

## EMPLOYER PLAN SELECTION FORM

**Please send forms to:**  
 Concord Management Resources  
 P.O. Box 5487  
 Somerset, NJ 08875  
 Phone: 833-MEAWANOW (833-639-2669)  
 Fax: 833-MEWAFAX (833-639-2329)  
 Email: mewarenewals@concordmgt.com

### EMPLOYER HEALTH PLAN INSTRUCTIONS

- Step 1: Select your Medical Plan Option** - You can select one (1) plan or any combination of the twenty-one (21) medical plan options.  
**Step 2: Select your Rx Plan Option** - You can select multiple Rx plans for each selected medical plan. Specific Rx plans are available with each medical plan.  
**Step 3: Optional** - Select your Dental Option(s) - You can select both Delta Dental and Guardian Dental Options.  
**Step 4: Optional** - Select FSA and HRA, check all that apply. **Step 5: Sign and date.**  
*Note: Please ensure you fully understand the Plan Benefits you are enrolling in, as you can only change your selection during the Plans Open Enrollment. You must email, fax or mail your renewal paperwork to the Plan no later than the Due Date specified.*

**ACCOUNT #:** \_\_\_\_\_ **EFFECTIVE DATE:** \_\_\_\_\_  
**GROUP NAME:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_  
**CONTACT NAME:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**OCA is the COBRA administrator for the Plan. The service is provided at no additional cost to the employer. Please indicate your COBRA Administrator.**

**OCA:** \_\_\_\_\_ **Other:** \_\_\_\_\_

#### Step 1 – Medical Plan Options Please Check All Plans Being Offered

- Plan A:** Open Access POS Network Plan Plus
- Plan B:** Open Access POS Network Plan
- Plan D:** Facility High Deductible Plan
- Plan F:** Network Only High Plan
- Plan G:** Open Access POS Network Plan Basic
- Plan H:** Network Only Base Plan
- Plan J:** Network Only Basic Plan
- Plan K:** Network Only High Deductible Plan
- Plan L:** High Deductible Low Plan
- Plan M:** Community Care Health Plan - Network Only (Gold)
- Plan N:** Community Care Health Plan -High Ded- Network Only(HSA Silver)\*
- Plan O:** Network Only 70% Plan
- Plan P:** High Deductible 70% Plan
- Plan R:** HSA Compatible\*
- Plan S:** HSA Compatible High Option\*
- Plan T:** Network Only Plan
- Plan U:** High Deductible Network Only Plan
- Plan V:** High Deductible Catastrophic Plan
- Plan W:** HSA Compatible Low Option Plan\*
- Plan X:** Community Care Health Plan - NJ Network Only (Silver)
- Plan Y:** Community Care Health Plan - NJ Network Only (Bronze)

#### Step 2 – Rx Plan Options Please Circle One (1) or more Rx Option per Plan Offered. If No Rx is selected, medical rates will increase 3%.

- Plan A Rx Plan: 1 2 3 6
- Plan B Rx Plan: 1 2 3 6
- Plan D Rx Plan: 1 2 3 6
- Plan F Rx Plan: 1 2 3 6
- Plan G Rx Plan: 1 2 3 6
- Plan H Rx Plan: 1 2 3 6
- Plan J Rx Plan: 1 2 3 6
- Plan K Rx Plan: 1 2 3 6
- Plan L Rx Plan: 1 2 3 6
- Plan M Rx Plan: 1 2 3 6
- Plan N Rx Plan: 4 5
- Plan O Rx Plan: 1 2 3 6
- Plan P Rx Plan: 1 2 3 6
- Plan R Rx Plan: 4 5
- Plan S Rx Plan: 4 5
- Plan T Rx Plan: 1 2 3 6
- Plan U Rx Plan: 1 2 3 6
- Plan V Rx Plan: 1 2 3 6
- Plan W Rx Plan: 4 5
- Plan X Rx Plan: 1 2 3 6
- Plan Y Rx Plan: 1 2 3 6

**Rx Option 1**

Retail: \$15/\$35/\$50  
Mail: \$35/\$82.50/\$120

**Rx Option 2**

Retail: \$30/\$50/\$80  
Mail: \$70/\$120/\$195

**Rx Option 3**

Retail: \$15 Generic /50% Brand (Min/Max Apply)  
Mail: \$37.50 Generic /50% Brand (Min/Max Apply)

**Rx Option 4**

Member must meet Ded.  
Retail: \$15/\$35/\$50  
Mail: \$35/\$82.50/\$120

**Rx Option 5**

Member must meet Ded.  
Retail: \$15 Generic /50% Brand (Min/Max Apply)  
Mail: \$37.50 Generic /50% Brand (Min/Max Apply)

**Rx Option 6**

No Rx Coverage

\* These plans may be aligned with a **Health Savings Account (HSA)** **ONLY if you have an RX plan that is applied to the high deductible before benefits are paid.** The AP MEWA does not administer HSA Accounts. If you would like information on where to obtain a HSA account please contact your Account Exec.

**Step 3 – Dental Plan**

The Dental Plan is only offered with enrollment in the medical plan. There is an additional charge for this option. You can select both Delta Dental and the Guardian Dental Options.

<input type="checkbox"/> No Dental	<input type="checkbox"/> Delta Dental Premier	<input type="checkbox"/> Guardian PPO Dental Plan
	<input type="checkbox"/> Delta Dental Base PPO	<input type="checkbox"/> Guardian DHMO Dental Plan

**\*Step 4 – FSA and HRA**

If administered by OCA please indicate below. There is an additional charge for this service.

- No HRA/FSA
- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)

I acknowledge that all my enrolled employees meet all of the Affiliated Physicians and Employers Health Plan Underwriting Guidelines. I further acknowledge that I must provide waivers for all employees waiving coverage and that I must complete all additional renewal requirements, such as providing Wage and Tax information for employees enrolled. I understand that the elections above override all previous elections and that I am unable to make changes until our next open enrollment.

I take full responsibility that the information I am providing, attached to this Renewal Documentation Form, is accurate and represents **all** changes/terminations/additions to my enrolled or eligible members for this renewal period. Any requests or discrepancies that arise after the processing of the attached documents may not be eligible for coverage until the next open enrollment period (for changes/additions). Terminations may not be processed until the next eligible termination date, according to the Plan's Underwriting Guidelines, or if I offer coverage through a Section 125 election, not until the next open enrollment period unless there is a qualifying event.

\*In order to elect FSA and HRA you must contact OCA Benefits to enroll and set up your group. For additional information please contact your Designated Account Executive.

**Please Note: All groups making plan changes must complete this form along with Steps 1-5 in order to renew.**

**Step 5: EMPLOYER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_