

SUMMARY OF MATERIAL MODIFICATIONS

To the Revised October 1, 2018 Summary Plan Description of The Affiliated Physicians and Employers Health Plan Effective January 1, 2019 for all Enrolled Groups:

I. Donated Human Breast Milk will be covered based on Medical Necessity for those applicable recipients. Pre-Authorization is required. A U.S. federal government certified human breast milk bank must be utilized. Breast milk donation is not covered by the Plan.

II. The following changes are in effect for January 1, 2019 for all enrolled groups.

Mental Health/Substance Use Changes

Plan	Current in-network office visit benefit for mental health/substance use providers	2019 in-network office visit benefit for mental health/substance use providers
B, F, J, O, U	\$50	\$30
H	\$30	\$15
K, S, W	\$50, after deductible	\$30, after deductible
M	\$50	\$25
R	Deductible, then 90%	\$25, after deductible
T	\$60	\$30
X	\$50	\$30
Y	\$50, after deductible	100%

Plan	Benefit	Current in-network inpatient benefit	2019 in-network inpatient benefit	Current in-network outpatient benefit	2019 in-network outpatient benefit
D	Hospital			Deductible, then 100%	100%
J	Hospital & Free Standing Facility			\$50 co-pay	Deductible, then 90%
J	Physician Charges	Deductible, then 90%	Deductible, then 100%		
K	Physician Charges & Free Standing Facility			Deductible, then \$200 co-pay	Deductible, then 100%
O	Physician Charges	Deductible, then 70%	Deductible, then 100%		
S	Physician Charges & Free Standing Facility			Deductible, then \$200 co-pay	Deductible, then 100%
U	Physician Charges	Deductible, then 80%	Deductible, then 100%		
Y	Hospital & Free Standing Facility			Deductible, then \$50 co-pay	Deductible, then then 50%

The Summary of Material Modifications and revised SPD are available on the website at <http://apehp.com/apehp-benefit-plans/> or a hard copy is available upon request.

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

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