

Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

Affiliated Physicians And Employers Health Plan (APEHP) Wellness Program Frequently Asked Questions

Beginning April 1, 2017, APEHP is offering to its employers and members the 2017 Wellness Program that will benefit both employers and enrolled employees.

The following Q&A should answer any questions you may have regarding participation in the program. If you have any questions after reviewing this Q&A, please reference the APEHP website at APEHP.com or call 1-888-670-8135.

Employee Questions

Q1. What are the guidelines required for participation?

A1. There are 4 easy steps to begin and complete the process.

- Step 1. Complete enrollment form.
- Step 2. Complete online health assessment and Health Actions between 4/1/17 and 12/31/17.
- Step 3. Submit completed Health Action form by January 10, 2018.
- Step 4. Receive your reward.

Q2. Do I have to participate in the program?

A2. No. Participation in the program is strictly voluntary.

Q3. What is the benefit of participating in the program?

A3. Upon completion of the program you will be entitled to a **\$50 cash reward**.

Q4. Is a spouse, domestic partner or dependent(s) eligible to participate in the program?

A4. No. The program is only open to enrolled employees.

Q5. What are the requirements for enrolled employee participation?

A5. (1) Enrolled members, age 18+.

(2) You must complete the following health actions and have your physician date and sign the Health Actions Requirement form by 12/31/17 in order to be eligible for your reward. Exceptions can be requested if you have already received any of your health actions between 1/1/17 and 3/31/17 by having your physician date and sign the form for those previously completed actions.

- Health Assessment Questionnaire

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Frequently Asked Questions

- This action can be completed online by going to www.qualcareinc.com and select Go to My QualCare. The completion of the Health Assessment Questionnaire does not require physician signature.
- Biometric Screening
 - Blood Pressure
 - Body Mass Index (BMI) Screening
 - Cholesterol & Glucose Screening
- Health Exams/Screenings
 - Annual Physical Exam
 - Colorectal Screening¹
 - Mammography Screening²

¹ All individuals over age 50 should have colorectal screening performed once every 5 years. If you have previously met this requirement or your physician opts you out, you can have your physician sign the form indicating the reason.

² All women age 40 and older should have a mammography screening performed once per year.

Q6. How do I enroll in the program?

A6. You will need to sign the APEHP Wellness Program Enrollment form that was sent to you. Additional forms can be found on the APEHP website (APEHP.com) or by calling **1-888-670-8135**. Once completed, form can be returned by:

Fax: 732-465-7328

Or

Mailing address:

Affiliated Physicians And Employers Health Plan
30 Knightsbridge Road
Piscataway, NJ 08854
Attn: Operations Coordinator

Q7. How do I obtain a Wellness Program Health Actions Form?

A7. The Wellness Program Health Actions Form was included with your welcome letter. Additional forms can be found on the APEHP website (APEHP.com) or by calling **1-888-670-8135**.

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Q8. How long do I have to complete the program?

A8. You must complete the health actions as outlined in Question 5 and have your physician date and sign the Health Actions Requirement form by 12/31/17 in order to be eligible for your reward. Exceptions can be requested if you have already received any of your health actions between 1/1/17 and 3/31/17 by having your physician date and sign the form for those previously completed actions.

Q9. Where do I send my Health Actions form once completed?

A9. Once completed, form can be returned by:

Fax: 732-465-7328

Or

Mailing address:

Affiliated Physicians And Employers Health Plan
30 Knightsbridge Road
Piscataway, NJ 08854
Attn: Operations Coordinator

Q10. When do I receive the \$50 Wellness Reward?

A10. Upon completion of the health actions and receipt of the Health Actions Requirement form, you will be eligible to receive a \$50 wellness reward once verification of screenings/assessments is completed. The reward will be mailed to your home within approximately 60 days from receipt.