

# Summary of Material Modifications Amendment

## To the Revised April 1, 2015 Summary Plan Description of The Affiliated Physicians and Employers Health Plan

The following information will be sent to all APEHP members on  
12/22/2017

I. Effective April 1, 2017 for all Enrolled Groups, the Plan will change the Tier 2 Durable Medical Equipment (DME) benefit for Plans M & N as follows:

Section titled "Schedule of Benefits", beginning after page 80, has been amended as follows:

Plan	Current Benefit	New Benefit
Plan M: Community Care Health Plan - Network Only (Gold)	Not Covered	Plan pays 70% after deductible
Plan N: Community Care Health Plan - Network Only (HSA Silver)	Not Covered	Plan pays 70% after deductible

II. Effective April 1, 2017 for all Enrolled Groups, the Plan will change the Tier 2 Home Health Care (HHC) benefit for Plans M & N as follows:

Section titled "Schedule of Benefits", beginning after page 80, has been amended as follows:

Plan	Current Benefit	New Benefit
Plan M: Community Care Health Plan - Network Only (Gold)	Not Covered	Plan pays 70% after deductible
Plan N: Community Care Health Plan - Network Only (HSA Silver)	Not Covered	Plan pays 70% after deductible

III. Effective April 1, 2017 for all Enrolled Groups, the plan will remove the

association Morris Area Integrated Physicians Individual Practice Association (MAIIPA):

Section titled "Eligibility, Funding, and Effective Date Provisions", beginning on page 6, has been amended as follows:

Any reference to Morris Area IPA or Morris Area Integrated Physicians Individual Practice Association (MAIIPA) has been removed from the SPD.

IV. Effective April 1, 2017 for all Enrolled Groups, the plan will remove the requirement to choose a PCP on Plans M, N, X & Y on page 3 of the SPD. Any reference to a PCP required to be selected has been removed. No plans will require a PCP.

Section titled "Important Information", beginning on page 3, has been amended as follows:

This Plan does not require the designation of a Primary Care Physician (PCP) for enrollment in any Plans. However, You have the right to designate any Primary Care Physician who participates in the network and who is available to accept You or Your family Members. For information on how to select a Primary Care Physician, and for a list of the participating Primary Care Physicians, visit [www.apehp.com](http://www.apehp.com) or contact customer service at the phone number listed on the back of Your ID card.

V. Effective April 1, 2017 for all Enrolled Groups with Prescription coverage, the plan will eliminate the PDST Program as the pharmacy benefit manager, Express Scripts (ESI), no longer offers this program. Any reference to PDST has been removed. There is no program that will replace this program.

Section titled "Prescription Drug Benefits", beginning on page 30, has been amended as follows:

Any reference to the PDST Program has been removed.

VI. Effective April 1, 2017 for all Enrolled Groups with Prescription coverage, the plan will eliminate any reference to Retail Refill Allowance (RRA) and replace with Exclusive Home Delivery (EHD) per ESI.

Section titled "Prescription Drug Benefits", beginning on page 30, has been amended as follows:

Any reference to the RRA has been removed and replaced with EHD.

VII. Effective April 1, 2017 for all Enrolled Groups Plans with Out-of-Network (Plans A, B, D, G, L, P, R.):

Section titled "Schedule of Benefits", beginning after page 80, the footnote has been amended as follows:

\*Some of these services may require pre-authorization. Network providers should obtain pre-authorization for you. However, you are ultimately responsible for pre-authorization for all services by In-Network Providers. You are also responsible for pre-authorization for all services by Out-of-Network Providers. A penalty of 50% of the Plan's allowable amount, to a maximum of \$10,000 will be applied if pre-authorization is not obtained. Refer to [www.apehp.com](http://www.apehp.com) for a complete pre-authorization list.

VIII. Effective January 1, 2018 for all Enrolled Groups with Prescription coverage. Retail quantities will be dispensed to a maximum of a 90 day supply.

Section titled "Prescription Drug Benefits", beginning on page 30, has been amended as follows:

How does my prescription Plan work?

Just present Your ID card to Your pharmacist when You fill a prescription. Chances are Your Pharmacy already participates in the network. The card contains all the information Your pharmacist needs, there is nothing else that You need to do and no claim forms to submit. You will be asked to pay the retail pharmacist Your co-payment or Deductible amount as detailed in the Schedule of Benefits for Your Plan.

Retail quantities dispensed will be as written on the previous prescription order or refill, to a maximum of a 90 day supply, copayment is based on multiples of the 30-day supplies received.

Mail order quantities dispensed will be as written on the previous prescription order or refill, to a maximum of a 90 day supply.

How can I obtain prescriptions by mail?

If You are taking Drugs for the treatment of a chronic Condition on a long-term basis You may wish to consider the convenience and savings offered by the mail order Pharmacy. The medication can be shipped directly to Your home. You will be required to pay the co-payment as outlined previously; the Plan will pay the remainder of the cost of Your prescription. Information on the mail order Pharmacy and instructions for use are included with Your Welcome Package from Express Scripts, or You may call the number listed on the back of Your identification card.

# Affiliated Physicians & Employers Health Plan

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