



Members HealthPlan^{NJ}

Designed for You.

OCTOBER 2020 RENEWAL PACKAGE

Dear Benefits Administrator:

We know this is a difficult time for our employers and members, and that you may be experiencing changes in your business and industry. It is important for you to know that MHPNJ is here to support you during these unprecedented times. More now than ever, we appreciate your partnership, cooperation and patience while we work towards a new normal and continue to ensure MHPNJ remains a strong health plan for our members.

As you know 2019-2020 was a very busy year as we officially completed the transition to Aetna as the Plan's new administrator effective 1/1/2020. We believe this partnership adds tremendous value to our members, giving them access to programs, features and services that would not be available to small employers/groups.

The COVID-19 pandemic health crisis has impacted the entire health insurance market in ways that we cannot yet fully measure. We continue to closely monitor all data related to the virus and identify ways we can provide assistance and clinical support to members and their health care providers. We have been pleased to promote Teledoc and other tools to guide members and their families to use from the safety of their homes.

As one of the first groups to transition to the new Aetna Platform, it was important to us that your introduction and experience to the new plan be seamless and positive. To that end, MHPNJ was pleased to provide the July Renewal Groups with a 29-month rate hold (which moved to an October Renewal) and the October Renewal Groups with a 24-month rate hold.

As a member owned self-insured MEWA Health Plan it is vital that we continuously evaluate the claims experience, the competitiveness and all market conditions to ensure the plan maintains its history of financial strength. The plan has recently made some changes that may or may not impact your renewal and healthcare fees.

- + MHPNJ has changed from a 4 Tier Rx Rating methodology to an age/gender rating methodology.
 - Employers will continue to receive a 4 Tier Medical and Rx Rate; however, the rates will vary based on your groups specific demographics (age/gender/tier)
- + MHPNJ has implemented a geographical rating methodology based on employer zip code
 - This geographical factor is incorporated into your final rates

- + Census Changes – An employer group may also experience health care fee changes due to census changes. These changes can be related to the following circumstances.
 - Group Average Age Change (increase or decrease)
 - Individual Employee(s) Age Band Change
 - Shift in Individual Employee(s) tier (EE, EECH, ES, FAM)
 - Shift in overall member demographics (Male/Female Ratio)
 - Employer Zip Code Change

As these changes may or may not impact you, we also want to share some Important facts to help you understand how we remain a competitive alternative to other programs

- MHPNJ continues to offer a 4 Tier Rate Option where other carriers in the market provide ACA rates based on the specific employee and dependent census data
- MHPNJ does not medically underwrite or ask for employers or employees to complete medical questionnaires
- MHPNJ allows employers to offer one plan or a combination of several medical and prescription drug plan designs to meet the needs of their employees
- MHPNJ is a non-profit member owned plan
- MHPNJ partnered with Aetna to provide our members with solutions and features that are only offered to large employers and national clients

MHPNJ is a customer focused plan that strives to improve the quality of services for every member and dependent. Our partnership with Aetna 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.

For your convenience we have:

- + **SIMPLIFIED** the renewal process for you and your employees
- + Added a renewal option that will allow you to renew **“AS IS”**

KEY POINTS REGARDING YOUR RENEWAL:

- + Renewal paperwork needs to be returned no later than **9/14/2020** to avoid disruption to your employees medical, pharmacy and dental coverage.
- + Failure to submit renewal paperwork may leave employees **WITHOUT** health coverage.

The information on the following pages will outline any changes made for your renewal period. Please review the information carefully. You must complete and submit the appropriate 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.
- + 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

Note: effective 1/1/2021, MHPNJ will be transitioning to Aetna as their Pharmacy Benefit Manager. The Prescription plans currently available will not change. We are excited to provide an integrated medical and prescription benefit for our members. Additional details will follow in future communications.

If you have any questions please contact your BRM.

- + 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



HEALTH PLAN ADVANTAGES

The Benefits of the Aetna Platform

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://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, billing or credit card payment:**
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
MA5-527-02-072 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 can 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 ONLY IF MAKING A PLAN CHANGE
- + The Plan must be notified of any discrepancies with benefits, coverage, ID Cards and invoices within 30 days after the renewal 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 to current waiting period, rehire waiting period, COBRA/HRA/FSA, current medical, prescription and/or dental plans. I understand that all employer plan options will remain the same for the 2020-2021 renewal and employees will renew with their current plans. (Refer to the Renewal Checklist for required paperwork).

☐

OPTION 2 – RENEW WITH CHANGES

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

Step 2 - Complete Employer Certification (Groups 2-50 eligible) – (See Attached), Include a group census with Eligible Employees’ home addresses.

Step 3 – Attach a group census with Eligible Employees’ home addresses. (Groups 51+ include all eligible Full Time Employees and Waivers)

Step 4 – 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 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.)

EMPLOYER RENEWAL SUBMISSION & DISCLAIMERS

Important Benefit Administrator Information

- + Groups are eligible through their association with the IPA of North Jersey, Trinitas Hospital Medical Staff, Mountainside IPA, Vista IPA, Northwest Physician Organization, Inc. and The Medical & Dental Staff of Hackensack Meridian Health, CentraState Medical Center.
 - + The employer must be a member of their local IPA (if there is one).
- + 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 New Jersey Chamber of Commerce (NJCC)
- + 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, and payroll documentation at any time.

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

I acknowledge and certify that I as the employer meets all renewal disclaimers and eligibility guidelines stated above.

I acknowledge receipt and approve the proposal and attached rates as outlined. Health Care Fees are effective from October 1, 2020 through September 30, 2021 (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 5 – Submit Paperwork Renewal Submission Requirements

- + Renewal Group Paperwork must be submitted by 9/14/2020 in order, to confirm coverage is effective 10/1/2020.
- + Employees can make plan changes within the guidelines of the renewal options. (Please submit Enrollment spreadsheet with employee changes or renewal plan selection)
- + Send in any updates to employee's address, phone number and email address. Id Cards will be sent to employee home address
- + All documents relevant to Renewal Option selected (Refer to renewal checklist)
 - Return Signed Rates
 - Return Page 1 and 2 of the Renewal submission and Disclaimer Form

RENEWAL PAPERWORK CHECKLIST

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

- ☐ Signed Rates
- ☐ Employer Certification. Groups with 2-5 eligible employees must provide 2 Quarters of the WR30
- ☐ Census include FT, PT, Waivers
- ☐ Signed Employer Renewal Submission and Disclaimers (2 Pages)
- ☐ Completed 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) or letter on company letterhead listing employees with valid waivers include carrier name. List of employees refusing.

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

- ☐ Signed Rates
- ☐ Employer Certification. Groups with 2-5 eligible employees must provide 2 Quarters of the WR30
- ☐ Census include FT, PT, Waivers
- ☐ Signed Employer Renewal Submission and Disclaimers (2 Pages)
- ☐ Employer Plan Selection Form
- ☐ Completed 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) or letter on company letterhead listing employees with valid waivers include carrier name. List of employees refusing.

SUBMIT RENEWAL PAPERWORK TO:

**Members
HealthPlan^{NJ}**

c/o Concord Management Resources
P.O. Box 5487

Somerset, NJ 08875

Email: MEWArenewals@concordmgt.com

Fax: 833-MEWAFAK (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
- + **Employer Certification (Groups 2-50)-**
- + **Groups with 2-5 eligible employees must provide 2 Quarters of the WR30 refer to the underwriting guidelines for details on tax document requirements.**
- + **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 or letter on company letterhead listing employees with valid waivers include carrier name. List of employees refusing.
- + **Employee Census (Option 1 & 2)**
For all size list of all part time and full-time employees including gender, employee home zip code, date of hire, date of birth and hours worked per week, and waivers.

**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-MEWAFA (833-639-2329)
Email: mewarenews@concordmgt.com

GROUP NAME: _____ ACCOUNT #: _____ EFFECTIVE DATE: 10/1/2020

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 Plan Basic				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	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	
<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 Option 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: _____

EMPLOYER CERTIFICATION

Practice Name and Address: 	Telephone: 	Renewal Date: / /
	Fax: 	
	Account #: (if a current customer):	

Please indicate your office's individual waiting period before medical coverage can begin. Select only one for each.

New Hire: ___ 1st of the month following date of hire; ___ 1st of the month following 30 days; ___ 1st of the month following 60 days

Rehire: ___ 1st of the month following date of hire; ___ 1st of the month following 30 days; ___ 1st of the month following 60 days

If any class of employee waiting period is waived, please list classes below (*Example: Medical coverage begins immediately for "Physicians – No Waiting Period"*): _____

FOR EMPLOYERS WITH MULTIPLE SITES

If you have more than one site (office), other than the address above, please list out your multiple sites and total employees at each site:

Site (Office) Location (City/State) <u>CITY</u> <u>STATE</u>	Number of Employees in each site			
	<u>Full-time</u>	<u>Part-time</u>	<u>Retired</u>	<u>Other</u>

TOTAL EMPLOYEE CALCULATION

Total Employees

- A** Total # Full-Time Eligible Employees* (Refer to Underwriting Guidelines) _____ (A)
- B** Total # Part-time Employees (Refer to Underwriting Guidelines) _____ (B)
(does not include Per Diem employees)
- C** Total # Employees (A+ B): _____ (A+B)

Total Benefit Eligible Employees (Based on "A" Total above)

Total # Eligible Employees applying/enrolling for health benefits coverage. _____

Total # Eligible Employees waiving health benefits coverage with other coverage _____
through a spouse, other than individual coverage; or any other Health Benefits Plan offered by the employer.

Total # Eligible employees waiving health benefits coverage without other coverage _____
through a spouse, other than individual coverage; or any other Health Benefits Plan offered by the employer.

Federal Law – Eligible Employees (Based on "C" Total above – Includes Part-Time)

Is your firm subject to the requirements of the federal COBRA law? ☐ Yes ☐ No
(You may be subject to the law if you employed 20 or more employees during 50% or more of the working days during the previous calendar year.)

Is your firm subject to Working Aged Provisions of federal law (TEFRA/DEFRA)? ☐ Yes ☐ No
(You may be subject to the law if you employed 20 or more employees for 20 weeks in the current or prior calendar year.)

* An **Eligible Employee** as defined in the Underwriting Guidelines.

CERTIFICATION AS A SMALL EMPLOYER (IF APPLICABLE), IN THE STATE OF NEW JERSEY

"Small Employer" means, in connection with a Group Health Plan with respect to a Calendar Year and a Plan Year, any person, firm, corporation, partnership, or political subdivision that is actively engaged in business that:

- employed an average of at least two, but not more than 50, Eligible Employees on business days during the preceding Calendar Year, and
- employs at least two Eligible Employees on the first day of the Plan Year, and
- the majority of the Eligible Employees are employed in New Jersey.

Continue onto back page

OR

AND

Signature of Witness: _____ Date: _____

Any person who includes any false or misleading information on an application or enrollment form or certification for a health benefits plan is subject to criminal and civil penalties, as well as termination of all health coverage.

Please include the following persons in the following list:

- a) employees, owners, partners, officers, and independent contractors who are actively working for the employer on a regular basis, and are paid by the employer on a regular basis, whether or not they are eligible to be covered.
- b) employees, owners, partners, officers, and independent contractors who are not working, but who are currently covered under the employer's health benefits plan for reasons such as continuation of coverage or total disability.

Please use the following letters to indicate Status:

O: Owner, partner or officer

F: Full-time employee

P: Part-time employee

D: Totally Disabled employee

W: Waiving Coverage (has coverage through spouse, Medicare or other source)

I: Independent Contractor

T: Temporary employee

Y: Per Diem employee

C: Continuation of Coverage under State or Federal law

X: Does not want Coverage

PLEASE ATTACH A COPY OF CURRENT CENSUS TO INCLUDE ALL ELIGIBLE EMPLOYEES, PART TIME AND WAIVERS

If additional space is needed, attach a separate sheet.

- 1) Please note that you can offer multiple plans alongside this plan and therefore can request a quote for 1 or more plans. **Call us if you have any questions at 833-MEAWANOW (833-639-2669).**

HEALTH BENEFIT WAIVER

This benefit waiver is available to employees who are regularly scheduled to work a minimum of 24 hours or more every week. Upon renewal of the Group Health Plan, employees may elect to continue to waive out or enroll in the benefit program during the open enrollment period, or at any time upon a qualifying event as defined in the Plan's Summary Plan Description.

WAIVER

I, _____ voluntarily agree to waive coverage under the health benefits offered by _____. I understand the above explanation of my rights to waive benefits or enroll in the benefit program offered.

I realize that I can enroll in the group health plan being offered at this time, but have chosen not to participate. I also understand that hereafter I may apply for coverage only during the open enrollment period of the Group Health Plan or if a qualifying event occurs as defined in the Plan's Summary Plan Description.

Choose one of the below options that apply:

_____ I knowingly do not have any type of health (medical, vision & prescription drug) benefits and do not wish to participate in the Group Health Plan being offered.

_____ I certify that I am covered by the following health insurance plan:

Name of Health Insurance Plan: _____

Policy Number: _____

Company or Group Sponsor: _____

(Please attach copy of Insurance Card)

Employee Signature

Date

Employer Signature

Date

Account #: _____
To be completed by Plan Administrator