

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

Beginning April 1, 2018, APEHP will be offering to its employers and members the 2018 Wellness Program that will benefit both employers and employees.

If you have any questions after reviewing this Q&A, please reference the APEHP website at APEHP.com or contact your Account Representative at 1-833-MEWANOW (833-639-2669) option 7.

Broker Questions

Q1. Is the program mandatory?

A1. No. The program is strictly voluntary for both Employers and enrolled Employees.

Q2. What is the criteria for enrolled employees to participate in the program?

A2. Enrolled employees must complete the following health actions and have their physician date and sign the Health Actions Requirement form by 12/31/18 in order to be eligible for their reward. Exceptions can be requested if the enrolled employee has already received any of their health actions between 1/1/18 and 3/31/18 by having their physician date and sign the form for those previously completed actions.

Criteria for employees:

- Enrolled members, age 18+.
- Earning a **\$50 cash reward*** for completing all of the following wellness Initiatives:
 - ✓ Health Risk Assessment Questionnaire
 - This action can be completed online by going to www.qualcareinc.com and select Go to My QualCare. The completion of the Health Risk 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

Affiliated Physicians & Employers Health Plan

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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.

Q3. Where do Employers and/or enrolled Employees mail their forms?

A3. Form can be returned by:

Fax: 833-639-2329

Mailing address:

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

Q4. What are the benefits to the Employer?

A4. If 80% of an employers' employees complete the program by December 31, 2018, they will be eligible for a health care fee **credit of 1% of their paid health care fees.**

Q5. What are the benefits to the enrolled Employee?

A5. Employees will earn a **\$50 cash reward** for completing the program.