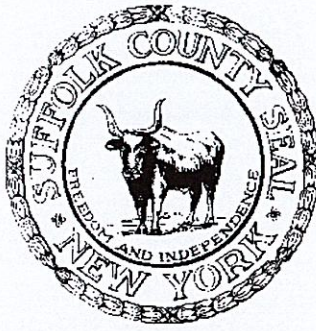




**OFFICE OF THE COUNTY EXECUTIVE
ALL-EMPLOYEES MEMORANDUM**

DATE: OCTOBER 13, 2026

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)

HEALTH BENEFITS ANNUAL OPEN ENROLLMENT PERIOD

November 1, 2026, through November 30, 2026

This notice serves as the annual notification of Suffolk County's employee health benefits plans' open enrollment period. Please note the date change in the open enrollment period above. **If you are a current Suffolk County employee and are not changing your benefit elections, you DO NOT HAVE TO DO ANYTHING DURING THE OPEN ENROLLMENT PERIOD.**

For any questions regarding the open enrollment, please feel free to call 631-853-4866 or send an email to ebu@suffolkcountyny.gov.

If you are a current Suffolk County employee and want to make changes to your benefit election(s) (e.g., add on or remove a dependent), please see the instructions below.

HOW TO ENROLL OR DISENROLL (WAIVE BENEFITS) DURING OPEN ENROLLMENT

To enroll or disenroll from your health benefits during OPEN ENROLLMENT, go to www.emhp.org – “Featured Items Section – OPEN ENROLLMENT.” You will find instructions to enroll or disenroll from the Employee Medical Health Plan of Suffolk County (EMHP) and will have access to the Health Benefits Transaction form. The form must be used for enrollment or disenrollment (waive benefits). You must print the form, complete it and mail it to EBU at the address on the form or scan to the Employee Benefit Unit email address ebu@suffolkcountyny.gov.

HIP HMO (EMBLEM HEALTH) EXISTING ENROLLEES

HIP HMO (Emblem Health) existing enrollees have the option to switch to the EMHP during the annual open enrollment period from November 1, 2026, through November 30, 2026. Only those who are currently enrolled in the HIP HMO (Emblem Health) will be allowed to remain in the HIP HMO.

The effective date of change will be January 1, 2027. If you decide to switch to the 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.

HEALTH PLAN CONTRIBUTIONS FROM ENROLLEES ARE REQUIRED

Beginning January 1, 2027, all active employees, regardless of hire date, must contribute 2.5% of their base salary towards the cost of their EMHP health benefits. Contributions will be no less than \$1,500 and no more than \$4,000 per year, as established by collective bargaining. The 2027 premium rate for the HIP HMO (Emblem Health) has not been established at this time. When the 2027 rates are established, those enrollees who are affected will be notified individually of their required cost share and at that time can determine whether they wish to switch to the EMHP.

HEALTH PLAN CONTRIBUTIONS PRE-TAX

If you initially opted out of health benefits, your contribution may not be deducted pre-tax through the County's Flex Benefit Program. If you are newly enrolling or re-enrolling 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 in the first paycheck after January 1, 2027. Please contact Employee Benefits via email - ebu@suffolkcountyny.gov by November 30, 2026, to make this change.

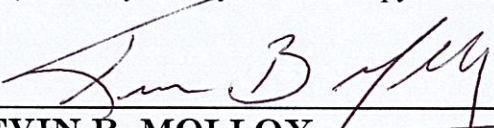
SUMMARY OF BENEFITS AND COVERAGE (SBC)

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); and an internet address for obtaining a "uniform glossary" (uniform definitions of certain health-coverage-related terms and medical terms, specified by the federal government).

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.

If you are enrolled in HIP (Emblem Health) HMO, you may access a copy of the SBC, by calling 1-800-447-8255 HIP (Emblem Health).


KEVIN B. MOLLOY
CHIEF DEPUTY COUNTY EXECUTIVE

DISTRIBUTION: ONE COPY PER EMPLOYEE/RETIREE