

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

Beginning April 1, 2018, APEHP is offering to its employers and enrolled members the 2018 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 1-833-MEWANOW (833-639-2669) option 7.

Employer Questions

Q1. Does an Employer or Enrolled Employee have to participate in the program?

A1. No. Participation in the program is strictly voluntary.

Q2. What is the benefit of an enrolled employee electing to participate in the program?

A2. If 80% of your employees complete the program by Dec 31, 2018, you will be eligible for a health care fee credit of 1% of your Jan – Dec paid health care fees.

Q3. When will the Employer receive this credit?

A3. You will be credited 1% of your Jan-Dec 2018 Health Care Fees on your April 2019 invoice.

Q4. What if the group terms before April 2019?

A4. If a group terminates before April 2019, they forfeit their eligibility for the 1% credit.

Q5. What are the requirements for participation?

A5. 80% of your enrolled employees must complete the program in order for you to be eligible for a health care free credit of 1% of your paid health care fees.

Q6. What do the Employers' employees have to do in order to complete the program?

A6. Employees will have to complete Health Risk Assessment Questionnaire and return a Wellness Participation Form.

Criteria for employees:

- Enrolled members, age 18+.
- Earn 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.

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- ✓ 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.

Q7. Can enrolled employees participate in the program if the group chooses not to?

A7. Yes.

Q8. How does an Employer enroll in the program?

A8. To enroll, sign the APEHP Wellness Program Participation that was sent to you. Additional forms can be found on the APEHP website (APEHP.com) or by calling **1-833-MEWANOW (833-639-2669) option 7**.

Q9. How does the Employer return the APEHP Wellness Program Participation Form?

A9. 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

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Wellness Program

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Employee Questions

Q1. What are the guidelines required for Employee participation?

- A1. There are 4 easy steps for enrolled employees to follow in order to begin and complete the process.
- Step 1. Complete enrollment form.
 - Step 2. Complete Health Actions form and online Health Risk Assessment Questionnaire between 4/1/18 and 12/31/18.
 - Step 3. Submit completed Health Action form by January 10, 2019.
 - Step 4. Receive your reward

Q2. Do enrolled employees 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 your enrolled employee 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 employee participation?

- A5. (1) Enrolled members, age 18+.
(2) Enrolled employee 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 your 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.

- Health Risk Assessment Questionnaire
 - This action can be completed on line 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
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² All women age 40 and older should have a mammography screening performed once per year.

Q6. How do your employees enroll in the program?

A6. Enrolled employees will need to sign the APEHP Wellness Program Enrollment form that was sent to them. Additional forms can be found on the APEHP website (***APEHP.com***) or by calling **1-833-MEWANOW (833-639-2669) option 7**. Once completed, the form can be returned by:

Fax: 833-639-2329

Or

Mailing address:

Affiliated Physicians And Employers Health Plan

P.O. Box 5487

Somerset, NJ 08875

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

A7. The Wellness Program Health Actions Form will be included with your enrolled employee's welcome letter. Additional forms can be found on the APEHP website (***APEHP.com***) or by calling **1-833-MEWANOW (833-639-2669) option 7**.

Q8. How long does your enrolled employee have to complete the program?

A8. Your enrolled employee must complete the health actions referenced in Question 5 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 your 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.

Affiliated Physicians & Employers Health Plan

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Affiliated Physicians And Employers Health Plan (APEHP)

Wellness Program

Frequently Asked Questions

Q9. Where does your enrolled employee send their Health Actions form once completed?

A9. Once completed, form can be returned by:

Fax: 833-639-2329

Or

Mailing address:

Affiliated Physicians And Employers Health Plan

P.O. Box 5487

Somerset, NJ 08875

Attn: Operations Coordinator

Q10. When does your employee receive their \$50 Wellness Reward?

A10. Upon completion of the online health assessment and receipt of the completed Health Actions Requirement form, your employee will be eligible to receive a **\$50** wellness reward once verification of screenings/assessments is completed.