

Effective January 1st, 2020

The Plan has a new Summary Plan Description (SPD)

For the Affiliated Physicians and Employers Health Plan

Click on the Summary of Material Modifications tab below or go to the Plan's website www.MembersHealthPlanNJ.com to review and/or download the new Summary Plan Description or Summary of Material Modification document for all groups transitioning to the new platform with Members Health Plan NJ on January 1, 2020 (this includes all January and April renewal groups).

The new Summary Plan Description and Summary of Material Modification document will include detailed information as it relates to the changes noted below.

I. The Plan will be changing networks from the QualCare Network in NJ and the Cigna Open Access POS network nationally to the Aetna Network(s) nationally. The Community Care Network will be replaced by the Aetna Whole Health NJ - Aetna Select Multi-Tier Network.

II. The Out-of-Network elective and non-emergent services allowable charge has changed to the following benefit: For all Out-of-Network elective and non-emergent services, the Plan's Allowable Charges will be 110% for Professional services and 140% for facilities of current Medicare/RBRVS.

III. The In-Network Office Based or Free Standing Lab services benefit has changed to the following benefit: PCP copay or cost share will apply for any In-Network Lab service.

IV. The Pediatric Vision benefit has changed to the following benefit: Plan pays 100% up to \$125 maximum per year.

V. The Plan's Telemedicine vendor is changing from MDLIVE to TelaDoc.

VI. The Plan has made specific individual benefit changes. Please refer to the attached SMM for the changes that have been made to each plan.

VII. Confidentiality/HIPAA Privacy has been amended.

VIII. Covered Newborn Child coverage has been amended.

IX. Dental Services has been amended.

X. Donated Human Breast Milk benefit language has been added.

XI. Additional Hospital Services have been added.

XII. Additional Emergency and Urgent Care Services have been added.

XIII. Skilled Nursing Care benefits has been amended.

XIV. Home Health Care Charges has been amended.

XV. Digital Tomosynthesis has been amended.

XVI. Nutritional Counseling has been amended.

XVII. Therapy Services has been amended.

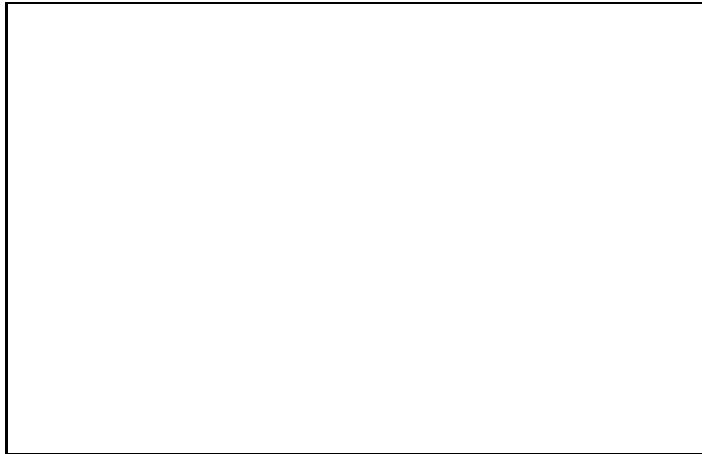
XVIII. Transplant Benefits has been amended.

XIX. Foreign Travel Plan Exclusions language has changed.

XX. Dose Intensive Chemotherapy Plan Exclusions language has changed.

XXI. Prescription Benefits for Plans M, N, X & Y have been amended.

[CLICK HERE](#)
SUMMARY OF MATERIAL MODIFICATIONS



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