

MEWA Points

- Participation for small groups is 75%, large group is 50% including waivers. Individual policies count as a waiver
- 75% of eligible employees must reside in New Jersey
- Renewals occur quarterly. New groups enrolling in months other than January, April, July, or October will renew on the previous quarter month i.e. February will renew on January 1 the following year.
- All additions and terminations are done on the 1st of the month. Terms received on the 1st through the 15th of the month will be done retroactively to the 1st of the month. After the 15th will be termed the 1st of the next month.
- Must join the Employers Association of New Jersey. (groups <51 fees are \$737 annually) If a group is situs in Monmouth county they can join the Greater Monmouth, Howell or Jackson Chamber of Commerce. They do have to offer one of the CCN plans ~~but no one~~ ~~needs to enroll.~~ And someone must enroll on the plan
- Quoted vs Enrolled – We reserve the right to re-quote groups whose enrolled participation varies more than + or – 10%.
- Community Care Network. Tiered network similar to Omnia. Plans X and Y do not come with the Cigna OAP network. Plans M & N do.
- Quest Diagnostics is our exclusive Lab.
- Members will receive 2 ID cards, 1 from us, Qualcare, and 1 from Express Scripts.
- Express Scripts requires members to use mail order for all maintenance medications.

Affiliated Physicians & Employers Health Plan

A NJ Self-Insured MEWA

Required Tax Documents

Groups with ONLY 2 Employees: (Groups 2-50)

- Most recent WR-30 – if both employees and or owners are on the WR30, no other tax documents are required.
- Payroll Ledger showing FICA and Federal Income tax withholding (13 weeks)
- K1 with personal 1040, 1120 or 1120S - If there is income on line 7 of the 1040, it will have to be substantiated with a W2, etc
- K1 with personal 1040 and 1065 If there is income on line 7 of the 1040, it will have to be substantiated with a W2, etc
- 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.
- Both employees must work full time at the business. We will **not** write a group with silent partner(s).

Affiliated Physicians & Employers Health Plan

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A Plan Administered



CHECKLIST TO ENROLL APEHP MEWA GROUP

PLEASE SUBMIT THIS FORM ALONG WITH THE FOLLOWING DOCUMENTS TO YOUR ACCOUNT TEAM

MANAGER OF BUSINESS DEVELOPMENT
ACCOUNT EXECUTIVE

TIMOTHY CONNOLLY
NIA MAGAZINE

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EMAIL: DMAGAZINE@QUALCAREINC.COM

GROUP PAPERWORK (MUST BE COMPLETED AND SIGNED)	COMPLETED	NOTES
<ul style="list-style-type: none"> BROKER OF RECORD LETTER MEMBERSHIP DOCUMENTATION (NOT APPLICABLE FOR MEDICAL GROUPS) (EANJ, HOWELL, JACKSON, GREATER MONMOUTH CHAMBER OF COMMERCE) HEALTH PLAN PARTICIPATION REQUEST/CONTRACT EMPLOYER PLAN SELECTION SHEET EMPLOYER CERTIFICATION (ONLY FOR SMALL GROUP 2-50) WAITING PERIOD INDICATED (# OF DAYS FOLLOWING THE FIRST OF MONTH, 0,30,60) PAYROLL VERIFICATION (WR-30) (ONLY FOR SMALL GROUP 2-50) DOCUMENTATION WAIVER (LARGE GROUP ONLY) DEDUCTIBLE CREDIT (SEE MBD FOR GUIDELINES) FINAL RATE SHEET 		
<p>EMPLOYEE PAPERWORK (MUST BE COMPLETED AND SIGNED)</p> <ul style="list-style-type: none"> EMPLOYEE ENROLLMENT FORMS NJ CONTINUATION/COBRA/AGE 31 ENROLLMENT FORMS WAIVER FORMS (INCLUDE COPY OF CURRENT ID CARD) 		
<p>COBRA INFORMATION</p> <ul style="list-style-type: none"> DOES THE EMPLOYER ADMINISTER THEIR OWN COBRA COBRA/DEP 31 MEMBERS APPLICATION AND QUESTIONAIRE RECEIVED 		
<p>CONFIRMATION OF DOCUMENTATION</p> <ul style="list-style-type: none"> BROKER NAME BROKER SIGNATURE SUBMISSION DATE 		

SUBMIT TO:
QUALCARE, INC
ATTENTION: MEWA SALES
30 KNIGHTSBRIDGE ROAD
PISCATAWAY, NJ 08854
FAX: 732-465-7328