

Members HealthPlan^{NJ}

Designed for You.



OCTOBER 2019 RENEWAL PACKAGE

A Better Health Plan Experience Designed for You and Your Employees

Dear Benefits Administrator:

We at the Members Health Plan NJ (MHPNJ) would like to thank you for choosing our Health Plan for your employee's healthcare needs.

GREAT NEWS! YOUR RATES ARE BEING HELD FOR AN ADDITIONAL 12 MONTHS

- + This means that your current rates will **NOT** change for plan year 2019-2020.
- + This means a **SIMPLIFIED** renewal process for you and your employees.
- + This means a renewal option that will allow you to renew **"AS IS"**.
- + This means we will provide an **EASY** transition from QualCare to Aetna by transmitting deductible credits and out of pocket maximums.
- + This means a **STREAMLINED** process as we have provided Aetna with member clinical data to facilitate and expedite current authorizations and care management activities.

MHPNJ is a customer focused plan that strives to improve the quality of services for every member and dependent. Our partnership with Aetna, the Plans Administrator, provides our members with an integrated and holistic member service and clinical support model that will help to assist your employees and their families in their journey towards better health. As a member owned healthcare company, we strive for healthier employees and their families which leads to a more productive workforce for our employers and lowers the overall cost of healthcare coverage for all.

Please note that we have identified key information that you will need to know and share with your employees during open enrollment.

KEY POINTS:

- + Renewal paperwork needs to be returned no later than **9/13/2019** to avoid disruption to your employees medical, pharmacy and dental coverage.
- + Due to the transition to the Aetna Platform, **ALL** members will be terminated on the current QualCare Platform effective **9/30/2019**.
- + Failure to submit renewal paperwork may leave employees **WITHOUT** health coverage.

The information on the following pages will outline what has and has not changed during this transition period and the added benefits that the Health Plan will offer. Please review the information carefully. You will need to complete and submit paperwork to renew your group.

We have a dedicated team ready to assist you during open enrollment. Please feel free to contact us at **1-833-MEWANOW (1-833-639-2669)** or mewarenewals@concordmgt.com if you have any questions.

Sincerely,

Members Health Plan NJ

22 Benefit Plan Designs

Employers Can offer 1 or all 22 Benefit Plan Designs



- + Variety of High Value, High Deductible and Value Based Network Plans.
- + 7 Open Access in Network/Out of Network Plans
- + 10 Open Access Network Only Plans
- + 4 HSA Compatible Plans
- + National Network available on All Plans

5 Value Based Network Plans (AWH)

Members will have access to 5 Value Based Network Plans (M, N, X, Y & Z)



- + Plans utilize (NJ) Aetna Whole HealthSM- New Jersey- Aetna Select Multi-Tier. (Replacing the QualCare Community Care Network.
- + A more comprehensive state-wide Value Based Network includes 27 hospitals, 3,400+ Primary Care Doctors, 21,000+ Specialists and 175+ Urgent Care Facilities
- + National Network available on All Value Based Network Plans

6 Prescription Plan Options

Members will have access to the same 6 Prescription Options through Express Scripts



- + RX1 - Retail \$15/\$35/\$50 Mail Order \$35/\$82.50/\$120 Copay Plan
- + RX2 - Retail \$30/\$50/\$80 Mail Order \$70/\$120/\$195 Copay Plan
- + RX3 - Retail \$15 Copay for Generic/Brand 50% Copay (Min \$25/Max \$500)
Mail Order \$37.50 Copay for Generic/Brand 50% Copay (Min \$62.50/Max\$1,250)
- + RX4 - Retail \$15/\$35/\$50 after Deductible Mail Order \$35/\$82.50/\$120 after Deductible
- + RX5 - Retail \$15 Copay after Ded for Generic/Brand 50% Copay after Ded (Min \$25/Max \$500)
Mail Order \$37.50 Copay after Ded for Generic/Brand 50% Copay after Ded (Min \$62.50/Max\$1,250)
- + RX6 – No Prescription Selection (Medical Rates will increase by 3%)

4 Dental Plan Options

Members will have access to the same 4 Dental Plan Options



- + Delta Dental Premier Plan
- + Delta Dental Base Plan
- + Guardian PPO Plan
- + Guardian DHMO Plan

COBRA/HRA/FSA/DCA

Employers continue to have the benefit of OCA as the Administrator for HRA/FSA/DCA and COBRA



- + COBRA/NJ Continuation is covered at no additional cost under the Plan
- + HRA/FSA/DCA is available all employers at a set up and renewal fee of \$250 per year. No monthly admin fees

PROVIDER NETWORK ACCESS

Members have access to three (3) Comprehensive Provider Networks with Aetna

- + **Aetna SelectSM Open Access**
 - Offered with Network Only Plans F, H, J, K, O, S, T, U, V and W
- + **Aetna Choice[®] POS II Open Access**
 - Offered with In/Out Network Plans A, B, D, G, L, P and R
- + **(NJ) Aetna Whole HealthSM- New Jersey- Aetna Select Multi-Tier**
 - Offered with Value Based Plans M, N, X, Y and Z

ENHANCED MEMBER EXPERIENCE

The Aetna Platform offers members a greater variety of programs, plans and tools including:

- + **Aetna One Advocate (A1A)**


This program provides members with a single, trusted advisor when they need one. Designed to ease members' burdens of managing their health and their benefits, our members have a dedicated advocate who reaches out to members about their health and whom members can reach directly as well. The dedicated team collects, reviews and connects information end to end to help our members access care and get the most from their benefit plans.
- + **Telemedicine Program (Teladoc)**

Use Teladoc anytime, anywhere for non-emergency conditions like the flu, bronchitis, stress, psoriasis, and more. Just visit [Teladoc.com/Aetna](https://www.teladoc.com/Aetna) or call **1-855-TELADOC (835-2362)** to set up your account.
- + **24/7 Informed Health Line**

Whether you're looking for general information or have a specific health concern, the Informed Health Line is a 24-hour hotline for employees. Just call **1-800-556-1555** and select the option to speak to a nurse (TTY: Dial 711 and ask the operator).
- + **Urgent Care**

In urgent situations you may find you save time and money by going to an In-Network Urgent Care Center instead of the Emergency Room. In most cases you pay a copayment which will often be lower than the copayment or coinsurance for an Emergency Room Visit.
- + **Member Website**

Members will need to register and create an account on Aetna's website www.aetna.com. Members will have access to a variety of tools and services, which includes finding providers and facilities, see coverage and costs, manage claims, view explanations of benefits (EOBs), view medical ID card
- + **Member Mobile Experience**

You can download the Aetna app  on Google Play or the Apple App Store. Members will be able to view benefits, dependent(s) information, search providers and access products available to you as a member accessing the Aetna platform.
- + **Stay Healthy Programs**

Members will be able to receive discounts on health products and services from eye care to fitness and weight management. Members will also be able to access their health assessment, health record and personalized health and wellness programs. Members will also be able to get helpful information about procedures, conditions and treatments.

Employer/Employee Online Enrollment Platform



Members Health Plan NJ is pleased to provide online administrative access to benefit administrators and brokers via Jet Insure, our enrollment platform. Benefit administrators and brokers can manage the group 24/7, 7 days a week.

- + Enroll/Terminate Employees
- + Make Demographic Changes
- + Renew Online
- + Print/View Employee Roster



To gain access to the Enrollment Platform, join us for a brief webinar that will show you how to manage the day to day activity for your group.

- + Webinars are held every Thursday from 11am – 12 noon EST. To register, send an email with your name and group name to: PortalAssistance@concordmgt.com
- + Webinar Information
Dial: 1-773-231-9226
Meeting ID: 148 944 0215
<https://meetings.ringcentral.com/teleconference>

Employer Billing/Invoices



Invoices are sent via email to the employers administrative billing email address. Please confirm we have the current contact information and email address for the person responsible for administration and billing.

- + **Questions related to accessing your electronic invoice:**
Email: PortalAssistance@concordmgt.com
Phone: 833-MEWANOW (833-639-2669) Option 4
- + **Questions related to your invoice or billing:**
Email: MEWABilling@concordmgt.com
Phone: 833-MEWANOW (833-639-2669) Option 5

Paying by Check via Regular Mail:

Checks payable to: Members Health Plan NJ

APEMT/Members Health Plan NJ
P.O. Box 412491
Boston, MA 02241-2491

Paying by Check via Overnight Mail:

Checks payable to: Members Health Plan NJ

APEMT/Members Health Plan NJ
Bank of America Lockbox Services - Lockbox
#412491
MA5-527-02-07
2 Morrissey Blvd.
Dorchester, MA 02125

Paying by Direct Debit:

The payment will be deducted on or about the 10th business day of every month

Employer Contacts/Information

- + Employers should call **(833) MEWANOW (833-639-2669)** to speak a Members Health Plan NJ representative.
- + Employers can also send your completed paperwork or email questions to MEWArenewals@concordmgt.com
- + Employers can visit www.MembersHealthPlanNJ.com for additional plan information.
 - + View or print Summary Plan Documents (SPD)
 - + View or print Summary of Benefits & Coverage (SBC's)
 - + View or print Medical, Dental and Prescription Summaries

Member Contacts/Information - Aetna One Advocate (A1A)

- + Members now have access to a care focused, value driven, high tech customer service model that is staffed by highly trained advocates dedicated to our membership.
- + Members can call **1-833-98APEMT (1-833-982-7368)**
 - + Hours of operation:
 - Monday through Friday 8am to 8pm EST and Saturday 8am to 4pm EST

ID Cards

- + Enrolled members will receive a separate Medical ID Card from Aetna, Prescription Cards from Express Scripts and Dental Cards (if selected) from either Guardian or Delta Dental.
- + The Plan must be notified of any discrepancies with benefits, coverage, ID Cards and invoices within 30 days after the effective date of coverage.

COBRA/NJ Continuation/Age 31

- + OCA Benefit Services (OCA) is the COBRA/NJ Continuation/Age 31 administrator for Members Health Plan NJ. OCA administers these services at no additional cost to the employer.
- + If you currently have a COBRA administrator and chose to continue to use them, you must let us know.

HRA/FSA/DCA

- + OCA Benefit Services (OCA) administrators Health Reimbursement Account (HRA), Flexible Spending Account (FSA) and Dependent Care Account (DCA) for the Employers of Members Health Plan NJ. OCA administers these services for an annual set-up and renewal fee of \$250.00. No additional monthly fee is being charged.
- + If you are interested in the HRA/FSA/DCA program, please contact OCA at **1-609-514-0777**.

Step 1 – Select Renewal Option

OPTION 1 – RENEW “AS IS”

By selecting this option, I agree to renew “AS IS” with no changes. I understand and confirm that the waiting period, rehire waiting period, COBRA/HRA/FSA, current medical, prescription and/or dental plans will remain the same for the 2019-2020 renewal.

OPTION 2 – RENEW WITH CHANGES

By selecting this option, I am electing to make plan changes (Refer to the Renewal Checklist for required paperwork).

Step 2 - Complete Employer Certification:

A. Total # Full Time Eligible Employees (working 24 hours or more per week)	_____
B. Total # Eligible Employees applying/enrolling for health benefit coverage	_____
C. Total # Eligible Employees waiving health benefits coverage with other coverage	_____
D. Total # of Eligible Employees waiving health benefits coverage without other coverage	_____
Participation Percentage Calculation (B+C /A)	_____ %

Step 3 – Read and Sign

Renewal Disclaimers and Eligibility Verification

- + Employer has at least two (2) full time Eligible Employees working at least 24 hours or more.
 - + One (1) Eligible Employee is listed on the most recent quarterly wage and tax statement (QWTS/WR-30) and employee has worked 13 weeks in each of the last two quarters.
- + All currently enrolled employees meet the definition of eligible employee set forth in the Underwriting Guidelines.
- + Employer meets participation requirements
 - + 75% for Small Group 2-50 Eligible Employees
 - + 50% for Large group 51+ Eligible Employees
- + Eligible Employer is domiciled in New Jersey with at least 75% of eligible enrolled employees residing in New Jersey.

- + Employer remains in good standing and is a member of one of the Plans sponsoring Associations. (Non-renewal will result in health plan termination.)
 - + Groups are Eligible through their affiliation with Employers Association of New Jersey (EANJ)
 - + Groups are Eligible through their affiliation with Medical Society of New Jersey (MSNJ)
 - + Groups are Eligible through their affiliation with BioNJ
 - + Groups are Eligible through their affiliation with CentraState Medical Center through the Greater Monmouth Chamber of Commerce, Howell Chamber of Commerce or Jackson Chamber of Commerce (Plans M, N, X, Y, Z)

- + The Plan reserves the right to re-rate the group if the enrolled census changes +/- 10%.

- + The Plan has the authority to make final determination of eligibility based on submission.

- + The Plan reserves the right to request documentation, a certification form/census and payroll documentation at any time.

Please read and sign the attached proposal agreement below. You must return to the Health Plan.

I acknowledge receipt and approve the proposal and attached rates as outlined. Health Care Fees are effective from October 1, 2019 through September 30, 2020 (12 month Contract Period), provided my group meets eligibility requirements listed in the Plans Underwriting Guidelines. Rates are final unless there is a change to my final enrollment; enrollment changes by more than 10% during the year or for reasons outlined in my contract rates may be adjusted throughout the year.

I authorize commissions to be paid to the General Agent and/or the Broker of Record and understand that I am solely responsible for contracting with the broker of record and that the Health Plan or Third-Party Administrator is not party to such relationships for this purpose.

Authorized Name & Title: _____

Authorized Signature: _____ Date: _____

Step 4 – Submit Paperwork

Renewal Submission Requirements

- + Renewal Group Paperwork must be submitted by 9/13/19.
- + Please refer to the **Renewal Paperwork Checklist** for required paperwork.

Email: MEWArenewals@concordmgt.com or Fax: 833-MEWAFAX (833-639-2329)

RENEWAL PAPERWORK CHECKLIST

IF OPTION 1 SELECTED Employer Renewing **“AS IS”**

- Signed Rates**
- Signed Employer Renewal Submission and Disclaimers (2 Pages)**
- Complete Enrollment Spreadsheet**
- Benefit Enrollment Forms** for new employee(s), terminated employee(s), employee demographic changes (if applicable)
- Waiver Forms** for Employees waiving/refusing coverage (if applicable)

IF OPTION 2 SELECTED Employer Renewing **WITH** Changes

- Signed Rates**
- Signed Employer Renewal Submission and Disclaimers (2 Pages)**
- Employer Plan Selection Form**
- Complete Employee Spreadsheet**
- Benefit Enrollment Forms** for new employee(s), terminated employee(s), employee demographic changes (if applicable)
- Waiver Forms** for Employees waiving/refusing coverage (if applicable)

SUBMIT NEW GROUP PAPERWORK TO:

Members HealthPlan^{NJ}

c/o Concord Management Resources
P.O. Box 5487
Somerset, NJ 08875

Email: MEWArenewals@concordmgt.com
Fax: 833-MEWAFAX (833-639-2329)

OCTOBER RENEWAL Instructions & Descriptions

Complete all required renewal documents using the checklist appropriate for your renewal option selected and/or employer size. All required forms are located on the Member Health Plan NJ website www.membershealthplannj.com

- + Signed Rates (Option 1 & 2)**
The Rate Page attached to the quote must be signed and returned
- + Signed Employer Renewal Submission and Disclaimers (2 Pages) (Option 1 & 2)**
- + Enrollment Spreadsheet (Option 1 & 2)**
The spreadsheet provides current employee plan elections and is used to provide employee renewal plan selections
- + Benefit Enrollment Form (Option 1 & 2)**
Used for adding, terminating and changing employee demographic information
- + Waiver Form (Option 1 & 2)**
Used for an employee who is waiving/refusing coverage
- + Employee Census (Option 1 & 2)**
For groups 51+ list of all part time and full-time employees including gender, date of hire and date of birth and hours worked per week.
- + Employer Plan Selection Form (Option 2)**
Used to select medical, prescription and dental plans as well as indicate COBRA administrator.

**Additional Questions Please Call
833-MEWANOW (833-639-2669)**

EMPLOYER PLAN SELECTION FORM

(Check appropriate boxes in each Step)

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

GROUP NAME: _____ ACCOUNT #: _____ EFFECTIVE DATE: 10/1/2019

CONTACT NAME: _____ EMAIL: _____ PHONE: _____

ONLY COMPLETE THIS FORM IF YOU ARE MAKING PLAN CHANGES

STEP 1: WAITING PERIOD FOR NEW HIRES

- 1st of the month following date of hire
- 1st of the month following 30 days
- 1st of the month following 60 days

STEP 2: WAITING PERIOD FOR REHIRES

- 1st of the month following date of hire
- 1st of the month following 30 days
- 1st of the month following 60 days

STEP 3: OCA IS THE COBRA ADMINISTRATOR FOR THE PLAN AT NO COST TO EMPLOYER

- OCA
- Other _____

STEP 4: SELECT MEDICAL PLANS

You can offer 1 or a combination of Plans

STEP 5: SELECT PRESCRIPTION PLANS

You can offer one (1) or more Rx options per Medical Plan Offered

SELECT	PLAN	MEDICAL PLAN NAME	RX 1	RX 2	RX 3	RX 4	RX 5	RX 6
<input type="checkbox"/>	Plan A	Open Access POS Plan Plus				N/A	N/A	
<input type="checkbox"/>	Plan B	Open Access POS Network Plan				N/A	N/A	
<input type="checkbox"/>	Plan D	Facility High Deductible Plan				N/A	N/A	
<input type="checkbox"/>	Plan F	Network Only High Plan				N/A	N/A	
<input type="checkbox"/>	Plan G	Open Access POS Network Basic Plan				N/A	N/A	
<input type="checkbox"/>	Plan H	Network Only Base Plan				N/A	N/A	
<input type="checkbox"/>	Plan J	Network Only Basic Plan				N/A	N/A	
<input type="checkbox"/>	Plan K	Network Only High Deductible Plan				N/A	N/A	
<input type="checkbox"/>	Plan L	High Deductible Low Plan				N/A	N/A	
<input type="checkbox"/>	Plan M	Aetna Whole Health – Network Only (Gold) Plan				N/A	N/A	
<input type="checkbox"/>	Plan N	Aetna Whole Health – High Deductible H.S.A (Silver Plan)*	N/A	N/A	N/A			N/A
<input type="checkbox"/>	Plan O	Network Only 70% Plan				N/A	N/A	
<input type="checkbox"/>	Plan P	High Deductible 70% Plan				N/A	N/A	
<input type="checkbox"/>	Plan R	H.S.A. Compatible Plan*				N/A	N/A	
<input type="checkbox"/>	Plan S	H.S.A Compatible High Plan*	N/A	N/A	N/A			N/A
<input type="checkbox"/>	Plan T	Network Only Plan	N/A	N/A	N/A			N/A
<input type="checkbox"/>	Plan U	High Deductible Network Only Plan				N/A	N/A	
<input type="checkbox"/>	Plan V	High Deductible Catastrophic Plan				N/A	N/A	
<input type="checkbox"/>	Plan W	H.S.A Compatible Low Plan*	N/A	N/A	N/A			N/A
<input type="checkbox"/>	Plan X	Aetna Whole Health Network Only High (Silver) Plan				N/A	N/A	
<input type="checkbox"/>	Plan Y	Aetna Whole Health Network Only (Bronze) Plan				N/A	N/A	
<input type="checkbox"/>	Plan Z	Aetna Whole Health Network Only Low (Silver) Plan				N/A	N/A	

* These plans may be aligned with a **Health Savings Account (HSA)**. The MHPNJ MEWA does not administer HSA Accounts.

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 (3% is added to Medical Rates)

STEP 6 – SELECT DENTAL PLAN OPTIONS

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.

No Dental

- Delta Dental Premier
- Delta Dental Base PPO

- Guardian PPO Dental Plan
- Guardian DHMO Dental Plan

*STEP 7 – FSA/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 the information I am providing, attached to this Employer Plan Selection 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).

*In order to elect FSA and HRA you must contact OCA Benefits to enroll and set up your group. For additional information please contact 833-MEWANOW (833-639-2669).

STEP 8: EMPLOYER SIGNATURE: _____ DATE: _____