

AmeriHealth NJ New Business Checklist

Small Group Market

- AmeriHealth allows the 1st and 15th of the month effective dates.
- New Business deadline is the day before the effective date.
 - o Please [click here](#) for the deadline schedule.
- AmeriHealth will allow up to 4 plan combinations as long as there is one more enrolled than plans offered (i.e. 4 plans allowed with 5 enrolled).
- Plan combinations must differ by in-network benefits and may not vary only by network differences i.e. Value and Preferred.
- Multiple network options may only be offered with a valid out class out.
- For group sizes 2-5 eligible and/ or less than 5 enrolling, tax documentation is needed.
- For an H.S.A product or class carve-out, additional paperwork is required.
- For pediatric dental, AmeriHealth offers a standalone dental product and will be automatically enrolling all members in pediatric dental upon renewal.
 - o This product can only be taken off at the group level, not on an individual basis.
 - o This product does offer an adult benefit and is not limited to only dependents under age 19.
 - o In order to remove the pediatric dental, members must show AmeriHealth proof that other compliant dental coverage is in place.

Individual Market

- AmeriHealth allows the 1st of the month effective dates.
- New Business deadline is the day before the effective date.
- All individual paper applications with a check must be submitted no later than 16 days prior to the desired effective date.
- AmeriHealth will accept check, credit card and EFT payment options.
- Just like the group product, AmeriHealth's pediatric dental can only be removed if you have other ACA compliant dental coverage in place.
 - o All members including adults receive a dental benefit and are charged premium. Adults have access to preventive care only.

If you have any questions or concerns, please contact brokersupport@martinins.com

References:

[2014 AmeriHealth Individual Application](#)
[IHC EFT Form](#)
[2014 AmeriHealth Small Group Master Application](#)
[2014 AmeriHealth SEH Certification Forms](#)
[AmeriHealth Dental Application](#)
[SEH Waiver Form](#)
[Enrollment Change/Request Form](#)
[Small Group Application Addendum](#)