

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

DATE: NOVEMBER 5, 2025

EMPLOYEE MEDICAL HEALTH PLAN OF SUFFOLK COUNTY (EMHP)

**IMPORTANT CHANGES TO YOUR EMPLOYEE MEDICAL HEALTH PLAN OF
SUFFOLK COUNTY(EMHP) HEALTH BENEFITS**

Effective January 1, 2026, pursuant to collective bargaining between Suffolk County and its Municipal Unions (SCOPE), the following changes to the Employee Medical Health Plan (EMHP) Medical and Mental Health/Substance Use Disorder Benefits will be made to ensure the Plan continues to be in compliance with federal law.

1. Inpatient Facility – Out-of-Network

- a. Mental Health Benefits - Inpatient Mental Health Facility Charges; Residential Treatment Facility Charges
 - I. No deductible
 - II. Plan pays 90% of billed charges; member cost share is 10% of billed charges up to a combined annual inpatient/outpatient maximum of \$1,500 for employee/retiree; \$1,500 for spouse/domestic partner; \$1,500 for all dependent children combined
- b. Substance Use Disorder Benefits – Inpatient Detoxification Facility Charges; Inpatient Rehabilitation Facility Charges; Residential Treatment Facility Charges
 - I. No deductible
 - II. Plan pays 90% of billed charges; member cost share is 10% of billed charges up to a combined annual inpatient/outpatient maximum of \$1,500 for employee/retiree; \$1,500 for spouse/domestic partner; \$1,500 for all dependent children combined

2. Inpatient Professional Services – Out of Network

All out-of-network inpatient professional Mental Health and Substance Use Disorder covered services shall be paid at 90% of the Plan's Allowed Amount or provider's charges, whichever is less, and are not subject to the deductible. In-network inpatient professional covered services shall continue to be covered in full, with no member cost share.

3. Outpatient Facility - Out-of-Network Services

- a. Mental Health Benefits – Intensive Outpatient; Partial Hospitalization; Psych Testing in an outpatient facility; Transcranial Magnetic Stimulation (TMS)
 - I. No deductible
 - II. Plan pays 90% of billed charges; member cost share is 10% of billed charges up to a combined annual inpatient/outpatient maximum of \$1,500 for employee/retiree; \$1,500 for spouse/domestic partner; \$1,500 for all dependent children combined
- b. Substance Use Disorder – Intensive Outpatient; Partial Hospitalization
 - I. No deductible
 - II. Plan pays 90% of billed charges; member cost share is 10% of billed charges up to a combined annual inpatient/outpatient maximum of \$1,500 for employee/retiree; \$1,500 for spouse/domestic partner; \$1,500 for all dependent children combined

4. Outpatient Professional – Out-of-Network

Out-of-network professional services rendered in a hospital-based outpatient facility are covered at 90% of the Plan's Allowed Amount or provider's charges, whichever is less, and are not subject to the deductible.

5. Professional Services in an office, home, or via telemedicine (not hospital-based facility/outpatient) – Out of Network - Mental Health and Substance Use Disorder

- I. No deductible
- II. Plan pays 80% of the Allowed Amount or provider's charge, whichever is less

6. Crisis Intervention Coverage – Mental Health and Substance Use Disorder

Crisis intervention for an Emergency Medical Condition is covered based upon the site at which care is received.

- a. If care is received in an Emergency Room, the first three (3) visits will be paid at 100% of the in-network rate with no copayment. Thereafter, Emergency Room Crisis Intervention claims will be subject to the \$100 copay if not admitted to the hospital, whether in or out of network.
- b. If patient receives services at an in-network **Urgent Care** facility, patient will be responsible for the \$50 copay. If services are received at an Out-of-network **Urgent Care** facility, benefits will be paid at 90% of Allowed Amount or provider's charges, whichever is less, and are not subject to the deductible.

7. In-network Mental Health Services (Office/Home/Telemedicine Visits)

- a. No deductible (no change)
- b. \$20 copayment per visit

The Teladoc Health® program's copay will remain at \$0 for primary care medical services under Aetna.

8. In-network Mental Health/Substance Use Disorder Services – Outpatient

Covered 100% with no copayment.

9. Out-of-Pockets/Coinsurance Maximums –Out of Network Services (all benefits)

Mental Health/Substance Use Disorder out-of-network services' out of pocket (also referred to as "Coinsurance") expenses shall now be included in the maximum for Out-of-Network Medical/Surgical services' out of pocket in the amount of \$3,750 per individual and \$11,250 per family.

10. Out of-Pocket maximum for In-Network Services (all benefits)

Mental Health/Substance Use Disorder in-network out-of-pocket expenses shall now be included in the Hospital/Medical/Surgical combined Out-of-Pocket Maximums of \$3,650 per individual and \$7,300 per family. The previous separate Mental Health and Substance Use Disorder Benefits' out of pocket maximums will no longer be in effect.

11. Out-of-network Deductible

The Plan's out-of-network deductible for Hospital, Medical and Surgical benefits in the amounts of \$3,000 per individual and \$9,000 per family shall now include Mental Health and Substance Use Disorder Benefits' out-of-network services, to the extent the deductible applies. The previous separate mental health substance use disorder deductibles will no longer be in effect.

12. Visits/Days/Stays Maximums and Limitations

There will be no maximum days, stays or visits per calendar year for any covered Mental Health or Substance Use Disorder benefits. All benefits are subject to medical necessity.

13. Coverage of professional services rendered in Group Homes and Halfway Houses for both Mental Health and Substance Use Disorder Benefits shall be as follows:

"Medically necessary mental health/substance use disorder professional services rendered at group homes or halfway houses are covered as follows.

- a. In-network professional services are covered after the applicable copayment (\$20 for mental health services; \$15 for substance use disorder services), with no deductible.
- b. Out-of-network professional services are covered at 90% of the Plan's Allowed Amount or provider's charges, whichever is less, and are not subject to the deductible.

"Facility charges" of a Group Home or Halfway House continue to be not covered.

14. Precertification

Precertification requirements for out-of-network outpatient office/ home/ telemedicine visits for Mental Health/Substance Use Disorder services are eliminated. Precertification will be required prior to starting Applied Behavioral Analysis ("ABA") Therapy (see below).

15. Autism Spectrum Disorder ("ASD")

Services for Autism Spectrum Disorder ("ASD") beyond the initial diagnosis shall be covered. ASD services include the screening, diagnosis and treatment of ASD. The Plan shall cover medically necessary rehabilitative and habilitative services, including but not limited to physical, occupational, and speech therapy, associated with the diagnosis by a qualified professional of ASD.

For services which are deemed "medical", the EMHP's medical/surgical third-party administrator Aetna shall administer these claims. For services deemed "mental health", Optum shall administer these claims. All claims are subject to copayments and coverage guidelines. Members must be formally diagnosed with ASD to be eligible.

16. Applied Behavioral Analysis ("ABA") Therapy

Applied Behavioral Analysis ("ABA") Therapy shall be a covered benefit for members formally diagnosed with ASD. Services must be provided or supervised by a licensed provider who is also a certified behavior analyst. **Precertification is required prior to starting ABA Therapy.**

- a. In-network professional services in an office, home or via telemedicine (if applicable) (not hospital-based facility/outpatient) are subject to the in-network copayment of \$20 per visit for all covered ABA services rendered during that visit.
- b. Out-of-network professional services in an office, home or via telemedicine (if applicable) (not hospital-based facility/outpatient) are covered at 80% of Allowed Amount or provider’s charge, whichever is less, not subject to the deductible.
- c. Out-of-network professional services rendered in a hospital-based outpatient facility are covered at 90% of the Plan’s Allowed Amount or provider’s charges, whichever is less, and are not subject to the deductible.
- d. In-network outpatient services are covered 100% with no copayment.
- e. Out-of-network inpatient facility services are covered subject to member cost share of 10% of billed charges up to a combined annual inpatient/outpatient maximum of \$1,500 per employee/retiree; \$1,500 per spouse/domestic partner and \$1,500 for all dependent children combined.
- f. In-network inpatient facility services are covered in full with no member cost share.

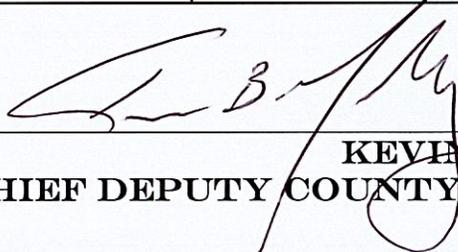
17. Wigs/Toupees

Medically necessary wigs or toupees shall be covered as Durable Medical Equipment (“DME”), subject to in and out-of-network rules applicable to DME (i.e., in-network is covered at 100%; out-of-network is covered at 90% of the Allowed Amount after the deductible), with no annual dollar maximum.

For any benefits to be covered by the EMHP, they must be deemed to be Medically Necessary by the Plan’s third party administrators, Aetna or Optum, as the case may be.

For any questions concerning the plan changes outlined above, please reach out to the applicable contact listed below, based upon the first initial of your last name.

If your last name begins with the letters:	Telephone Number	EBU Contact	E-mail address
A,B,G,O	631-853-4987	Susan Sheldrick	Susan.Sheldrick@suffolkcountyny.gov
C,D,L,M,S	631 853-5095	Michele Bo	Michele.Bo@suffolkcountyny.gov
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