

**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: OCTOBER 29, 2020

HEALTH BENEFITS ANNUAL OPEN ENROLLMENT PERIOD
October 15, 2020 through December 15, 2020

Every year the Employee Medical Health Plan is required to advertise the open enrollment period. For calendar year 2021 and forward, the County of Suffolk will no longer be offering the HIP HMO (Emblem Health) plan as an option to new employees. All new employees with benefits effective January 1, 2021 and thereafter will only have the option of enrolling in EMHP, the County's self-insured health plan. All active employees or retirees who are currently enrolled in the HIP HMO (Emblem Health) as of December 31, 2020 will be allowed to remain in this plan.

HIP HMO (Emblem Health) enrollees have the option to switch to the Employee Medical Health Plan of Suffolk County (EMHP) during the annual open enrollment period from October 15, 2020 through December 15, 2020. The effective date of change will be January 1, 2021. However, if you decide to switch to the Employee Medical Health Plan of Suffolk County (EMHP) during this open enrollment period or any future open enrollment period, you will not be permitted to re-enroll in HIP HMO (Emblem Health) at a later date.

Beginning January 1, 2021, all active employees, regardless of hire date, shall contribute 2.1% of their base salary towards the cost of their health benefits. Contributions will be no less than \$1,500 and no more than \$3,750 per year, as established by collective bargaining. The 2021 premium rate for the HIP HMO (Emblem Health) has not been established at this time. When the 2021 rates are established, those enrollees who are affected will be notified individually so that they can determine whether they wish to switch their plan.

SUMMARY OF BENEFITS AND COVERAGE (SBC)

The Patient Protection and Affordable Care Act requires health plans to make available a Summary of Benefits and Coverage (SBC). The Summary of Benefits and Coverage contains standard insurance and medical terms; a description of coverage including cost sharing provisions; coverage limitations; coverage examples; contact information for questions; an internet address for

obtaining a list of network providers; an internet address for obtaining information on prescription drug coverage (e.g., formulary, if applicable); and an internet address for obtaining a “uniform glossary” (uniform definitions of certain health-coverage-related terms and medical terms, specified by the Secretary of HHS).

EMHP (SBC)

If you are enrolled in the EMHP, you may access an electronic version on the EMHP website, www.emhp.org or by contacting the Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via telephone, 631-853-4866, for a hard copy.

Be advised, however, that the terms of the comprehensive EMHP Benefits Booklet, as may be subsequently amended from time to time, govern the terms of the EMHP. The EMHP Benefits Booklet is available on the EMHP website at www.emhp.org. In the event of a conflict between the Summary of Benefits and Coverage (SBC) and the EMHP Benefits Booklet, as amended, the terms of the benefits booklet will prevail.

HIP HMO (Emblem Health) SBC

If you are enrolled in HIP (Emblem Health) HMO, you may access an electronic version, which is available on the HIP (Emblem Health) HMO’s website at, – www.emblemhealth.com/sbc or 1-800-447-8255.

ANTI-ASSIGNMENT RULE AND REIMBURSEMENT FOR NON-NETWORK PROVIDERS

Under EMHP, you cannot assign your right to receive payment under this EMHP plan to anyone else, except as may be required by court order. The coverage and any benefits under this plan are not assignable by any covered member or eligible dependent without the written consent of the plan. A direction to pay a provider is not an assignment of any right under this plan or of any legal or equitable right to institute any court proceeding. This plan reserves the right to pay any health benefits to the service provider directly without said action conferring “beneficiary status” on any such provider or anyone else, for any purpose. **If a non-network provider is utilized, claims must be submitted no later than ninety (90) days after the end of the calendar year (March 31) in which covered expenses were incurred.** When a claim is submitted for a non-network provider, the claim will be subject to your deductible, 20% copayment and charges above the maximum allowed amount. The member is responsible for paying the provider for services rendered.

HIPAA NOTICE OF PRIVACY PRACTICES

As you know, the Employee Medical Health Plan of Suffolk County (“EMHP”) issued a HIPAA Notice of Privacy Practices (“Privacy Notice”) describing how health information about individuals covered by the EMHP may be used and disclosed. However, the HIPAA Privacy Rule requires that, every three years, the EMHP notify currently covered members of the availability of the Privacy Notice and how to obtain a copy of it.

You may obtain a copy of the EMHP's Privacy Notice by writing to the EMHP Privacy Officer, at the Employee Medical Health Plan of Suffolk County, Department of Civil Service/Human Resources, William J. Lindsay County Complex, P. O. Box 6100, Bldg.158, 725 Veterans Memorial Highway, Hauppauge, New York 11788. A copy of the Privacy Notice is also available on the EMHP website at www.emhp.org.

COVERAGE FOR ADULT CHILD(REN) UP TO AGE 26

In accordance with the Patient Protection and Affordable Care Act (PPACA), young adults, between the ages of 19 through 26, may continue or receive coverage under his/her parent's group health benefits until age 26 regardless of whether or not they are covered under their own or a spouse's employer sponsored coverage. If your adult child(ren) is/are covered under their own or their spouse's employer sponsored plan, that plan would be primary and the County's plan would be secondary. The young adult coverage is subject to all terms and conditions of the applicable health benefits plan. The plan defines eligible children as natural, legally adopted or a dependent stepchild(ren). The young adult can only enroll under the plan in which his/her parent is currently enrolled. (Refer to the EMHP Benefit Booklet for complete definition/requirements).

To enroll your eligible adult child(ren) who have not yet turned 26 years old, and who are not currently enrolled, you must complete and submit the appropriate paperwork between October 15, 2020 through December 15, 2020. The effective date of coverage will be January 1, 2021.

**EXTENSION OF EMHP TELEPHONIC VISITS DURING COVID-19 THROUGH
DECEMBER 31, 2020**

The availability of accessing your major medical and behavioral health benefits via telephonic visits with providers during the COVID-19 health crisis has been extended until December 31, 2020. This means that coverage for tele-psychiatry irrespective of the ability of the patient to access care (pre-authorizations for in-network providers and previous mileage limitation have been waived) is available. All tele-psychiatry care is subject to plan cost share. This benefit will continue to be administered by Beacon Health Options. In addition, coverage for telephonic visits with medical benefits providers other than Access Health for any medical reason shall be covered. However, such services are subject to plan copays, deductibles and coinsurance as applicable, unless the visit results in an order for COVID-19 testing.

A REMINDER

TELE-MEDICINE PROVIDER – ACCESS DISCOUNT HEALTHCARE

All EMHP Active and Retired Members and their eligible dependents can utilize Access Discount Healthcare (Access Plus) 24 hours/7 days a week and avoid the waiting room germs. Limit your exposure and talk to a board-certified doctor by video or phone from

your home. The reason for your visit is not limited to COVID-19. You can use this service for any medical issue, any time.

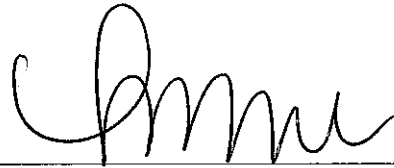
THIS OPTION IS AT NO COST TO YOU.

You can talk to a board-certified doctor by video or phone. Doctors are available anytime; day or night even on weekends and holidays. Prescriptions can be sent to your nearest pharmacy, if medically necessary.

By utilizing Access Discount Healthcare tele-health benefits, you can avoid a visit to the Emergency Room, an Urgent Care or your doctor's office if you suspect you may have contracted COVID-19, therefore limiting the spread of the virus. Patients would still need to be tested for COVID-19 in person.

**TO GET STARTED AND SPEAK TO AN ACCESS PLUS PROVIDER TODAY
CALL 1-800-709-8390 AND REGISTER YOURSELF AND YOUR DEPENDENTS**

**If you are already registered, you may go directly to the Access Plus website,
www.CallaDr365.com.**



**LISA BLACK
CHIEF DEPUTY COUNTY EXECUTIVE**

**DISTRIBUTION:
ONE COPY PER EMPLOYEE/RETIREE**