



# UNDERWRITING GUIDELINES THE AFFILIATED PHYSICIANS AND EMPLOYERS HEALTH PLAN MEWA

Plans effective October 1, 2018

This material is intended for agents and brokers. It is not intended to be all inclusive.  
Other policies and guidelines may apply.

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| <b>Plan Information</b>                            |  |
|--|--|
| <b>Name of Plan</b>                                | The Affiliated Physicians and Employers Health Plan (APEHP)  |
| <b>Plan Sponsor</b>                                | The Affiliated Physicians and Employers Master Trust (Trust)   |
| <b>Plan Administrator</b>                          | The Affiliated Physicians and Employers Master Trust / Concord Management Resources  |
| <b>Claims and Utilization Review Administrator</b> | QualCare, Inc. A Cigna Company   |
| <b>Plan Type</b>                                   | Multiple Employer Welfare Arrangement (MEWA)<br>This is not an insured benefit Plan. The benefits are self-insured by the Trust.                                     |
| <b>State Requirements</b>                          | The Affiliated Physicians and Employers Master Trust is not an insurance company and does not participate in any guarantee funds created by NJ law.                  |
| <b>Plan Origination Date</b>                       | January 1, 2004  |
| <b>MEWA Definition</b>                             | A MEWA is an arrangement, recognized in both federal and state law; whereby multiple employers join together to self-insure the welfare benefits of their employees. |
| <b>Website</b>                                     | <a href="http://www.apehp.com">www.apehp.com</a>   |

| <b>Eligibility and Enrollment Requirements</b>  |   |
|---|---|
| <b>Eligible Groups</b>  | A group is eligible to participate in the Affiliated Physicians and Employers Health Plan (APEHP) for coverage if they employ at least two (2) eligible F/T employees. Employer must be located in New Jersey.  |
| <b>Eligible Groups must be members of one of APEHP's Eligible Associations, IPAs or Chambers as defined</b> | <p>Groups are eligible through their association with <b><u>the IPA of North Jersey, Trinitas Hospital Medical Staff, Mountainside IPA, Northwest Physician Organization, Inc., Vista IPA, and The Medical &amp; Dental Staff of Hackensack Meridian Health.</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be a member of their local IPA (if there is one).</li> </ul> <p>Groups are Eligible if they are members of the <b><u>Medical Society of New Jersey (MSNJ) either as a physician or as a corporate partner.</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active Physician member of The Medical Society of New Jersey as well as their County Medical Society or</li> <li>○ The employer must be an active MSNJ Corporate Partner Member and they must continue to maintain their active membership in order to remain eligible for coverage</li> </ul> <p>Groups are Eligible if they are members of the <b><u>Employers Association of New Jersey (EANJ).</u></b></p> <ul style="list-style-type: none"> <li>○ The employer must be an active member of EANJ and they must continue to maintain their active membership in order to remain eligible for coverage; <b>or</b></li> <li>○ If enrolling in the Community Care Network Plan, groups need to join EANJ or if located in the Monmouth County area the group may also be an active member of one of the following <b><u>Chambers of Commerce:</u></b> <ul style="list-style-type: none"> <li>▪ Greater Monmouth Chamber of Commerce;</li> <li>▪ Howell Chamber of Commerce;</li> <li>▪ Jackson Township Chamber of Commerce</li> </ul> </li> </ul> <p>Groups are Eligible if they are members of BioNJ.</p> <ul style="list-style-type: none"> <li>○ The employer must be an active member of BioNJ and they must continue to maintain their active membership in order to remain eligible for coverage</li> </ul> |
| <b>Eligible Employees</b>   | Eligible employee means a full-time employee earning minimum wage who works a normal work week of 24 or more hours at its usual place of business and is compensated for such service by a regular periodic wage or salary that is subject to FICA and federal income tax withholding by the employer.  |

|                             |  |
|-----------------------------|--|
| <b>Ineligible Employees</b> | <p>Leased, part time (working less than 24 hours), temporary, non-consecutive seasonal or substitute employees (a seasonal employee as an employee who is hired with the understanding that he/she is not a permanent, year-round employee and who is employed for fewer than 120 working days per tax year), 1099 independent contractors working for multiple entities, uncompensated employees, employees making less than minimum wage, volunteers, inactive owners, directors/trustees, shareholders, officers, outside consultants, managing members who are not active, investors or silent partners.</p> <ul style="list-style-type: none"> <li>• Retirees are not eligible.</li> <li>• If the employer’s employee eligibility criteria definition (large group only) differs from the above definition (more than 24 hours), the employer’s actual definition must be provided on the Employers letterhead at the time of new business submission.</li> <li>• Employees in the waiting period are not included in the count when determining group size.</li> <li>• Union employees who have collectively bargained for their health plan are excluded as eligible employees for the purpose of health coverage.</li> </ul> |
| <b>Eligible Dependents</b>  | <ul style="list-style-type: none"> <li>• The employee’s <u>spouse</u>, defined as the person recognized as the covered Employee’s husband or wife under the laws of the state where the covered Employee lives.</li> <li>• Domestic Partners, of any gender, are covered, provided they meet the proof requirements. It is required that three documents evidencing the commitment of the relationship be provided to the Plan.</li> <li>• Civil Union Partner are covered and required to submit a copy of the Civil Union Certificate.</li> <li>• The employee’s dependent children under 26 years of age. A dependent child regardless of marital status is defined as your biological, adopted children or step-children.</li> <li>• Unmarried Child(ren) between the age of 26 and 31 as defined in NJ Chapter 375.</li> <li>• An unmarried child, over the age of 26, who is medically certified as disabled and dependent upon the employee, whom the employee claimed as a dependent on income tax returns filed for the previous year. Subject to periodic review and approval by Medical Director.</li> <li>• Dependents must enroll in the same benefit option as the employee.</li> </ul>                                |

| <b>Important Dates</b>              |  |
|-------------------------------------|--|
| <b>Renewal or Anniversary Dates</b> | <ul style="list-style-type: none"> <li>• January 1<sup>st</sup> - for Effective Dates – 1/1 through 3/1</li> <li>• April 1<sup>st</sup> - for Effective Dates - 4/1 through 6/1</li> <li>• July 1<sup>st</sup> - for Effective Dates – 7/1 through 9/1</li> <li>• October 1<sup>st</sup> -for Effective Dates – 10/1 through 12/1</li> <li>• <i>(1<sup>st</sup> Year Rates could have a short rate period, with the shortest rate period being 10 months)</i></li> </ul>   |
| <b>Waiting Periods</b>              | <ul style="list-style-type: none"> <li>• Each employee must satisfy a waiting period of at least 30 days from hire date before becoming eligible for coverage or the employer must supply the Plan with any exceptions for waiving the waiting period, prior to the employee’s enrolling in the Plan. <i>(Ex. 1<sup>st</sup> of the month following date of hire, 30 days or 60 days)</i></li> <li>• A group can elect up to a maximum of 60 day wait period after the 1<sup>st</sup> of the month. <i>(Ex. 1<sup>st</sup> of the month following 60 days)</i></li> <li>• The waiting period can only be changed at initial group enrollment or upon renewal.</li> </ul> |
| <b>Group/Member Effective Dates</b> | <ul style="list-style-type: none"> <li>• Groups may only become effective on the 1<sup>st</sup> of any month.</li> <li>• Members may only become effective on the 1<sup>st</sup> of any month following the group’s designated new hire/rehire waiting period or the first of the month following the date of a qualifying event). <ul style="list-style-type: none"> <li>○ Exception – Newborns will be effective on their date of birth.</li> </ul> </li> </ul>  |

|                                       |   |
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| <b>Group/Member Termination Dates</b> | <p><b>Group Terminations</b> – are effective the last day of the month. Off-renewal terminations require 60-day advance written notice.</p> <p><b>Member Terminations</b> – are effective the last day of the month. A termination form is required and must be submitted no later than the 15<sup>th</sup> of the following month. (i.e. employee terminates employment 1/5, the actual termination of coverage date is 1/31)</p> <p>Exceptions – Death will be effective on the date of their death</p> |
|---------------------------------------|---|

| <b>Participation</b>                                    |   |
|---|---|
| <b>Group Level - Minimum Participation Requirements</b> | <ul style="list-style-type: none"> <li>• 2 - 50 Eligible Employees – Requires 75% Participation</li> <li>• 51+ Eligible Employees – Requires 50% Participation</li> <li>• Valid waivers count towards the participation requirement               <ul style="list-style-type: none"> <li>• Employees covered as a dependent under a spouse’s coverage.</li> <li>• Employees covered under NJ Family Care, Medicare, Medicaid, or TRICARE.</li> <li>• Employees covered as an eligible dependent to age 26, in accordance with the federal Patient Protection and Affordable Care Act.</li> <li>• Employees covered under another group health benefits plan.</li> <li>• Ineligible employees will not count towards participation.</li> <li>• Classed-out employees count towards participation requirement.</li> <li>• Federally Facilitated Marketplace.</li> </ul> </li> </ul> |
| <b>State Participation</b>                              | <ul style="list-style-type: none"> <li>• 75% of eligible employees must reside in NJ</li> <li>• Contact your sales representative for information</li> </ul>  |

| <b>Rates</b>                    |   |
|---------------------------------|---|
| <b>Rate Periods</b>             | <ul style="list-style-type: none"> <li>• January 1<sup>st</sup> -December 31<sup>st</sup></li> <li>• April 1<sup>st</sup> -March 31<sup>st</sup></li> <li>• July 1<sup>st</sup> -June 30<sup>th</sup></li> <li>• October 1<sup>st</sup> -September 30<sup>th</sup></li> </ul>   |
| <b>Rates (Health Care Fees)</b> | <ul style="list-style-type: none"> <li>• All Groups are billed based on composite rates</li> <li>• Upon enrollment if quoted membership changes more than 10% from the original quote or if the group’s membership changes more than 10% during the year, the Plan reserves the right to requote. Rates are subject to change at any time.</li> </ul> |

| <b>Case Submission</b>  |   |
|---|---|
| <p><b>To facilitate the processing of the applications, please note the following requirements and timelines.</b><br/> <i>Additional requirements may be requested by the Plan to facilitate the processing of a new case. A group will not be issued coverage with outstanding requirements.</i></p> |   |
| <b>Submission Dates</b>   | <ul style="list-style-type: none"> <li>• New Groups: 15 Days prior to effective Date</li> <li>• Term Groups: 15 Days prior to Renewal date or 60 Days prior to termination date</li> <li>• Plan Changes: Can only be made at Renewal</li> </ul>       |
| <b>Forms</b>  |   |
| <b>Employer Group Application</b>   | <p>Completed and executed Group Participation/Request Agreement must be provided in order for a group to be enrolled.</p>   |
| <b>Census and Forms</b>   | <p>Employee Enrollment Forms and Waivers for all plan participants including those in the waiting period and those covered by any continuation coverage, such as COBRA or NJ State Continuation must be included for both quoting and enrollment.</p> |

|   |  |
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| <b>Binder Check</b>   | <p>Groups are required to submit a binder check for the 1<sup>st</sup> month's health care fees based on the employees enrolling. Checks should be mailed to the following:</p> <p><b>Affiliated Physicians and Employers Master Trust</b><br/> <b>PO Box 95000-7315</b><br/> <b>Philadelphia, PA 19195-7315</b></p>   |
| <b>Required Tax Documents to Validate Group Eligibility</b> |  |
| <b>Groups with <u>ONLY</u> 2 Eligible Employees</b>         | <ul style="list-style-type: none"> <li>• 1 Eligible Employee Must be listed on the most recent quarterly wage and tax statement (QWTS/WR-30) and employee must have worked 13 weeks in each of the last two quarters.</li> <li>• Payroll Ledger showing FICA and Federal Income tax withholding (two quarters)</li> <li>• K1 with 1040*, and 1120 or 1120S<br/> *If there is an amount on line 7 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• K1 with 1040* and 1065<br/> *If there is an amount on line 7 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• If filing a K1 extension, submit prior year K1 with current extension form. Once filed you will have 30 days to submit the filed K1.</li> </ul> <p>The Plan reserves the right to make final determination on the acceptance of submitted tax documents and request any additional documentation required.</p>   |
| <b>Groups with 3-50 Eligible Employees</b>                  | <ul style="list-style-type: none"> <li>• 1 Eligible Employee Must be listed on the most recent quarterly wage and tax statement (QWTS/WR-30) and employee must have worked 13 weeks in each of the last two quarters.</li> <li>• Employers must provide a copy of the most recent quarterly wage and tax statement (QWTS/WR-30) of all employees of the employer group, illustrating two quarters of employment.</li> <li>• Newly hired employees - W4</li> <li>• Employees who have terminated, seasonal, not eligible or work part time must be noted accordingly on the QWTS. Reconciled QWTS must be signed and dated by the employer.</li> <li>• K1 with 1040*, 1120 or 1120S<br/> *If there is an amount on line 7 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• K1 with 1040*, and 1065<br/> *If there is an amount on line 7 of the personal 1040, a W-2 must be provided to substantiate</li> <li>• Independent contractors must submit 1099 and Schedule C</li> </ul> <p>The Plan reserves the right to make final determination on the acceptance of submitted tax documents and request any additional documentation required.</p> |
| <b>Groups with 51+ Eligible Employees</b>                   | <ul style="list-style-type: none"> <li>• Submit a complete census with all employees including: eligible employees, full time, part time, seasonal, home zip codes, gender, coverage status, DOB and employees in the waiting period.</li> </ul>   |
| <b>Common Ownership</b>                                     | <ul style="list-style-type: none"> <li>• Employers that have more than one business with different tax identification numbers (TINs) may be eligible to enroll as one group if the following are met: <ul style="list-style-type: none"> <li>○ Employer must provide a statement from a tax accountant or attorney verifying that multiple companies are considered affiliated for federal tax purposes.</li> </ul> </li> <li>• The Plan reserves the right to final review and may consider common ownership on a case-by-case basis.</li> </ul>  |



## Continuing Coverage

### COBRA/NJ State Continuation

COBRA services and New Jersey State Continuation, as applicable, are administered through O.C.A Benefit Services (TPA). Prior to enrolling you must advise the Plan if you are administering your own COBRA or NJ State Continuation benefits for your employees.

## HRA/FSA Administration

### HRA/FSA

The APEHP has partnered with OCA Benefits, a Third-Party Administrator for HRA, FSA, Wellness and H.S.A. Administration.

- HRA/FSA will be offered at no monthly administration fee.
- Employers may only fund up to 75% of the deductible.
- An employer will pay \$250 for the annual set up and renewal fee.
- Additional services can be purchased by the employer. (HSA/Parking & Transit/Regulatory Notifications/Dependent Care/COBRA etc.)

## IMPORTANT BENEFIT/PLAN INFORMATION

| Subject  | Description and Explanation  |  |
|--|--|--|
| <b>Plan Offerings</b>  | <ul style="list-style-type: none"> <li>• An employer can offer 1 or any combination of all Medical Plan Designs</li> <li>• An employer can elect 1 or more Rx Options per Medical Plan</li> <li>• No minimum employee participation is required by Plan Offering</li> <li>• Plan designs are static, Plans cannot be changed or revised</li> </ul>   |  |
| <b>Benefit Period / Plan Year</b>  | January 1 <sup>st</sup> – December 31 <sup>st</sup><br>Deductibles and MOOP run January 1 <sup>st</sup> – December 31 <sup>st</sup>  |  |
| <b>Medicare Coordination</b>   | APEHP is Primary regardless of group size as the APEHP is treated like a large group plan.   |  |
| <b>Networks</b>  | <b>QualCare, Inc. – Regional Network</b><br><a href="http://www.qualcareinc.com">www.qualcareinc.com</a><br><b>1-888-670-8135</b>  | <ul style="list-style-type: none"> <li>• <b>QualCare POS</b> – Plan A, B, F, G, H, J, K, O, P, R, S, T, U, V, W</li> <li>• <b>QualCare PPO</b> – Plan D, and L</li> <li>• <b>Community Care Network</b> – Plan M, N, X, Y</li> </ul> |
| <b>National Network</b>  | <b>Cigna OAP Network</b><br>Outside of QualCare’s Regional Network<br><a href="http://sarhcdpdir.cigna.com/mcoap">http://sarhcdpdir.cigna.com/mcoap</a>  | <ul style="list-style-type: none"> <li>• Included in Base Rates</li> <li>• Offered with All Plans except X, Y</li> </ul>   |
| <b>OON Provider Reimbursement</b>  | For all Out-of-Network Elective and non-emergent Services this Plan will not pay more than 140% of current year Medicare/RBRVS. Refer to the Plan’s Summary Plan Description for more detailed information on Out-of-Network reimbursement.  |  |
| <b>Plan Contact Information</b>  | Phone Number: <b>1-833-639-2669</b><br>Fax Number: <b>1-833-639-2329</b><br>New Business: <a href="mailto:mewanewbusiness@concordmgt.com">mewanewbusiness@concordmgt.com</a><br>Renewals: <a href="mailto:mewarenewals@concordmgt.com">mewarenewals@concordmgt.com</a><br>Existing Business: <a href="mailto:mewaenrollment@concordmgt.com">mewaenrollment@concordmgt.com</a><br>Billing Inquiries: <a href="mailto:mewabilling@concordmgt.com">mewabilling@concordmgt.com</a><br>Portal Assistance: <a href="mailto:portalassistance@concordmgt.com">portalassistance@concordmgt.com</a><br>Member Claim/Eligibility/ID Cards: <a href="http://www.APEHP.com">www.APEHP.com</a> |  |
| <b>SPD (Summary Plan Description) &amp; SBC (Summary of Benefits and Coverage)</b> | SPD’s and SBC’s are available on the Affiliated Physicians and Employers website ( <a href="http://www.apehp.com">www.apehp.com</a> ) in both English and Spanish. Once enrolled, a paper copy of the SPD, SBC and Uniform Glossary can be provided free of charge upon request. Please contact the Plan to make a request at <b>1-833-639-2669</b> .  |  |
| <b>Actuarial Value</b>   | All APEHP MEWA Plans currently meet the 60% Minimum Actuarial Value as required by PPACA, and therefore are considered “Affordable” options for small employers.   |  |
| <b>Essential Health Benefits</b>   | All APEHP MEWA Plans are not required to meet the Essential Health Benefits, however the MEWA does cover the following ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative services and devices; laboratory services; pediatric vision; preventive and wellness services and chronic disease management.<br>The MEWA does not currently offer pediatric dental care services.   |  |