

# 2019 UPCOMING REMINDERS/CHANGES

## JANUARY RENEWAL

The release of the APEHP January 2019 renewals will be delayed, with an anticipated delivery in the second week in November. You and your client will receive the renewal notification and documents via email. We thank you for your understanding. For additional renewal information and questions, please contact our Renewal Team at: 833-MEWANOW; option 2 or [MEWArenewals@concordmgt.com](mailto:MEWArenewals@concordmgt.com)

## BENEFITS

Effective January 1, 2019 for all Enrolled Groups

Donated Human Breast Milk will be covered based on Medical Necessity for those applicable recipients. Pre-Authorization is required. A U.S. federal government certified human breast milk bank must be utilized. Breast milk donation is not covered by the Plan.

### Mental Health/Substance Abuse Changes

Table 1 Plan	Current in-network benefit for mental health/ substance use providers	2019 in-network benefit for mental health/ substance use providers
B, F, J, O, U	\$50	\$30
H	\$30	\$15
K, S, W	\$50, after deductible	\$30, after deductible
M	\$50	\$25
R	Deductible, then 90%	\$25, after deductible
T	\$60	\$30
X	\$50	\$30
Y	\$50, after deductible	100%

Table 2 Plan	Benefit	Current in-network inpatient benefit	2019 in-network inpatient benefit	Current in-network outpatient benefit	2019 in-network outpatient benefit
D	Hospital			Deductible, then 100%	100%
J	Hospital & Free Standing Facility			\$50 co-pay	Deductible, then 90%
J	Physician Charges	Deductible, then 90%	Deductible, then 100%		
K	Physician Charges & Free Standing Facility			Deductible, then \$200 co-pay	Deductible, then 100%
O	Physician Charges	Deductible, then 70%	Deductible, then 100%		
S	Physician Charges & Free Standing Facility			Deductible, then \$200 co-pay	Deductible, then 100%
U	Physician Charges	Deductible, then 80%	Deductible, then 100%		
Y	Hospital & Free Standing Facility			Deductible, then \$50 co-pay	Deductible, then then 50%

Effective 10/1/18 for groups enrolled in Prescription Plans that renew of January 1, 2019, the below changes have been applied. Benefit details will be outlined in the renewal packet.

### Prescription Plan Changes

BENEFIT	CURRENT BENEFIT	NEW BENEFIT
Rx 1 Copay Change	Retail: \$6/\$25/\$40 Mail Order: \$15/\$62.50/\$100	Retail: \$15/\$35/\$50 Mail Order: \$35/\$82.50/\$120
Rx 2 Copay Change	Retail: \$20/\$40/\$70 Mail Order: \$50/\$100/\$175	Retail: \$30/\$50/\$80 Mail Order: \$70/\$120/\$195
Rx 4 Copay Change	Retail: \$6/\$25/\$40 after Ded Mail Order: \$15/\$62.50/\$100 after Ded	Retail: \$15/\$35/\$50 after Ded Mail Order: \$35/\$82.50/\$120 after Ded
Rx 6 — No Rx	Medical Rates increase 2% when no Rx is selected	Medical Rates increase 3% when no RX is selected

For additional benefit changes and information or questions please call our hotline at **833-MEWANOW**; option 3, or [MEWAsales@concordmgt.com](mailto:MEWAsales@concordmgt.com). Additional Plan Information can be found on the Plan website at [www.APEHP.com](http://www.APEHP.com).

## 2019 PRODUCER COMMISSION CHANGES AND UPDATES

This message is intended for all Producers who sell the APEHP MEWA Health Plan

Effective January 1st, 2019 the Affiliated Physicians & Employers Health Plan has updated its Producer Commission Program:

The following grid reflects the updated Commission amounts for 2019

Group Size	Current Program	Updated Program
1 to 2 Enrolled Employees	5%	2.5%
3 to 24 Enrolled Employees	5%	4.5%
25+ Enrolled Employees	5%	5% - No Change

- New Commission Program will be applied to all new and existing business
- Commission Payments will be made Only when Health Care Fees are paid in full.

### COMMISSION FAQ

**Q.** What if I wrote a 2-employee group 11/1/2018? Will the current commission program be honored?

**A.** No, this commission change is effective 1/1/2019 for all New and Renewal business regardless of effective date.

**Q.** If my 2-person group enrolls a third employee after the initial enrollment, will the commission program schedule payout change into the new tier?

**A.** Yes, the monthly commission percentage will be based on the number of enrolled employees during the payment period on a month to month basis.

**Q.** Why is the APEHP making this change?

**A.** The APEHP is making these changes to further align with the market as well as provide more financial value to its members.

## EXCITING NEWS PRODUCER RECREDENTIALING AND ENHANCED ONLINE TOOLS

- The APEHP will be rolling out the full suite of services through our online "Quote

to Card" platform.

- The enhanced online tool will include a new Producer Dashboard, Reporting Capabilities, Enrollment and Renewal functions.
- The APEHP will also be re-credentialing all brokers and agencies prior to January 1, 2019. In order to maintain your status in good standing with the APEHP, all Producers will be required to complete the recredentialing process and supply the required documents related to license, E&O insurance, Fidelity and Cyber Coverage.
- This will be done in our Jet-Insure system and will provide you with you a broker portal, so you can review any pertinent information or request revisions. Please look out for more information in the coming weeks.

If you have any questions, please contact your Manager of Business Development.

## UNDERWRITING GUIDELINES

Effective for 10/1/2018 for all **NEW** business, the following Underwriting Guideline Changes are applicable:

- For all groups with a minimum of two eligible employees and greater must have a minimum one full time eligible employee on a quarterly wage report (WR-30).
- Groups need to provide a minimum of two current quarters of the quarterly wage report (WR-30) at time of enrollment.

Effective 10/1/2018 for **RENEWAL** groups, the following Underwriting Guideline Changes will be applicable.

- For all groups with a minimum of two eligible employees and greater must have a minimum one full time eligible employee on a quarterly wage report (WR-30).
- A quarterly wage report (WR-30) must be submitted to the plan by 1/31/19.

**Thank you for your continued support of  
The Affiliated Physicians and Employers Health Plan**

P.O. Box 5487, Somerset, NJ 08875  
1-833-MEWANOW (833-639-2669)  
infoAPEHP@concordmgt.com

**Affiliated Physicians &  
Employers Health Plan**

A NJ Self-Insured MEWA

[Privacy Policy](#) | [Legal](#) | [Email](#) | [APEHP.COM](#)

© 2018 Affiliated Physicians & Employers Health Plan - All Rights Reserved.

STAY CONNECTED:

