmune, oncology, and multiple sclerosis. **Members will have a \$0 copay for specialty medications on the exclusive drug list as long as they enroll in the program.** Letters will be sent to impacted members on non-HSA plans to voluntarily enroll in the program. H.S.A plans are not eligible for the program.
- Glucometers are covered at 100% for diabetics enrolled in the prescription plan. You can order a Glucometer by calling the toll-free Member Services number on Your member ID card.

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Prescription Plan Changes

BENEFIT	RX 1				RX 2				RX 3		RX 4			RX 5		
	Current Retail	New Retail Effective 1/1/2021	Current Mail Order	New Mail Order Effective 1/1/2021	Current Retail	New Retail Effective 1/1/2021	Current Mail Order	New Mail Order Effective 1/1/2021	Current Retail	Current Mail Order	Current Retail	New Retail Effective 1/1/2021	Current Mail Order	New Mail Order Effective 1/1/2021	Current Retail	Current Mail Order
Generic	\$15.00	\$15.00	\$35.00	\$35.00	\$30.00	\$25.00	\$70.00	\$60.00	\$15.00	\$37.50	Ded, \$15	Ded, \$15	Ded, \$35	Ded, \$35	Ded, \$15	Ded, \$37.5
Pref Brand	\$35.00	\$50.00	\$82.50	\$125.00	\$50.00	\$75.00	\$120.00	\$187.50	50%	50%	Ded, \$35	Ded, \$50	Ded, \$82.5	Ded, \$125	Ded, 50%	Ded, 50%
Non Pref Brand	\$50.00	\$75.00	\$120.00	\$187.50	\$80.00	\$100.00	\$195.00	\$250.00	50%	50%	Ded, \$50	Ded, \$75	Ded, \$120	Ded, \$187.50	Ded, 50%	Ded, 50%
Specialty-NEW	30%	30%	30%	30%	30%	30%	30%	30%	50%	50%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 30%	Ded, 50%	Ded, 50%
*Minimum and Maximums applies to Preferred Brand and Non-Preferred Brand Only. Does not Apply to Specialty									Min \$25	Min \$62.50					Min \$25	Min \$62.50
									Max \$500	Max \$1250					Max \$500	Max \$1250

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%) .Prescriptions costs do not go towards the MOOP.

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Prescription Plan Changes

Member Communications

- + **All enrolled members with prescription coverage will receive notifications from both Aetna and the Health Plan beginning the first week in November.**

- + **All Member communications include:**
 - Welcome Letters
 - Transition Information and FAQ's

- + **Targeted Member communications include:**
 - Introduction to Aetna as the new pharmacy vendor
 - Formulary Exclusions
 - Plan Exclusions
 - Formulary Tier Change
 - Exclusive Specialty Letter
 - Formulary Auto Immune Exclusions
 - Opioid Quantity Limit
 - Test Strip Glucose Meter

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Prescription Plan Changes

Member Experience

- + Members will be able to see Aetna Rx Benefits on the Aetna Member Portal on 1/1/2021
 - + Prior to 1/1/2021 Members can use the Aetna public site <https://www.aetna.com/index.html> to research drug coverage/formulary
 - + Members will choose **Aetna Standard Formulary** from the drop down
- + Members currently enrolled in the mail order program will be automatically moved to Aetna's mail order program. This only applies to members who have a current valid 90-day script on file.
- + Members who do not have a current valid 90-day script will need to get a new script from their provider.
- + Members with medications not on the formulary will receive a letter informing them of their options and how to proceed.
- + Members with medications that changed tiers will receive a letter with the new tier.
- + Members who currently have an approval for medications, it will be transferred to Aetna.
- + Members can visit www.membershealthplannj.com to view the new formulary by 12/4/2020

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Medical Plan Changes

Maximum Out-of-Pocket (MOOP) amounts by plan are amended as follows:

- ✓ **Plans B, G, H, L, O, P, T, U, & V**, the MOOP will be changed to the ACA max \$8,550/\$17,100 (In-Network) / \$17,100/ \$34,200 (Out-of-Network if applicable).
- ✓ **Plans N and W** the MOOP will be changed to the HSA max \$7,000/\$14,000 (In-Network & Out-of-Network if applicable).
- ✓ **Plan R** the MOOP will be changed to the HSA max \$7,000/\$14,000 (In-Network)/\$17,100/\$34,200 (Out-of-Network)
- ✓ **Plans M, X, Y, and Z, Tier 2:** MOOP will be changed to the ACA max \$8,550/\$17,100.

**Refer to the Benefit Summaries for details. MOOP changes for existing groups will take effect as of their next renewal date beginning 1/1/21.*

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Medical Plan Changes

Benefit Plan Design	In Network - Max Out of Pocket		Out of Network - Max Out of Pocket	
	Current	Change	Current	Change
Plan A	Current: \$4,000/\$8,000	No Change	Current: \$6,850/\$13,700	No Change
Plan B	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	Current: \$6,850/\$13,700	Change: \$17,100/\$34,200
Plan D	Current: \$6,850/\$13,700	No Change	Current: \$6,850/\$13,700	No Change
Plan F	Current: \$4,000/\$8,000	No Change	N/A	N/A
Plan G	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	Current: \$13,700/\$27,400	Change: \$17,100/\$34,200
Plan H	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	N/A	N/A
Plan J	Current: \$6,850/\$13,700	No Change	N/A	N/A
Plan K	Current: \$4,000/\$8,000	No Change	N/A	N/A
Plan L	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	Current: \$13,700/\$27,400	Change: \$17,100/\$34,200
Plan M (AWH)	Tier 1 - Current : \$3,000/\$6,000	No Change	Tier 2 - Current: \$6,000/\$12,000	Tier 2- Change: \$8,550/\$17,100
Plan N (AWH/HSA)	Tier 1 - Current: \$6,550/\$13,100	Tier 1 - Change: \$7,000/\$14,000	Tier 2 - Current:\$6,550/\$13,100	Tier 2 - Change: \$7,000/\$14,000
Plan O	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	N/A	N/A
Plan P	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	Current: \$13,700/\$27,400	Change: \$17,100/\$34,200
Plan R (HSA)	Current: \$6,550/\$13,100	Change: \$7,000/\$14,000	Current \$13,100/\$26,200	Change: \$17,100/\$34,200
Plan S (HSA)	Current: \$6,550/\$13,100	No Change	N/A	N/A
Plan T	Current: \$6,850/\$13,700	Change: \$8,550/\$17,100	N/A	N/A
Plan U	Current: \$6,000/\$12,000	Change: \$8,550/\$17,100	N/A	N/A
Plan V	Current: \$6,550/\$13,100	Change: \$8,550/\$17,100	N/A	N/A
Plan W (HSA)	Current: \$6,550/\$13,100	Change: \$7,000/\$14,000	N/A	N/A
Plan X (AWH)	Tier 1 - Current: \$6,000/\$12,000	No Change	Tier 2 - Current: \$6,000/\$12,000	Tier 2- Change: \$8,550/\$17,100
Plan Y (AWH)	Tier 1 - Current: \$6,850/\$13,700	No Change	Tier 2 - Current: \$6,850/\$13,700	Tier 2- Change: \$8,550/\$17,100
Plan Z (AWH)	Tier 1 - Current: \$6,850/\$13,700	No Change	Tier 2 - Current: \$6,850/\$13,700	Tier 2- Change: \$8,550/\$17,100

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Underwriting Guideline Changes

Revised Definitions of Eligible Employers, Eligible Employees and Ineligible Employees

Category	New Changes Effective 1/1/2021
Eligible Employers	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). Newly hired W-2 employee must be on payroll for a minimum of 4 weeks prior to the effective date. Employer must be located in New Jersey.
Eligible Employee	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.

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Category	New Changes Effective 1/1/2021
Ineligible Employees	<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">● Individual and spouse when one or both own the business● Retirees are not eligible.● 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.● Employees in the waiting period are not included in the count when determining group size.● Union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage.

Underwriting Guideline Changes

Revised Definitions of Eligible Employers, Eligible Employees and Ineligible Employees

Category	New Changes Effective 1/1/2021
Group Level – Minimum Participation Requirements and Valid Waivers	<ul style="list-style-type: none">• 2-50 Eligible Employees – Requires 75% Participation• 51+ Eligible Employees – Requires 50% Participation• Valid waivers count towards the participation requirement<ul style="list-style-type: none">• Employees covered as a dependent under a spouse’s coverage• Employees covered under NJ Family Care, Medicare, Medicaid, or TRICARE• Employees covered as an eligible dependent to age 26, in accordance with the federal Patient protection and Affordable Care Act.• Employees covered under another group health benefits plan.• Ineligible employees will Not count towards participation.• Classed-out employees count towards participation requirement.• New Jersey State Facilitated Marketplace.

Underwriting Guideline Changes

Tax Document Requirements By Group Size

Group Size	Updated Requirements
2 to 5 Eligible Employees	Payroll verification through appropriate tax documentation, i.e., Most recent WR30 (required for groups of five or fewer eligible employees). Groups with ONLY 2 Eligible Employees • 1 Eligible Employee Must be 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. • Payroll Ledger showing FICA and Federal Income tax withholding (two quarters) • 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 • 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 • 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.
6 to 50 Eligible Employees	No tax documents required. Completed Employer Certification Only. However, the Plan reserves the right to request tax documents from an employer to verify eligibility.
51+ Eligible Employees	Employer Census to include 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.
Waivers	Completed waiver form with current plan information listed and/or a copy of ID card form current carrier
Newly Formed Groups	2-5 CPA letter or Articles of Incorporation

Sponsorship Requirements

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 association with [the IPA of North Jersey, Trinitas Hospital Medical Staff, Mountainside IPA, Northwest Physician Organization, Inc., The Medical & Dental Staff of Hackensack Meridian Health, CentraState Medical Center, and Vista IPA.](#)
 - The employer must be a member of their local IPA (if there is one).
- Groups are Eligible if they are members of the [Medical Society of New Jersey \(MSNJ\) either as a physician or as a corporate partner.](#)
 - The employer must be an active Physician member of The Medical Society of New Jersey as well as their County Medical Society or
 - 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
- Groups are Eligible if they are members of the [Employers Association of New Jersey \(EANJ\).](#)
 - 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.
- Groups are Eligible if they are members of [BioNJ.](#)
 - 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.
- Groups are Eligible if they are members of [New Jersey Chamber of Commerce \(NJCC\).](#)
 - 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.

Note: Member employers CANNOT change sponsor affiliation until their renewal beginning April 1st 2021

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Important January Renewal Reminders

RENEWAL CHANGE IMPACTS

- **MHPNJ has changed from a 4 Tier Rx Rating methodology to an age/gender rating methodology.**
 - Employers will continue to receive a 4 Tier Medical and Rx Rate; however, the rates will vary based on your groups specific demographics (age/gender/tier)
- **MHPNJ has implemented a geographical rating methodology based on employer zip code**
 - This geographical factor is incorporated into your final rates
- **Census Changes – An employer group may also experience health care fee changes due to census changes. These changes can be related to the following circumstances.**
 - Group Average Age Change (increase or decrease)
 - Individual Employee(s) Age Band Change
 - Shift in Individual Employee(s) tier (EE, EECH, ES, FAM)
 - Shift in overall member demographics (Male/Female Ratio)
 - Employer Zip Code Change

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Important January Renewal Reminders

- ✦ Renewal paperwork needs to be returned no later than 12/14/2020 to avoid disruption to your employees medical, pharmacy and dental coverage.
- ✦ In preparation for the move to Aetna Rx, members will receive new ID cards with their current plan design if the renewal paperwork has not been processed by 12/1/2020. Plan changes received after 12/1 will generate new ID cards to members.
- ✦ Failure to submit renewal paperwork may leave employees WITHOUT health coverage.

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