



OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM

DATE: October 31, 2012

VERY IMPORTANT CHANGES TO YOUR HEALTH BENEFITS

The Memorandum of Agreement (MOA) between The County of Suffolk and its Suffolk County municipal unions, signed July 31, 2012, provided for the following changes to your health benefits. All changes will take effect on January 1, 2013, unless otherwise noted:

1. ADMINISTRATIVE CHANGES TO EMHP

a. Reinstatement of County on County Coverage

Coordination of Benefits ("COB") (includes co-payment and deductible reimbursement, and other out-of-pocket expenses) for all participants hired prior to January 1, 2013, will be reinstated **effective January 1, 2013**.

If you and your spouse/domestic partner are both eligible for Suffolk County health benefits coverage as a County employee or retiree, you may **now** list each other as your dependent and have dual coverage. If you have dual EMHP coverage as County employees/retirees, you will be able to coordinate covered out-of-pocket expenses incurred by eligible plan participants. Out-of-pocket expenses include hospital, medical, mental health/substance abuse and prescription benefits for in and out of network co-payments, deductible, and charges above reasonable and customary for services rendered on or after January 1, 2013.

2. CONTRIBUTIONS FOR HEALTH BENEFITS (Applies to HMO and EMHP Enrollees)

a. Employee Medical Health Plan of Suffolk County (EMHP)

➤ **Employed on or prior to December 31, 2012**

No participant employed by the County on December 31, 2012, shall contribute toward the premium or group cost of health benefits they select, single or family, during the term of the MOA, which runs through December 31, 2020, or in retirement should they retire during the term of the MOA.

➤ **Hired on or after January 1, 2013**

All employees hired on or after January 1, 2013, shall contribute 15% of the premium or group cost of health benefits they select, single or family. When an employee hired on or after January 1, 2013, retires, he or she shall

continue to pay 15% at the rate in effect on the date of retirement until he or she becomes Medicare eligible at which time contributions will cease (in that the Medicare-eligible enrollee must enroll in and pay for Medicare Parts A & B). Remember, Suffolk County reimburses you for the cost of the Medicare Part B premiums. Failure to enroll in and pay for Medicare Parts A and B when you first become eligible to do so will result in a drastic reduction in your health benefits. Call the Employee Benefits Unit with any questions.

Should a participant hired on or after January 1, 2013, be(come) married or part of a domestic partnership with a participant hired prior to January 1, 2013, the participants shall determine the primary. In any case where two participants are or would be paying, and be(come) married or part of a domestic partnership, they shall have the option of both paying and maintaining coordination of benefits or electing one as contributing and the other as not contributing as a dependent with no coordination of benefits.

➤ **Impact of Layoff on Premium Contribution Requirement**

Any participant who returns to the County workforce within three (3) years of Layoff shall be subject to the terms and conditions of the MOA as same impacts the Suffolk County health plans using their original hire date.

b. HMO Plans (HIP HMO, Empire Direct HMO, and HIP/Vytra)

➤ **Employed on or prior to December 31, 2012**

Effective January 1, 2013, all active members who are enrolled in an HMO plan (HIP, Empire Direct HMO, or HIP/Vytra) shall pay the difference between the premium of the HMO plan and the EMHP plan cost, single or family, as applicable. Those rates will be available shortly. During the open enrollment period that is occurring at this time, you can change your enrollment from an HMO to the EMHP by filing a new Health Benefits Transaction Form with the Employee Benefits Unit on or before December 31, 2012.

➤ **Hired on or after January 1, 2013**

All employees hired on or after January 1, 2013, shall contribute 15% of the premium or group cost of health benefits they select, single or family, for either an HMO plan or the EMHP, depending on the enrollee's selection. This cost is **in addition to** the difference between the premium of the HMO plan and the EMHP plan cost, single or family, if an HMO is selected.

Should a participant hired by Suffolk County on or after January 1, 2013, be(come) married or part of a domestic partnership with a participant hired by Suffolk County prior to January 1, 2013, the participants shall determine the primary. In any case where two participants are or would be paying, and be(come) married or part of a domestic partnership, they shall have the option of both paying and maintaining coordination of benefits or electing one as contributing and the other as not contributing as a dependent with no coordination of benefits.

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3. RETIRED WITH A NYS DISABILITY PENSION

Any participant receiving a NYS disability pension shall not be required to make any health benefit contributions.

4. EMHP - EMERGENCY TREATMENT COSTS

The EMHP will cover emergency treatment costs above the reasonable and customary rate when utilized on an emergency basis when there is no participating provider available to provide treatment on an emergency basis. This benefit shall be limited to a set dollar amount per claim.

To be covered for emergency care, the condition must:

- **Place your health in serious jeopardy**
- **Cause serious problems with your body functions, organs or parts**
- **Cause serious disfigurement**
- **In the case of behavioral health, place others or oneself in serious jeopardy**

This criterion will be determined after review by the appeals committee.

5. COVERAGE FOR ELIGIBLE DISABLED MINOR CHILDREN

Upon application to the EMHP Co-Chairs, a participant with a minor child(ren) with a physical or mental disability may be exempt from the out-of-network deductible and may receive one hundred percent (100%) reasonable and customary reimbursement for covered medical care rendered to the child(ren). This coverage will be determined on a case-by-case basis, upon written application to the Co-Chairs, which must include adequate information on the claim to be considered. This coverage is available only until the disabled dependent becomes eligible for Medicare, at which time, Medicare will be deemed primary for the dependent and EMHP secondary, subject to all rules in effect for other EMHP participants.

6. COVERAGE FOR ELIGIBLE DEPENDENT GRANDCHILDREN

Consistent with current procedure, dependent grandchildren may be eligible for coverage if they have legal residency with covered employee and the employee is the legal guardian of the child. Supporting documentation of legal guardianship must be provided to the Employee Benefits Unit. Eligibility is subject to the rules of the EMHP.

Please be advised that effective November 1, 2012, EMHP enrollees and their covered, eligible dependents will have access to participating pharmacies in ESI's National Network. This may result in some pharmacies no longer participating. However, the very few members who will be affected by

this change will be notified directly from ESI. This change is not related either to the benefit changes negotiated as part of the 2012 MOA, or any pharmacy changes that may occur as a result of the Request for Proposals (RFP) process regarding the pharmacy benefits, which will be the subject of a future All-Employees Memo.



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Distribution:
One copy per employee