

11-2018

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

**DATE:** October 3, 2018

**HEALTH BENEFITS ANNUAL OPEN ENROLLMENT PERIOD**

During this Annual Open Enrollment Period, eligible Suffolk County employees and retirees are offered the opportunity to switch their health benefits plan. This year the open enrollment period will be from October 15, 2018 through December 15, 2018. The effective date of change will be January 1, 2019.

**If you are satisfied with your current plan, you do not need to take any action.**

Enrollees may select one of the following plans. Please see the reverse side for a brief summary of the plans available to you.

- **EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)**
- **HIP-HMO**
- **EMPIRE DIRECT HMO**

If you wish to change your plan, a Suffolk County Health Benefits Transaction Form (SCER#001) must be completed (both sides) requesting that change. This form can be downloaded from the County's Intranet site or the EMHP website, [www.emhp.org](http://www.emhp.org). You may also request it from the Employee Benefits Unit via e-mail, [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov). If you select coverage under one of the HMOs, you must also complete an application for that HMO. If you are selecting HIP-HMO, you must indicate on the application the HIP center that you will be using or the primary care physician selected. If you are selecting Empire Direct HMO, you must complete the application for the Empire Direct HMO, selecting a primary care physician for each person under the contract. These applications are included in the HMO packets.

Informational packets are available for all plans and will be furnished upon request by contacting the Employee Benefits Unit via e-mail, [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) or telephone, 631-853-4866.

If you are contemplating a change in your health benefits plan, you should carefully consider the benefits available under each option and should be especially aware of any limitations in the benefits under the coverage requested. You should take into consideration the deductible or co-payments and consider your medical needs and the out-of-pocket costs associated with each of the plans to meet those needs. You should also take into account that participation in the HMO plans may require that you pay a portion of the annual premium via payroll deduction for active employees and direct pay for retirees. The 2019 premium rates for the HMOs have not been established at this time. When the 2019 rates are established, those enrollees who are affected

will be notified individually so that they can determine whether they wish to switch their plan. Anyone requesting to change into an HMO for which there will be a payroll deduction will also be notified before the change is made.

## **SUMMARY OF THE HEALTH BENEFITS OPTIONS**

### **EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)**

Employees who started after January 1, 2013 are required to contribute towards their health benefits. The bi-weekly health benefit contributions for EMHP coverage for 2019 will be as follows:

<b>Type of Coverage</b>	<b>Bi-weekly Rate</b>
Individual	\$ 56.03
Family	\$132.01

This plan provides coverage for in-patient and out-patient hospital charges, medical/surgical coverage, using a participating provider or through traditional medical for non-participating providers, as well as prescription drug coverage and mental health/substance use disorder coverage.

The hospital and medical/surgical portion of the EMHP is administered and claims are paid by Empire Blue Cross/Blue Shield. Beacon Health administers the mental health and substance use disorder benefits. WellDyneRx, Inc. administers the prescription drug coverage for active members, non-Medicare eligible retirees and non-Medicare eligible dependents of retirees. Express Scripts Medicare Prescription Drug Program (PDP) is the prescription drug coverage for Medicare eligible retirees and Medicare eligible dependents of retirees.

You may find a copy of the EMHP Benefit Booklet on our website, [www.emhp.org](http://www.emhp.org). EMHP members who are enrolled in the Direct POS plan from EBCBS have a national network (PPO) of medical providers available to them. This means, out-of-state college students, covered family members, snowbirds and vacationers alike are able to access an in-network provider wherever you are and take advantage of in-network benefits. You may access the hospital and medical providers through the [www.empireblue.com](http://www.empireblue.com) website. When searching for a provider, please be sure to access the appropriate network ("Direct POS" or "PPO"). Mental health and substance use disorder providers may be accessed through the [www.achievesolutions.net](http://www.achievesolutions.net) website. Active members, non-Medicare eligible retirees and non-Medicare eligible dependents of retirees can access a list of pharmacies through WellDyneRx's website, [emhp.welldynrx.com](http://emhp.welldynrx.com). Medicare eligible retirees and Medicare eligible dependents of retirees who are enrolled in the Express Scripts Medicare PDP can access a list of pharmacies through [www.express-scripts.com](http://www.express-scripts.com).

## 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.

### EMHP SUMMARY OF BENEFITS AND COVERAGE (SBC)

The Patient Protection and Affordable Care Act require the EMHP to make available a Summary of Benefits and Coverage (SBC). If you are enrolled in the EMHP, you may access an electronic version on the EMHP website, [www.emhp.org](http://www.emhp.org) or by contacting the Employee Benefits Unit via e-mail at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) or via telephone, 631-853-4866, for a hard copy. In general, the SBC 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).

***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](http://www.emhp.org). In the event of a conflict between the Summary of Benefits and Coverage (SBC) and the benefits booklet, as amended, the terms of the benefits booklet will prevail.***

### 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 web at [www.emhp.org](http://www.emhp.org).

**NOTICE OF GRANDFATHERED STATUS UNDER  
THE PATIENT PROTECTION AND AFFORDABLE CARE ACT**

Suffolk County believes the Employee Medical Health Plan (the “EMHP”) is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the “Affordable Care Act”). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that the EMHP may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Employee Benefits, Department of Civil Service/Human Resources, William J. Lindsay County Complex, Building 158, 725 Veterans Memorial Highway, Hauppauge, New York 11788. You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).

**HEALTH MAINTENANCE ORGANIZATIONS (HMO) OPTIONS**

*(If you enroll in an HMO, you may incur payroll deductions for your health benefits coverage, which is in addition to the contributions of new employees hired after January 1, 2013.)*

**HIP-HMO** – In the Long Island and Metropolitan area, the HIP-HMO offers an Independent Practice Association (IPA) in addition to the HIP-HMO centers. Coverage may be utilized in one of two ways. HIP enrollees may continue to use the HIP centers and the physicians within those centers or they may select a primary care physician from the HIP Provider Guide. HIP Medical Centers in Suffolk County are located in Riverhead, Lake Ronkonkoma and North Babylon. If you are enrolling under HIP-HMO, you must indicate on the HIP application which center you will be using or list the primary care physician selected for each family member. A list of the HIP Affiliated Hospital Facilities is listed in the Provider Guide.

If you would like more information about the HIP HMO or would like to access a list of providers, you may visit HIP online at [www.emblemhealth.com](http://www.emblemhealth.com).

**EMPIRE DIRECT HMO** - The Empire Direct HMO is an Independent Practice Association (IPA) whereby you must choose a primary care physician for each family member. If medical service is needed, an appointment is made with a primary care physician who may, if necessary, refer you to a specialist. The hospitals covered would be the hospitals where your primary care physician has privileges.

You can obtain the information packet for the Empire Direct HMO by contacting the Employee Benefits Unit. If you would like more information on the Empire Direct HMO or would like to access a list of providers, you may visit [www.empireblue.com](http://www.empireblue.com).

## **HMO SUMMARY OF BENEFITS AND COVERAGE (SBC)**


The Patient Protection and Affordable Care Act requires that your health plan make available a Summary of Benefits and Coverage (SBC). If you are enrolled in one of the HMOs offered by Suffolk County, you may access an electronic version, which is available on the appropriate HMO's website or by contacting the appropriate Customer Service number for a hard copy as follows:

- Empire Direct HMO – [www.empireblue.com](http://www.empireblue.com) or 1-800-453-0113
- HIP (Emblem Health) HMO – [www.emblemhealth.com/sbc](http://www.emblemhealth.com/sbc) or 1-800-447-8255

## **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 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, 2018 through December 15, 2018. The effective date of coverage will be January 1, 2019.



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**Dennis M. Cohen**  
**Chief Deputy County Executive**

**Distribution:**

One copy per employee/retiree