

EMPLOYER PLAN SELECTION FORM

Please send forms to:
 Concord Management Resources
 P.O. Box 5487
 Somerset, NJ 08875
 Phone: 833-MEWANOW (833-639-2669)
 Fax: 833-MEWAFAX (833-639-2329)
 Email: mewaenrollment@concordmgt.com

GROUP NAME: _____ **Account #:** _____ **EFFECTIVE DATE:** 07/01/2019
CONTACT NAME: _____ **EMAIL:** _____ **PHONE #:** _____

EMPLOYER HEALTH PLAN INSTRUCTIONS

- Steps 1-3:** check off Waiting Period for New Hires, Waiting Period for Rehires, and for COBRA Administrator-check OCA or indicate as your COBRA Admin.
Step 4: Select your Medical Plan Option - You can select one (1) plan or any combination of the fourteen (14) medical plan options.
Step 5: Select your Rx Plan Option - You can select multiple Rx plans for each selected medical plan. Specific Rx plans are available with each medical plan.
Step 6: Optional - Select your Dental Option(s) - You can select both Delta Dental and Guardian Dental Options.
Step 7: Optional - Select FSA and HRA, check all that apply. **Step 8: Sign and date.**

Note: Please ensure you fully understand the Plan Benefits you are enrolling in, as you can only change your selection during the Plans Open Enrollment. You must email, fax or mail your renewal paperwork to the Plan no later than the Due Date specified.

Step 1: Waiting Period New Hires

1st of the month following Date of Hire
 1st of the month following 30 days
 1st of the month following 60 days

Step 2: Waiting Period Rehires

1st of the month following Date of Hire
 1st of the month following 30 days
 1st of the month following 60 days

Step 3: OCA is the COBRA administrator for the Plan at no charge to the employer. Indicate your COBRA administrator.

OCA
 Other: _____

Step 4 – Medical Plan Options
 Check All Plans Being Offered

- Plan B: Open Access POS Network Plan
 Plan F: Network Only High Plan
 Plan J: Network Only Basic Plan
 Plan L: High Deductible Low Plan
 Plan M: Aetna Whole Health Network Only (Gold)
 Plan N: Aetna Whole Health High Deductible Network Only (HSA Silver)*
 Plan O: Network Only 70% Plan
 Plan P: High Deductible 70% Plan
 Plan R: HSA Compatible*
 Plan S: HSA Compatible High Option*
 Plan V: High Deductible Catastrophic Plan
 Plan X: Aetna Whole Health Network Only High (Silver)
 Plan Y: Aetna Whole Health Network Only (Bronze)
 Plan Z: Aetna Whole Health Network Only Low (Silver)

Step 5 – Rx Plan Options
 Please Circle One (1) or more Rx Option per Plan Offered.
 If No Rx is selected, medical rates will increase 3%.

- Plan B Rx Plan: 1 2 3 6
Plan F Rx Plan: 1 2 3 6
Plan J Rx Plan: 1 2 3 6
Plan L Rx Plan: 1 2 3 6
Plan M Rx Plan: 1 2 3 6
Plan N Rx Plan: 4 5
Plan O Rx Plan: 1 2 3 6
Plan P Rx Plan: 1 2 3 6
Plan R Rx Plan: 4 5
Plan S Rx Plan: 4 5
Plan V Rx Plan: 1 2 3 6
Plan X Rx Plan: 1 2 3 6
Plan Y Rx Plan: 1 2 3 6
Plan Z Rx Plan: 1 2 3 6

Rx Option 1
 Retail: \$15/\$35/\$50
 Mail: \$35/\$82.50/\$120

Rx Option 2
 Retail: \$30/\$50/\$80
 Mail: \$70/\$120/\$195

Rx Option 3
 Retail: \$15 Generic /50% Brand (Min/Max Apply)
 Mail: \$37.50 Generic /50% Brand (Min/Max Apply)

Rx Option 4
 Member must meet Ded.
 Retail: \$15/\$35/\$50
 Mail: \$35/\$82.50/\$120

Rx Option 5
 Member must meet Ded.
 Retail: \$15 Generic /50% Brand (Min/Max Apply)
 Mail: \$37.50 Generic /50% Brand (Min/Max Apply)

Rx Option 6
 No Rx Coverage

* These plans may be aligned with a Health Savings Account (HSA). The AP MEWA does not administer HSA Accounts.

Step 6 – Dental Plan
 The Dental Plan is only offered with enrollment in the medical plan. There is an additional charge for this option. You can select both Delta Dental and the Guardian Dental Options.

No Dental
 Delta Dental Premier
 Delta Dental Base PPO
 Guardian PPO Dental Plan
 Guardian DHMO Dental Plan

***Step 7 – FSA and HRA**
 If administered by OCA please indicate below. There is an additional charge for this service.

No HRA/FSA
 Flexible Spending Account (FSA)
 Health Reimbursement Account (HRA)

I acknowledge that the information I am providing, attached to this Employer Plan Selection Form, is accurate and represents all changes/terminations/additions to my enrolled or eligible members for this renewal period. Any requests or discrepancies that arise after the processing of the attached documents may not be eligible for coverage until the next open enrollment period (for changes/additions).

*In order to elect FSA and HRA you must contact OCA Benefits to enroll and set up your group. For additional information please contact 833-MEWANOW (833-639-2669).

Step 8: EMPLOYER SIGNATURE: _____

DATE: _____