

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

DATE: JANUARY 9, 2026

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)

UPDATES TO
EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)
HEALTH BENEFITS EFFECTIVE JANUARY 1, 2026

MENTAL HEALTH/SUBSTANCE USE DISORDER BENEFITS REVISION

The following are amendments/changes to two (2) items, previously announced. The changes are reflected in bold font.

Applied Behavioral Analysis (“ABA”) Therapy

1. In-network professional services in an office, home or via telemedicine (if applicable) (not hospital-based facility/outpatient) are **covered 100% with no copayment** per visit for all covered ABA services rendered during that visit.
2. Out-of-network professional services in an office, home or via telemedicine (if applicable) (not hospital-based facility/outpatient) are covered at **90% of Allowed Amount** or provider's charge, whichever is less, not subject to the deductible.

**NEW FILING DEADLINE FOR OUT OF NETWORK MENTAL HEALTH/SUBSTANCE USE
DISORDER CLAIMS**

Effective for out of network Mental Health/Substance Use Disorder benefits out of network claims incurred on or after January 1, 2026, you will have twelve (12) months from the date of service to file your claim for reimbursement of out of network benefits. Failure to timely file your claim could result in no plan payment to you for out-of-network services rendered.

DISTRIBUTION OF REVISED EMHP ID CARDS

New benefit ID cards will be distributed to each member and their eligible dependents enrolled in the EMHP benefits this month.

Active or non-Medicare members will receive cards like the example below:




Choice POS II
 PAYER NUMBER 60054 0103 SELF FUNDED COVERAGE
 GRP: 237616-010-00001
ID 1234 56789-01
STEPHANIE Q SAMPLE-TESTCARD

MEDICAL	INDIVIDUAL	Tier 1	FAMILY	Tier 1
INN DED		N/A		N/A
INN OOP MAX		\$ 3650		\$ 7300
OON DED		\$ 3000		\$ 9000
OON OOP MAX		\$ 3750		\$ 11250

Aetna Life Insurance Company
 Submit Claims To: PO BOX 981106
 EL PASO TX 79998-1106



NAP

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 Behavioral Health programs and Express Scripts for its RX Retail and Mail Order. Behavioral Health deductibles and OOP maximums are included in medical.

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

EMHP MEMBER SERVICES	1-833-497-2409
AETNA PROVIDER CALL	1-866-242-6681
AETNA 24HR NURSE LINE	1-800-556-1555
EXPRESS SCRIPTS RX SERVICE*	1-866-340-8996
OPTUM* (MENTAL HEALTH/SUD)*	1-800-765-6709

WWW.EMHP.ORG



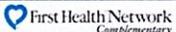

Retired or Medicare eligible members will receive cards like the example below:




Open Choice PPO
 PAYER NUMBER 60054 0103 SELF FUNDED COVERAGE
 GRP: 237616-010-00004
ID 1234 56789-01
STEPHANIE Q SAMPLE-TESTCARD

MEDICAL	INDIVIDUAL	Tier 1	FAMILY	Tier 1
INN DED		N/A		N/A
INN OOP MAX		\$ 3650		\$ 7300
OON DED		\$ 3000		\$ 9000
OON OOP MAX		\$ 3750		\$ 11250

Aetna Life Insurance Company
 Submit Claims To: PO BOX 981106
 EL PASO TX 79998-1106



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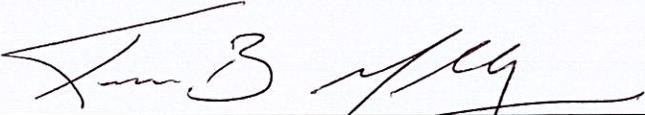
RXBIN/PCN - 003858/A4 - RXGRP-9827SUF

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OPTUM* (MENTAL HEALTH/SUD)*	1-800-765-6709

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Do not destroy your current cards until December 31, 2025. Begin using the new ID cards on and after January 1, 2026.



KEVIN B. MOLLOY
CHIEF DEPUTY COUNTY EXECUTIVE

DISTRIBUTION: ONE COPY PER EMPLOYEE/RETIREES