

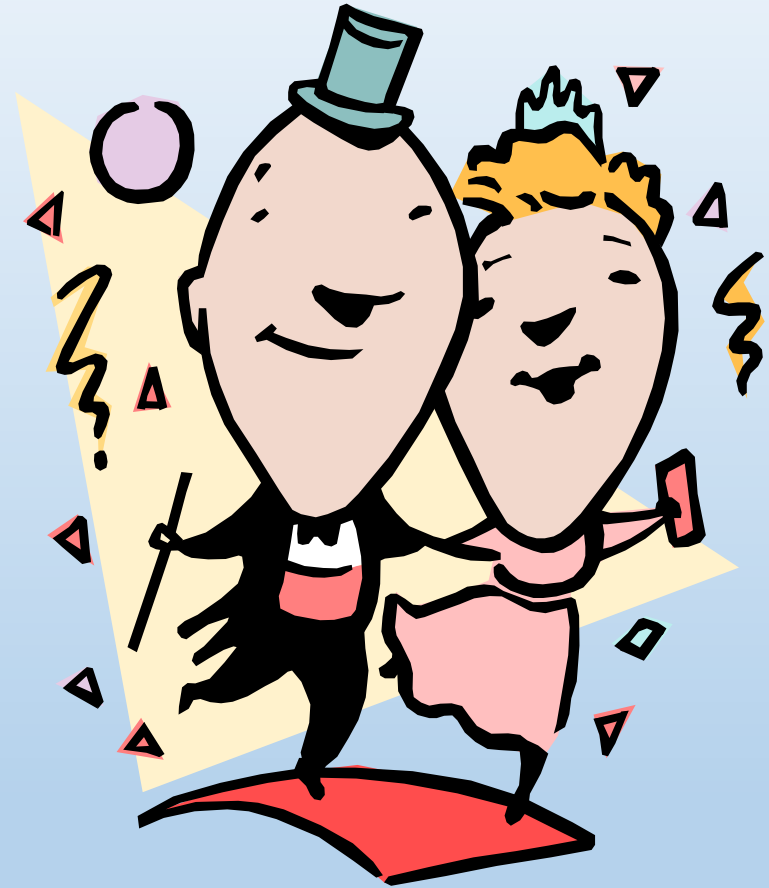
Suffolk County Community College Retirement Seminar



Sue DiFiore
Employee Benefits Coordinator
Maggie Brown
Employee Benefits Supervisor
(631) 853-4866

ebu@suffolkcountyny.gov
www.emhp.org

CONTINUING YOUR HEALTH BENEFITS COVERAGE UPON RETIREMENT



RETIREMENT - OFFICES

- ALBANY

- 110 State Street
Albany, New York 12244
518-474-7736
Toll Free Number: 1-866-805-0990

- HAUPPAUGE

- 330 Motor Parkway
Hauppauge, NY 11788
BY APPOINTMENT ONLY: MUST call their toll free number
1-866-805-0990.
Hours: 9:00 A.M. – 12:00 P.M.
1:00 P.M. - 4:00 P.M.

ELIGIBILITY FOR RETIREE COVERAGE

(In accordance with current union contract)

- Be at least fifty-five (55); and
- Have a minimum of ten (10) cumulative years of service as a full-time Suffolk County employee, of which no fewer than five (5) years of continuous service time must be contiguous to retirement.
- Have ten (10) years of credited service in the appropriate NYS public employees retirement system; and
- Be eligible to retire under the Tier in which you are registered.

Note:

- If the service was in a less than full-time position, the employee's service time will be pro-rated based on the number of hours worked per week to a comparable full-time equivalent position.
- These service requirements will be waived in the event of a disability retirement

CONTRIBUTION REQUIREMENTS AS A RETIREE

Employees hired prior to December 31, 2012 – Health Benefit Contributions will cease upon retirement.

Employees hired on or after January 1, 2013 – must continue to pay Health Benefit Contributions set forth herein at the same dollar amount that you were paying at the time you retired.

In addition to the current criteria regarding eligibility for Health Benefits into retirement, employees shall only be entitled to retiree coverage if:

- Contributed continuously for a period of 5 years prior to retirement, or
- Contributed a cumulative total of 10 years during their employment, or
- Contribute the difference between the amount paid during the last 5 years and the full contribution amount required to be paid for that period.

NOTE: Employees who receive a NYS disability retirement will not be required to contribute in retirement.

How to Enroll in Medicare?

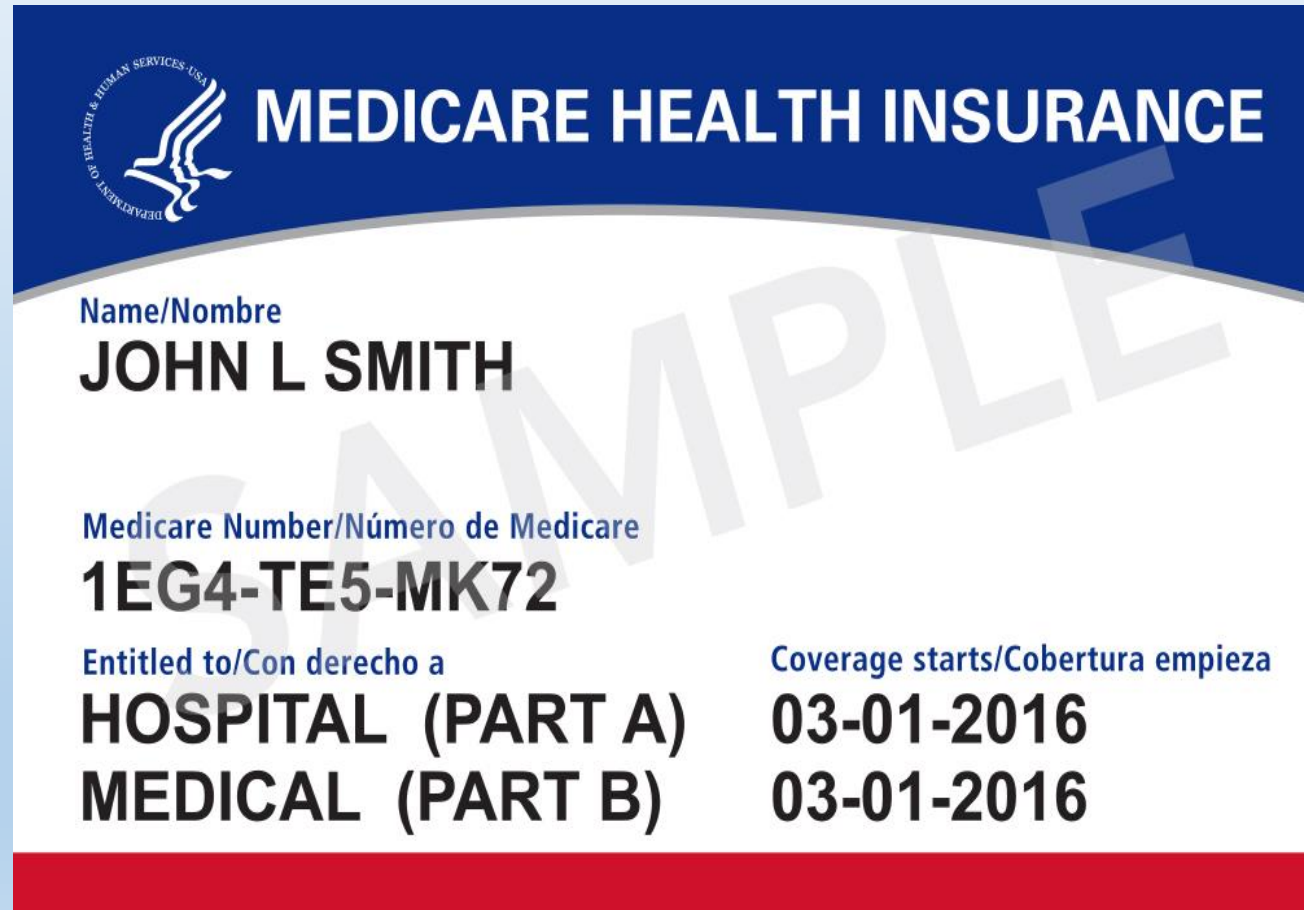
You can enroll in Medicare* by:

- telephone at 1-800-772-1213 you can ask for a Teleclaim appointment.
- mail, or
- on-line at www.Medicare.gov



** If you do not enroll when eligible, Social Security will impose penalties for late enrollment in Medicare, Part B.*

Questions Regarding Your Medicare Card, Contact 1-800-Medicare.



MEDICARE ELIGIBILITY

If you **retire at age 65 or older**, you **must** contact Medicare four months prior to your retirement, so your Medicare will be effective the first of the month following your retirement.

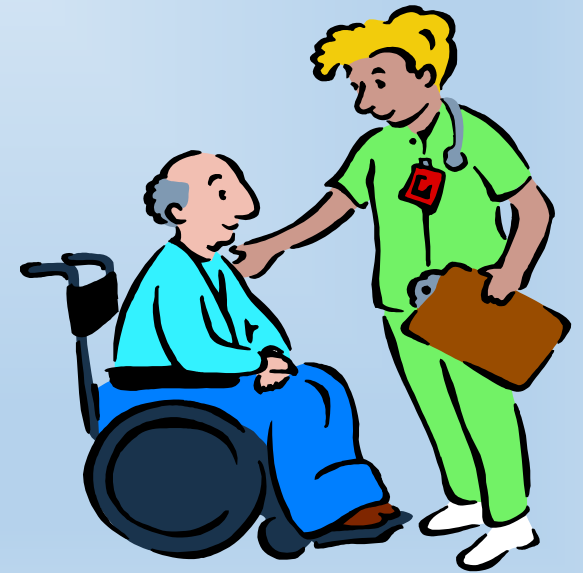
If you **retire prior to age 65**, you **must** contact Medicare four months prior to your 65th birthday, so your Medicare will be effective the first day of the month in which you turn 65.

If you **retire prior to age 65 and you subsequently become Medicare eligible** due to a disability, ALS (Lou Gehrig's disease), etc. or End Stage Renal, you **must** enroll in Medicare when first eligible.

If you are a **disabled retiree**, under age 65 and receiving disability benefits from Social Security or certain disability benefits from the Railroad Retirement Board (RRB), you **must** enroll in Medicare when first eligible.

DISABILITY RETIREMENT

If approved by the NYS Retirement System for a disability retirement, you and your eligible dependents are eligible for continued health coverage regardless of age or service time.



Suffolk County Medicare Part D Prescription Drug Plan - Express Scripts Medicare[®] (PDP)

As a retiree, once you or your eligible dependent(s) become Medicare eligible, **Employee Benefits will automatically enroll you or your eligible dependent(s)** in the Suffolk County Medicare Part D Prescription Drug Plan – currently administered by Express Scripts Medicare[®] (PDP).



Suffolk County Medicare Part D Prescription Drug Plan - Express Scripts Medicare[®] (PDP) Continued

Under the rules of CMS, you can ONLY be enrolled in one Medicare Prescription Drug Plan at a time.

Enrollment in the Suffolk County Medicare Prescription Drug Plan - Express Scripts Medicare[®] (PDP) may effect your eligibility in another Medicare Prescription Drug Plan such as:

- another Medicare Part D plan (i.e. Empire Plan Medicare Rx sponsored by New York State Health Insurance Program (NYSHIP))
- a Medicare Advantage Plan with prescription drug coverage



“Opting-Out” of the Express Scripts Medicare® (PDP)

IMPORTANT

- If you or your eligible dependent(s) are enrolled in another Medicare Part D Prescription Drug Plan and you elect to “opt out” of the Express Scripts Medicare® (PDP), you will lose your prescription drug benefits under EMHP. In addition, you will not be eligible to enroll in the EMHP’s prescription drug plan administered by WellDyneRx.
- You will not lose your hospital, medical and mental health/substance use disorder benefits.
- If you elected to “opt-out” you will be able to re-enroll under the Express Scripts Medicare (PDP) at a later time.
- If you need to obtain an “Opt-Out Form”, you can contact the Suffolk County Employee Benefits Unit via e-mail at ebu@suffolkcountyny.gov or via telephone at 1-631-853-4866.

Changes in your Prescription Drug Benefits upon Retirement

The following are important differences once you are enrolled in the Prescription Drug benefits under Express Scripts Medicare® (PDP):

- You will receive a new EMHP Id card which is only for your hospital, medical and mental health/substance abuse benefits from EMHP/EBCBS.
- You will receive a new EMHP Id card for **Prescription Benefits ONLY** in your “Welcome Kit” from Express Scripts.
- The Express Scripts Medicare® PDP is comparable to your current EMHP’s prescription drug benefits, but follows CMS Guidelines.
- There is no mandatory generic provision.
- There is no mandatory mail order/home delivery provision for maintenance medications. However, you will have a lower copayment if you use mail order/home delivery.

EMHP I.D. CARD for Hospital, Medical/Surgical and Mental Health/Substance Use Disorder Benefits

Member Name
Suffolk County ID
Group Number



NAP

DENNIS Q SAMPLE-TESTCARD

Choice POS II

ID 123456700

GRP: 237616-010-00001

MEDICAL	INDIVIDUAL	FAMILY
INN DED	Tier 1 SSSSSS	Tier 1 SSSSSS
INN OOP	SSSSSS	SSSSSS
OON DED	SSSSSS	SSSSSS
OON OOP MAX	SSSSSS	SSSSSS

www.aetna.com PAYER NUMBER 60054 0103

TALK TO A DOCTOR 24/7: 1-855-TELADOC OR TELADOC.COM/AETNA.
See your plan documents for all plan requirements, including
precertification. In an emergency, seek care immediately or
call 911. This card does not guarantee coverage.

EMHP contracts with Optum for its Mental Health/Substance
Use Disorder benefits and Express Scripts for its RX Retail
and Mail Order prescription drug benefits.

RXBIN/PCN - 003858 / A4 - RXGRP - 9827SUF

EMHP MEMBER SERVICES	1-888-888-8888
AETNA PROVIDER CALL	1-888-888-8888
AETNA 24HR NURSE LINE	1-888-888-8888
EXPRESS SCRIPTS RX SERVICE*	1-866-340-8996
OPTUM (MENTAL HEALTH/SUD)*	1-888-888-8888

*www.emhp.org

AETNA
Submit Claims To:
PO BOX 981106
EL PASO TX 79998-1106

Prescription Drug
information



EMHP Medicare Part D Prescription Drug Program Card (only contains prescription drug information)

Prescription ID Card

RxBIN 610014
RxPCN MEDDPRIME
RxGrp 6735MDRX
Issuer 9151014609
(80840)
ID No. AZZA27012308
Name JOHN Q. SAMPLE
Issued XX/XX/XXXX


Prescription Drug Coverage
CMS-S5660-801

Member Customer Service: 1.800.987.5242
TTY Users: 1.800.716.3231
Web: www.Express-Scripts.com

Pharmacist Use Only: 1.800.922.1557

Medicare Premium Reimbursement

(Only if you and/or your dependent(s) are not being reimbursed from another source)

- You will not be reimbursed for Medicare Part A premium costs, if any.
- You will be reimbursed for an amount equal to the standard cost of Medicare Part B premiums **(excluding penalties for late enrollment)** once Medicare becomes primary, provided you and/or your eligible dependent(s) have submitted a copy of your Medicare Card and the Certification for Medicare Part B Premium Reimbursement to the Employee Benefits Unit and **are not eligible for, or receiving reimbursement from another source.**
- In addition, you will be reimbursed for any **Additional Premium** associated with Medicare Part B based on specific eligibility criteria established by Social Security/Medicare provided **all required documentation is received and you and/or your eligible dependent(s) are not eligible for, or receiving reimbursement from another source.**

Medicare Premium Reimbursement continued

- You will be reimbursed for any **Income Related Monthly Adjustment Amount** associated with Medicare Part B and Medicare Part D, provided **all required documentation is received and you and/or your eligible dependent(s) are not eligible for, or receiving reimbursement from another source.**

Note: If you or your eligible dependent (s) are **not** enrolled in the County's Medicare Part D Prescription Drug Program, you **will not** be eligible for reimbursement of Medicare Part D Income Related Monthly Adjustment Amount.

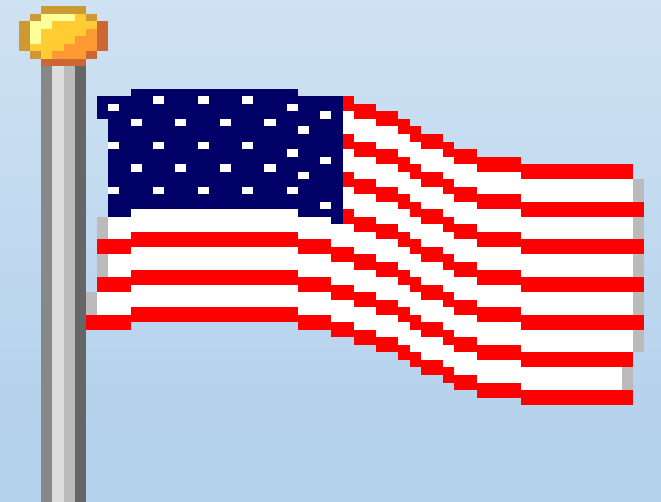
If You Are Going To Live Outside The United States, after retirement

- Medicare does not cover medical expenses incurred outside the United States.
- You must notify Employee Benefits in writing.
- You must notify Social Security Office.



When You Return To The United States, You Need To Re-enroll In Medicare:

- Contact Social Security
- Enroll during the next general enrollment period (January 1 – March 31) effective July 1.
- Notify Employee Benefits and provide copy of new card
- Penalty imposed by Medicare for late enrollment is not reimbursed by EMHP.



If As A Retiree, You Predecease Your Spouse Or Eligible Dependents

- If retiree dies, their spouse and/or eligible dependent children will be enrolled as a dependent survivor, currently at no cost.
- They will be enrolled under their own name and social security number and become our member.
- Dependent Survivor health benefits will end if they no longer meet the eligibility requirements:
 - i.e. - Spouse remarries
 - Dependent Child reaches age 26

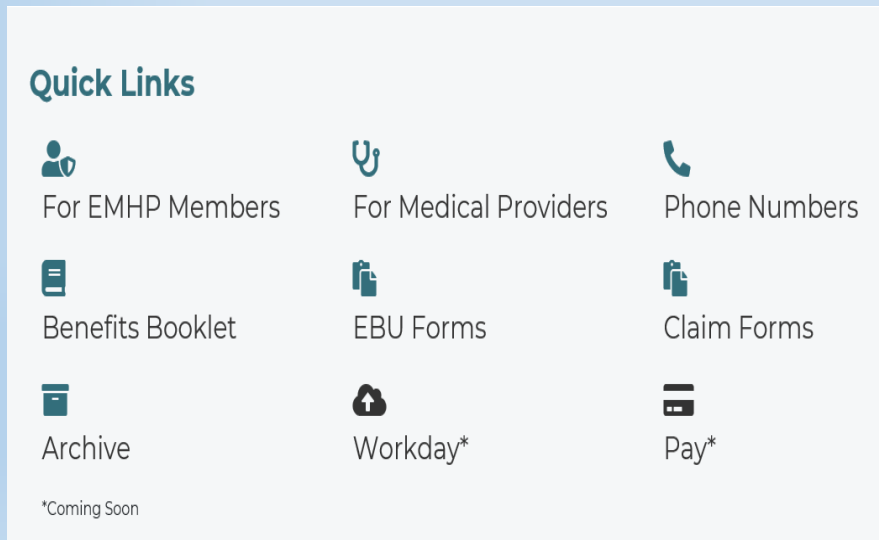
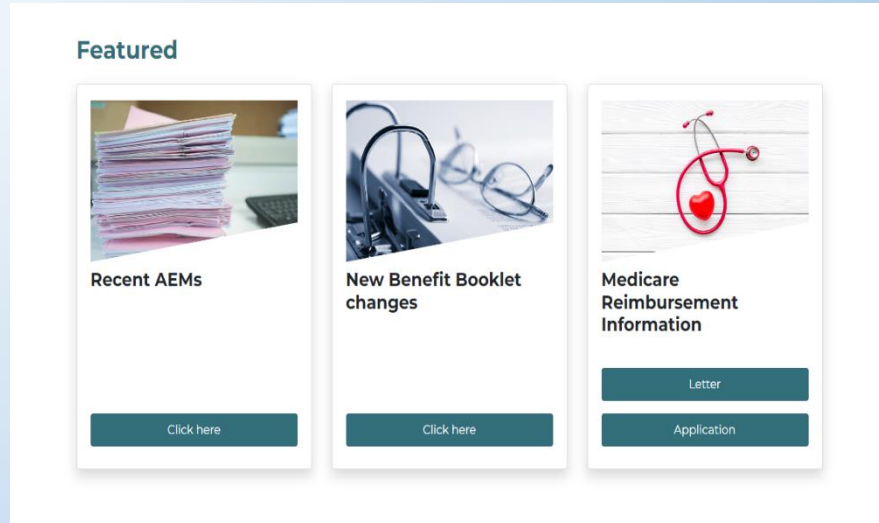
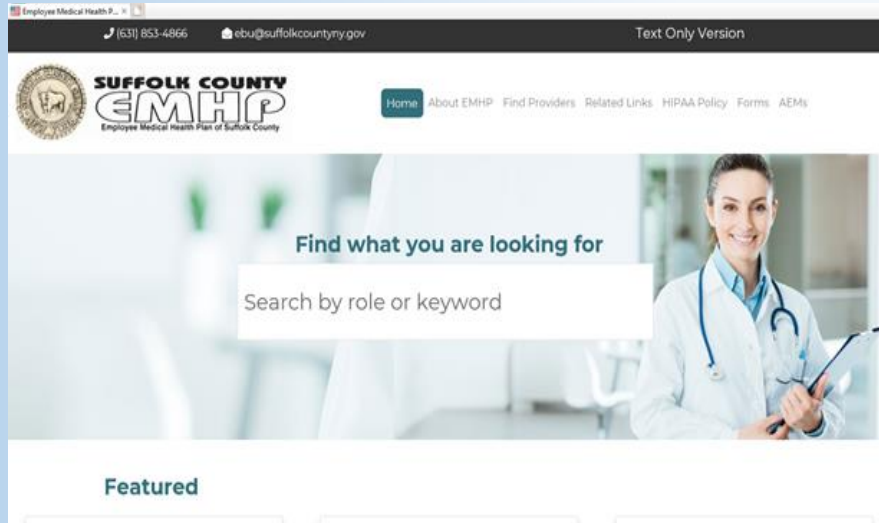
Remember To Keep Your Coverage Up To Date



Notify Employee Benefits of any changes, such as:

- Medicare eligibility due to age, disability or end stage renal.
- Home address/telephone number
- Marriage/divorce
- Death

EMHP WEBSITE www.emhp.org



EMHP (Aetna) 24/7 Nurse Line

- Provides resources, tools and programs to manage and maintain your health.
- **24/7 Nurse Line 1-800-556-1555:**
 - Available around the clock
 - Staffed by dedicated nurses
 - Assists with general health and wellness questions
 - Provides educational information when you have potentially critical health concerns
 - Helps you determine when you should seek emergency care.

Aetna Tele-Medicine Provider – Teladoc Health®

- **Teladoc Health®** services gives you 24/7/365 access to board-certified doctors/dermatologist.
- **You can contact Teladoc Health® via phone at 1-855-Teladoc (1-855-835-2362), via video at Teladoc.com/aetna or via the Aetna Healthsm Mobil App by downloading the Aetna Healthsm or Teladoc Health® app to get started.**
- You can call for an appointment on-demand, or you can schedule an appointment that works with your availability.
- Avoid a visit to the Emergency Room, Urgent Care or doctor's office by utilizing **Teladoc Health®**. The Doctor/Dermatologist may make a diagnosis, provide a treatment plan that may include prescriptions, lab testing, imaging studies or follow-up.
- You can request and download a doctor's note.
- You can access to Teladoc Health® when you are out of town.
- Can be used for common **Non-Emergency** conditions (i.e. Allergies, Cough, Dermatological issues, Eye infection, Food poisoning, Headache, Rash, Sinus Infections, Sore Throat, etc.).
- **If your visit is with a General Practitioner you will have a \$0 copayment.**
- **If your visit is with a Dermatologist you will have a \$30.00 copayment.**

If As A Retiree, You Predecease Your Spouse Or Eligible Dependents

- If retiree dies, their spouse and/or eligible dependent children will be enrolled as a dependent survivor, currently at no cost.
- Surviving spouses and eligible surviving dependents will be offered enrollment under their own Suffolk County I.D. and will be advised that they may continue coverage as a Dependent Survivor at no cost to them
- Lose eligibility if they no longer meet the eligibility requirements
 - i.e. – Spouse remarries
 - Dependent Child reaches age 26

EMPLOYEE BENEFIT CONTACT LIST

If your last name begins with the letters:		EBU Representative	Employee Benefits Department Contact 631 853-4866 ebu@suffolkcountyny.gov
A, B, & G	631-853-4987	Susan Sheldrick	Susan.Sheldrick@suffolkcountyny.gov
L, M & S	631 853-5095	Michele Bo	Michele.Bo@suffolkcountyny.gov
E, F, P, R	631-853-4771	Kristin Glaser	Kristin.Glaser2@suffolkcountyny.gov
H, I, J, K, N	631-853-4852	Sherry Wilcox-Mills	Sherry.Wilcox-Mills@suffolkcountyny.gov
C, D, O	631-853-5954	Sonja Mills Majors	Sonja.MillsMajors@suffolkcountyny.gov
T, V, W	631-853-5310	Courtney Frabizio	Courtney.Frabizio@suffolkcountyny.gov
Q, U, X, Y, Z	631-853-5493	Keika Berger	Keika.Berger@suffolkcountyny.gov



EMHP/AETNA QR CODE FOR EASY ACCESS TO THE AETNA WEBSITE

