



15-2019

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

**DATE:** October 1, 2019

**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, 2019 through December 15, 2019. The effective date of change will be January 1, 2020.

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

Enrollees may select one of the following plans. A brief summary is included in this memo.

- **EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)**
- **HIP-HMO (Emblem Health)**

If you wish to change your plan, you must complete both sides of the Suffolk County Health Benefits Transaction Form (SCER#001). 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 the HMO you must also complete the HMO application. An informational packet is available for the HIP HMO 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. You should take into account that participation in either the EMHP or the HMO plan may require that you pay a portion of the annual premium via payroll deduction for active employees and direct pay for retirees. The 2020 premium rate for the HIP HMO has not been established at this time. When the 2020 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 the HIP 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)

All employees, regardless of hire date, shall contribute 2% 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.

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.welldynernx.com](http://emhp.welldynernx.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 EMHP 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).

### **HIP (Emblem Health) HMO**

***(If you enroll in this HMO, you may incur payroll deductions for your health benefits coverage, which is in addition to your health benefits contributions)***

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).

### **HIP 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 HIP HMO, you may access an electronic version, which is available on the HIP (Emblem Health) HMO's website at, – [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, 2019 through December 15, 2019. The effective date of coverage will be January 1, 2020.



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

Distribution:

One copy per employee/retiree