



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

**DATE: DECEMBER 20, 2024**

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

**BENEFIT BOOKLET UPDATES**

The Employee Medical Health Plan of Suffolk County (EMHP) would like to advise you of some of the changes pertaining to the Hospital/Medical/Surgical plan to be administered by Aetna effective January 1, 2025, as well as some clarification and changes related to the Mental Health/Substance Use Disorder benefits. Details are listed in the tables below.

**Hospital and Medical Surgical Benefits**

<b>BENEFIT</b>	<b>CURRENT BOOKLET PAGE &amp; BENEFIT</b>	<b>REVISED BENEFIT EFFECTIVE 1/1/2025</b>
<b>Precertification of Hospital Stays and Medical/Surgical Services</b>	Charts at pages 75 and 76.	Precertification is required for non-emergency admissions or outpatient services 14 days prior to the confinement or scheduled date of treatment. Notification of emergency stays should be made within 48 hours of admission. However, the list differs with Aetna. Please contact Aetna Concierge at 1-833-497-2409 to verify if your service requires precertification.
<b>Second Surgical Opinions</b>	Page 78 – “If second opinion surgeon performs surgery, then patient must pay 100% of the cost of the second opinion.”	If a second opinion surgeon performs surgery, then the claim will be paid pursuant to the network status of the surgeon, and plan guidelines.
<b>Out of network hospital coverage</b>	Pages 85 - 86 and throughout Hospital and Medical/Surgical Chart beginning at page 135 – “When you use an Out-of-Network Hospital, Skilled Nursing Facility/rehabilitation facility or Hospice, (whether inpatient or outpatient), covered services are subject to cost-sharing of 10% of billed charges or \$75, whichever is greater, up to a combined annual inpatient/outpatient cost-sharing maximum of \$1,500 for you; \$1,500 for your spouse/domestic partner and \$1,500 for all dependent children combined.”	When you use an Out-of-Network Hospital, Skilled Nursing Facility/rehabilitation facility or Hospice, (whether inpatient or outpatient), covered services are subject to cost-sharing of 10% of billed charges, up to a combined annual inpatient/outpatient cost-sharing maximum of \$1,500 for you; \$1,500 for your spouse/domestic partner and \$1,500 for all dependent children combined.

BENEFIT	CURRENT BOOKLET PAGE & BENEFIT	REVISED BENEFIT EFFECTIVE 1/1/2025
<p><b>Coverage of certain Emergency Room Providers</b></p>	<p>Page 95 – <b>Medical Provider Services IN the Emergency Room</b> – Reference that charges incurred at both in- and out-of-network hospitals or facilities to treat an Emergency Medical Condition for services of the attending ER provider, anesthesiologist, and Providers who administer or interpret radiological exams, electrocardiograms and pathology services are covered in full.</p>	<p><b>Medical Provider Services IN the Emergency Room</b> – Under the section the charges incurred at both in- and out-of-network hospitals or facilities to treat an Emergency Medical Condition for services of the following providers are covered in full: Hospitalist (full-time in hospital physician), Anesthesiologist, Intensivists (includes cardiology, pulmonology, and others who staff ICU), Radiologist, Pathologist, Emergency Room Physicians, and Neonatologist. They are a category of non-par specialist providers who are elevated to an in-network benefit level.</p>
<p><b>Durable Medical Equipment (DME)</b></p>	<p>Pages 109 and 145 – copayment of 10% of in-network rate</p>	<p>DME is covered 100% with no copayment for in-network DME</p>
<p><b>Telehealth Benefits – new provider</b></p>	<p>Page 114 – Obtaining Benefits Through the Telehealth Program/Access Discount Healthcare (Access Plus)</p>	<p><b>These services will be provided by Teladoc Health®.</b> You can access Teladoc Health® for many common non-emergency conditions as well as dermatologic conditions* via phone at 1-855-Teladoc (1-855-835-2362), via video at Teladoc.com/aetna or via the Aetna Health<sup>SM</sup> Mobil App by downloading the Aetna Health<sup>SM</sup> or Teladoc Health® app.</p> <p><b>*NOTE:</b> A \$30 copayment is required for the utilization of the Teladoc Dermatology benefit.</p>
<p><b>Infertility Benefits – new definition of Infertility</b></p>	<p>Page 120 – For the purposes of this benefit, infertility is defined as a condition of an individual who is unable to achieve a pregnancy because the individual/partner is diagnosed as infertile by a physician. Infertility does not include the condition of an individual who is able to achieve a pregnancy but is unable to carry a fetus to full term.</p>	<p>New Definition – <i>“Infertility is a disease, condition or status characterized by the inability to achieve a successful pregnancy after 12 months or more of appropriate, times, unprotected intercourse or therapeutic donor insemination if the female partner is under 35 years of age or after 6 months when the female partner is 35 years of age or older or has a known infertility factor.”</i></p>
<p><b>Out of network claim filing deadline changed</b></p>	<p>Page 128 – When to File Claims - When a non-network Provider is utilized, claims may be submitted at any time after the annual deductible has been satisfied but not later than ninety (90) days after the end of the calendar year (March 31) in which covered medical expenses were incurred</p>	<p>New Deadline for submitting Non-Network claims – When a non-network Provider is utilized, claims must be submitted no later than <b>twelve (12) months</b> from the date of service for which medical expenses were incurred</p>

BENEFIT	CURRENT BOOKLET PAGE & BENEFIT	REVISED BENEFIT EFFECTIVE 1/1/2025
Hearing Aid Benefit clarification	Page 148 – In- and Out-of-Network Medical/Surgical “The cost of hearing aids, including examination for and fitting of are covered. The maximum benefit is up to \$3,000 per covered individual payable once during the frequency limitation period...”	Clarification of language – The benefits payable for the provider appointment wherein the patient is prescribed the hearing aid does NOT count toward the \$3,000 Hearing Aid maximum benefit. Rather the appointment processes according to plan design, based upon the network status of the prescriber.
County on County Coordination (COB) of Benefits for Infusion Therapy, Outpatient or Office - Clarification	Infusion Therapy, Outpatient or Office (Pages 101, 122, 152)	County on County COB <u>will apply</u> to Infusion Therapy, Outpatient or Office (See Pages 101, 122, 152),
County on County COB for Physical Therapy & Chiropractic	Physical Therapy (Pages 160 – 161), Chiropractic Benefits (Page 108, 116-117, 140-141) - Clarification	County on County COB <u>does not apply</u> to Physical Therapy (Pages 160 – 161) or Chiropractic Benefits (Page 108, 116-117, 140-141)

**Mental Health/Substance Use Disorder Benefits**

The below reflects changes and clarifications to the current Mental Health/Substance Use Disorder Benefits offered by the EMHP, specifically the Charts and footnotes on pages 176-178 of the 8<sup>th</sup> Edition Booklet that can be found in its entirety at [www.emhp.org](http://www.emhp.org).

REVISED BENEFIT	CURRENT BOOKLET PAGE AND BENEFIT	BENEFIT EFFECTIVE DATE
Clarification of Benefits subject to 30 day maximums, per calendar year, and 30 visit maximums, per calendar year	Page 178 - to denote, by the use of footnote symbols (* and #) which services when combined constitute the maximum 30 days per calendar year and maximum 30 visits per calendar year, respectively	
–Additional out of network services requiring pre-certification	Page 176 – Mental Health Coverage Chart Outpatient Mental Health Services (Office/Home/Telemedicine Visits), Psych Testing, Transcranial Magnetic Stimulation (TMS)	Effective February 1, 2023 (no claims for these services since February 1, 2023 and already processed will be impacted).
–Electroconvulsive Therapy (ECT) and Biofeedback – precertification for out of network services not required	Page 176 – Mental Health Coverage Chart Outpatient Mental Health Services (Electroconvulsive Therapy (ECT), Biofeedback)	Effective February 1, 2023 (no claims for these services since February 1, 2023 and already processed will be impacted).

REVISED BENEFIT	CURRENT BOOKLET PAGE AND BENEFIT	BENEFIT EFFECTIVE DATE
Secondary Coverage – pre-certification by the EMHP is not required when EMHP is secondary	Page 177 – 178 - Coverage Charts	Effective February 1, 2023.
In-Network and Out-of-Network Substance Use Disorder – lifetime limit on stays discontinued	Removal of the “three stays per lifetime” limitation for Substance Use Disorder stays.	Effective for stays commencing on or after January 1, 2025.

If you are enrolled in the EMHP and have any questions regarding your benefits, you may contact the Employee Benefits Unit via e-mail at [ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov) or via telephone, 631-853-4866.

  


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**CHIEF DEPUTY COUNTY EXECUTIVE**

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