

UPCOMING CHANGES

OCTOBER RENEWAL

The release of the APEHP October 2018 renewals will be delayed, with an anticipated delivery in the second week in August. You and your client will receive the renewal notification and documents via email. We thank you for your understanding. For additional renewal information and questions, please contact our Renewal Team at: **833-MEWANOW**; option 2 or MEWArenewals@concordmgt.com

BENEFITS

For all groups, beginning with the 10/1/18 effective dates, the below changes will apply. Benefit details will be outlined in the renewal packet. For additional benefit changes and information or questions please call our hotline at **833-MEWANOW**; option 3, or MEWAsales@concordmgt.com. Additional Plan Information can be found on the Plan website at www.APEHP.com.

Medical Plan Changes

Benefit	Current Benefit	New Benefit
Newborn Coverage	Birth to 30 days	Birth to 60 days
Dollar limit on wigs	\$500 Lifetime Max	No Dollar Limit
Dollar limit on hearing aids for children under 16	\$1,000 hearing aid every 24 months	No Dollar Limit
H.S.A Plans N, R, S, W	Quest Capitation	Fee for Service- must use Quest
H.S.A Plans N, R, S, W	Lab Services covered 100% when administered in Providers Office	Lab Services covered 100% after ded when administered in Providers Office

Prescription Plan Changes

Benefit	Current Benefit	New Benefit
Rx 1 Copay Change	Retail: \$6/\$25/\$40 Mail Order: \$15/\$62.50/\$100	Retail: \$15/\$35/\$50 Mail Order: \$35/\$82.50/\$120
Rx 2 Copay Change	Retail: \$20/\$40/\$70 Mail Order: \$50/\$100/\$175	Retail: \$30/\$50/\$80 Mail Order: \$70/\$120/\$195
Rx 4 Copay Change	Retail: \$6/\$25/\$40 after Ded Mail Order: \$15/\$62.50/\$100 after Ded	Retail: \$15/\$35/\$50 after Ded Mail Order: \$35/\$82.50/\$120 after Ded
Rx 6 - No RX	Medical Rates increase 2% when no Rx is selected	Medical Rates increase 3% when no Rx is selected

UNDERWRITING GUIDELINES

For all **NEW** business, beginning with 10/1/18 effective dates and after, the following Underwriting Guideline Changes will be applicable:

- For all groups with a minimum of two eligible employees and greater must have a minimum one full time eligible employee on a quarterly wage report (WR-30).
- Groups need to provide a minimum of two current quarters of the quarterly wage report (WR-30) at time of enrollment.

For **RENEWAL** groups, beginning with 10/1/18 renewal date and after, the following Underwriting Guideline Changes will be applicable.

- For all groups with a minimum of two eligible employees and greater must have a minimum one full time eligible employee on a quarterly wage report (WR-30).
- A quarterly wage report (WR-30) must be submitted to the plan by 10/31/18.

Thank you for your continued support of The Affiliated Physicians and Employers Health Plan

P.O. Box 5487, Somerset, NJ 08875
1-833-MEWANOW (833-639-2669)
infoAPEHP@concordmgt.com

**Affiliated Physicians &
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