

AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN 2018 WELLNESS PROGRAM ENROLLMENT FORM

Guidelines for Employer Eligibility and Participation

APEHP is committed to the health and well-being of your employees and our members. To that extent, this wellness rewards program is our way of rewarding you and your employees for putting their health first. To be eligible to receive a 1% reward of paid health care fees, the following guidelines are put in place.

STEP 1: Complete enrollment. Upon receipt of this completed enrollment form, you will receive a Welcome letter. The 2018 program runs from 4/1/18 through 12/31/18. This Enrollment form must be received by 3/31/18 in order to be eligible for the program.

STEP 2: Make sure your group is in good standing and paid up to date. An Employer group must be in good standing and paid up-to-date to be eligible for the wellness reward. Terminated groups are not eligible for the reward.

STEP 3: Encourage your employees to participate. To receive your reward, a minimum of 80%⁽¹⁾ of your enrolled employees must register for the program. Of the employees who register, 80% of those employees must successfully complete a set of predetermined health and wellness actions by 12/31/18. Have your employees return their completed Health Action forms no later than 1/10/18. If fewer than 80%⁽¹⁾ of your enrolled employees have decided not to register for the program, we will notify you at the end of April.

How it works. Example: You have 12 employees, 2 waived coverage, 10 employees enrolled in the health plan. In order to be eligible, 8 of those 10 enrolled employees must register for the Wellness Program. For you to receive your 1% reward, 7 of those 8 employees who registered must successfully complete their Health Actions by 12/31/2018 and submit their forms by 1/10/19.

***Note:** Only employees participating in the health plan count towards eligibility. Employees must submit all forms required to count toward the groups' participation⁽²⁾. APEHP will send you a report at the end of October notifying you of your employees' progress.*

STEP 4: Receive your Reward. Upon verification that 80% or more of your registered employees have successfully completed the program, you will receive a 1% reward of Jan-Dec 2018 health care fees on your April 2019 invoice. Successful completion is determined by employees enrolled in the Wellness Program who have completed their Health Actions by 12/31/18 and submitted the completed Health Actions form by 1/10/19.

⁽¹⁾ A minimum of 2 registered employees is required for an employer to be eligible for the Employer Wellness program reward. Less than 2 registered employees will still allow those employees to be eligible for the individual employee reward.

⁽²⁾ Additional information regarding Employee participation can be found on the APEHP website @ apehp.com or by calling your at **1-833-MEWANOW (833-639-2669) option 7.**

To participate in our Wellness Program, please sign and return this form via:

Fax: 833-639-2329

or

Mailing address:

Affiliated Physicians & Employers Health Plan
P.O. Box 5487
Somerset, NJ 08875
Attn: Operations Coordinator

Employer Group Name (Please Print)

Employer Group Signature

Date

Group/Account Number #

**Affiliated Physicians &
Employers Health Plan**