



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

DATE: OCTOBER 4, 2024

**EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)
FREQUENTLY ASKED QUESTIONS AND ANSWERS (FAQS)
EMHP THIRD PARTY ADMINISTRATOR CHANGE TO AETNA EFFECTIVE
1/1/2025**

Effective January 1, 2025, Aetna will be EMHP's third party administrator (TPA) for the Hospital, Medical and Surgical benefits. We will continue to keep you apprised during the transition to Aetna. In the meantime, below are some commonly asked questions and answers for your information.

1. Will I receive a new EMHP ID card for my eligible, enrolled dependents and myself before January 1, 2025, when we change to Aetna?

A. Yes, all covered members and their enrolled, eligible dependents will receive a new EMHP Health Benefits Card with the new information (e.g., Group Number), which is necessary to process your claims. You will receive this card prior to January 1, 2025. When visiting your providers for the first time in 2025, it is important to give your provider your new ID card and tell them that your hospital/medical/surgical benefits administrator has changed. NOTE: The cards will look slightly different from your current ID card and the prescription drug RxBIN number/RxGrp number will now be listed on the backside of your EMHP ID card.

2. If I have a question about my benefits, providers, claims, how do I contact Aetna?

A. You can contact the Suffolk County EMHP Concierge Member Services line by Aetna via phone at 833-497-2409. In addition, after 1/1/25 you can also utilize the chat feature on the Aetna HealthSM app to ask questions, find providers or view your claims.

3. How will I know if my current doctor/provider is in Aetna's network?

A. To find out if your provider is in the Aetna network, you can access the information in the following ways:

- You can look-up your doctor/provider on Aetna's online provider directory to verify if they participate with Aetna. Log into the Aetna website at www.aetnaresource.com/n/EMHP and looking up your provider by choosing Aetna's Choice POS II (Open Access); or
- Call the Suffolk County EMHP Concierge Member Services line by Aetna at 833-497-2409 **on or after December 1, 2024**, and they can check for you.

4. What if my provider is not in Aetna’s network and I want to continue to see that provider?

A. For routine care after 1/1/2025, you can continue to receive care from the provider of your choosing, however, if your provider is not in Aetna’s network (but was in Anthem’s network, e.g.), then your claims will be handled on an out-of-network basis. That means you will be responsible for the deductible (\$3,000 per individual and \$9,000 deductible per family), 20% of the maximum allowable amount and any charges billed by the provider that are more than the maximum allowable amount.

5. What if I am in the middle of receiving care from an in-network (with Anthem) provider who is not in-network under Aetna?

A. If your provider **is not in-network** with Aetna, and your care commenced prior to January 1, 2025, **you must call the Suffolk County EMHP Concierge Member Services line by Aetna at 833-497-2409 and ask for transition of care form.** If your care qualifies for “transition of care” benefits, then you will be allowed to stay with your current licensed provider through the end of the course of treatment. The end date may vary depending on the patient’s condition/situation. This rule extends to serious or complex medical conditions, inpatient care, scheduled surgeries, pregnancy, and terminal illnesses only. During this time, your cost share will be limited to in-network cost share and treating Providers and facilities must accept cost sharing and payment from the Plan as payment in full (no balance billing to you).

6. What if I do not call Aetna and request “transition of care” benefits?

A. If you do not call the Suffolk County EMHP Concierge Member Services line by Aetna to request “transition of care” benefits, before January 1, 2025, your claims will be paid using the out-of-network benefit level starting January 1, 2025. Remember, not all out of network care is eligible for “transition of care” benefits. It is important to contact Aetna as soon as possible so you can receive the “transition of care” benefits if you are eligible, or you can make other arrangements to obtain in-network care, at your option.

7. What do I do if I have a surgery or other medical event scheduled already with an in-network provider with Anthem (but the provider is out-of-network with Aetna), which is to occur shortly after the January 1, 2025 transition date?

A. As soon as possible, you should inform your provider that the EMHP TPA for Hospital/Medical/Surgical benefits is changing effective January 1, 2025. If the procedure required pre-certification you will need to get an updated certification from Aetna as soon as possible.

8. Will my out-of-network deductibles and out-of-pocket maximum amounts change under Aetna?

A. No, there will be no change in your out-of-network deductibles, out-of-pocket maximums or lifetime maximums because of a change to Aetna. Furthermore, since the EMHP’s plan year is a calendar year, all deductibles and out-of-pocket maximums begin anew-effective January 1, 2025.

9. Will my copays change under AETNA?

A. No, there will be no change in your copays because of a change to Aetna. All copays will remain the same as outlined in the EMHP Benefit Booklet.

10. Are there any changes to the Chiropractic, Physical Therapy, Occupational Therapy and/or Acupuncture benefits, either in-network or out-of-network?

A. No, the in-network and out-of-network benefits under EMHP for Chiropractic, Physical Therapy, Occupational Therapy and/or Acupuncture benefits will remain the same.

11. Can I still utilize Quest and/or LabCorp for my lab work?

A. Yes, Quest and LabCorp continue to be the covered participating labs under the EMHP coverage. Remember to advise your provider that your lab work should be sent to Quest or LabCorp or the lab work may be considered out-of-network. If you or your provider have questions about lab work, call the Suffolk County EMHP Concierge Member Services line by Aetna at 833-497-2409.

12. I currently must contact Ash Management regarding my chiropractic visits. How do I get my additional chiropractic visits approved under Aetna?

A. The Ash Management program was specific to Anthem. To get additional chiropractic visits approved you must continue to follow the current plan rules as outlined in the EMHP Benefit Booklet and call the Suffolk County EMHP Concierge Member Services line by Aetna at 833-497-2409 for authorization by the 10th visit.

13. Will I still have to pre-certify for certain medical procedures under Aetna?

A. Yes, information about pre-certifications and pre-determinations are described in the EMHP Benefits Booklet, which you can access online at www.emhp.org. As pre-certification requirements are subject to change, please check the website at www.emhp.org for ongoing updates during the transition as well as Aetna's list of services that require pre-certification.

14. Will I be able to access my claims information on my computer with Aetna?

A. Yes, after, 1/1/25, you will be able to access your claims via the Aetna website at www.aetnaresource.com/n/EMHP or via the chat feature on the Aetna HealthSM app to ask questions, find providers or view your claims. You can register to create an account, then log into your account and view your claims information.

15. If I do not agree with how a claim was paid, do I still have the ability to appeal the claim Aetna?

A. Yes, you will still have the same EMHP appeal rights with Aetna. You can find information about the appeal process on page 54 in the EMHP Benefit Booklet online at www.emhp.org. Your explanation of benefits document will explain where to send your appeal. We urge members to become familiar with the EMHP's appeal process, especially the deadlines for filing an appeal.

16. Will I still have coverage when I am traveling outside of the United States?

A. Yes, coverage outside of the United States will still be covered for a medically necessary emergency or urgent care only. Urgent care is defined as a condition or service that is non-preventative or non-routine and needed in order to prevent the serious deterioration of a member's health following an unforeseen illness, injury or condition and includes conditions that could not be adequately managed without immediate care or treatment. You will likely need to pay for care in advance in the country you are visiting, and you can submit your claim when you return home for eligible Emergency and Urgent Care costs. Be sure to request an itemized receipt from the international provider to submit to Aetna for reimbursement.

17. When I retire and become Medicare eligible do my health benefits change under Aetna?

A. No, the current rules have not changed. Once you are retired, and you and/or your enrolled eligible dependents becomes eligible for Medicare, you MUST enroll in Medicare and pay the applicable Medicare Part B premium. Medicare will then pay your claims as primary and EMHP will pay your claims as secondary. If you do not enroll when you become first eligible to enroll in Medicare, the EMHP will still pay your claims on a secondary basis only.

18. Will this transition to Aetna affect my Dental or Vision coverage?

A. No. Suffolk County Active employees and eligible retirees receive their dental and vision coverage from their respective union benefit funds. The change to Aetna only affects the EMHP Hospital, Medical and Surgical coverage.



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