

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

DATE: OCTOBER 5, 2022

**HEALTH BENEFITS ANNUAL OPEN ENROLLMENT PERIOD - CHANGED
November 1, 2022 through December 15, 2022**

OPEN ENROLLMENT

This will serve as the annual advertisement of the Employee Medical Health Plan's open enrollment period. Please note the change in the open enrollment period above. All active employees or retirees who have been and are currently enrolled in the HIP HMO (Emblem Health) since December 31, 2020 will be allowed to remain in the HIP HMO.

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 November 1, 2022 through December 15, 2022. The effective date of change will be January 1, 2023. 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, 2023, all active employees, regardless of hire date, shall contribute 2.3% 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 2023 premium rate for the HIP HMO (Emblem Health) has not been established at this time. When the 2023 rates are established, those enrollees who are affected will be notified individually so that they can determine whether they wish to switch to the EMHP.

HEALTH PLAN CONTRIBUTIONS PRE-TAX!

NOTE: If your health benefits contribution is currently not being deducted pre-tax through the County's Flex Benefit Program and you want to change to a pre-tax deduction (at a savings to you by lowering certain payroll taxes), you can do so during this Open Enrollment Period. The change will be effective of the first paycheck after January 1, 2023. Please contact Employee Benefits via email @ ebu@suffolkcountyny.gov by December 15, 2022 in order to make this change.

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. It is the member’s responsibility to file the claim. If your non-network provider offers to do so, the member must ensure that it is timely filed with the plan’s TPA. If the non-network provider misses the deadline, the member is responsible for paying the entire bill.

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, which can be very high. 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 November 1, 2022 through December 15, 2022. The effective date of coverage will be January 1, 2023.

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.

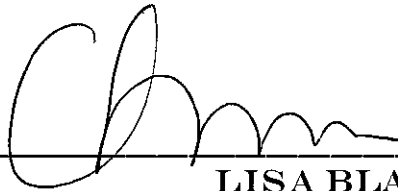
THIS OPTION IS AT NO COST TO YOU.

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.CallDr365.com.**

A handwritten signature in black ink, appearing to read 'Lisa Black', is written over a horizontal line.

**LISA BLACK
CHIEF DEPUTY COUNTY EXECUTIVE**

Distribution: One copy per employee/retiree