



NEWS AND NOTES SPRING 2019

A Periodic Publication from the East End Health Plan

EAST END HEALTH PLAN SETS NEW PREMIUMS EFFECTIVE JULY 1, 2019

The East End Health Plan Board of Trustees has established the rates for the **2019-2020** School Year.

REMEMBER THAT IF YOU PAY YOUR PREMIUMS DIRECTLY, SUCH AS RETIREES AND COBRA ENROLLEES, OR IF AS AN ACTIVE ENROLLEE YOUR DISTRICT REQUIRES THAT YOU PAY A PREMIUM CONTRIBUTION, THE AMOUNT YOU PAY DEPENDS UPON THE CONTRACT AGREEMENT YOU HAVE WITH THE SCHOOL DISTRICT WHERE YOU ARE/WERE EMPLOYED. IF YOU HAVE QUESTIONS REGARDING YOUR CONTRIBUTION TO THE HEALTH INSURANCE PREMIUM, PLEASE CONTACT THE HEALTH PLAN COORDINATOR AT YOUR DISTRICT.

IN MAY 2019, WE WILL BE MAILING A LETTER TO EACH MEMBER WHO PAYS THEIR PREMIUM DIRECTLY TO THE EEHP THROUGH J. J. STANIS, INDICATING WHAT THEIR NEW MONTHLY PAYMENT WILL BE.

The monthly rates which will go into effect as of July 1, 2019 through June 30, 2020 will be:

Individual Policy:	\$ 1,204.00
Family Policy:	\$ 2,741.00

The rates for those retirees in the Plan who have Primary Coverage through Medicare will remain the same as the 2018-2019 year:

Individual Covered by Medicare:	\$ 740.00
One Spouse Covered by Medicare/ One Not Covered by Medicare:	\$1,800.00
Both Spouses Covered by Medicare:	\$1,485.00

COBRA RATES:

Individual Policy:	\$1,228.05
Family Policy:	\$2,795.82

ANNUAL RETIREE DINNER MEETING

Our annual Retiree dinner meeting has been scheduled for June 4, 2019 to be held at the Eastern Suffolk BOCES Special Education Building on the Westhampton Beach Campus. We would encourage all Retirees, as well as members that are considering retiring in the near future, to attend.

Additional information and Registration Forms will be mailed out in April.

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****VISIT THE EAST END HEALTH PLAN WEBSITE AT WWW.EEHP.ORG****



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CO-PAYMENT CLARIFICATION

FOR THE NON-MEDICARE PRIMARY MEMBERS (ACTIVE AND NON-MEDICARE PRIMARY RETIREES)

When visiting a participating (in-network) provider's office, you will be responsible for one \$20 co-payment. That includes the office visit, lab work, scans, testing, in-office surgery and venipuncture done in the provider's office during that visit.

If you are required to have lab work at Quest or LabCorp, you will not have a \$20 co-payment. If, however, you receive services at a non-participating laboratory or at a participating radiology office, you will be responsible for a \$20 co-payment. Please note that in Florida, LabCorp is NOT considered an in-network provider, but Quest is. All non-Quest Labs in Florida will be considered out-of-network and there will be a \$20 co-payment.

If you are asked for a credit card at any Quest or LabCorp location, you may refuse to provide it. Inform them that you are an East End Health Plan member and there is NO CO-PAYMENT. This does not apply for lab services at a LabCorp location in Florida. For states, other than NY and Florida, please check with the local laboratory for participation status.

If you visit a non-participating (out-of-network) medical provider, you will be subject to the plan's annual deductible and coinsurance as well as any balance billing should the provider choose to bill you above the plan allowance.

FOR RETIRED MEDICARE PRIMARY MEMBERS WHERE THE EAST END HEALTH PLAN PAYS SECONDARY BENEFITS

If you are enrolled in Medicare Part A and Part B, you are considered Medicare Primary and, in most cases, East End Health Plan is considered secondary. Make sure that your Provider knows you are considered Medicare Primary. Provide them with a copy of both your Medicare card as well as your East End Health Plan/Empire BlueCross/BlueShield card.

Your Provider must submit the claim to Medicare first. Once it is processed by Medicare, it will automatically "crossover" to East End Health Plan/Empire BlueCross/BlueShield as your secondary insurance. There should be minimal situations where you will have to file a paper claim with the EEHP. If you have to file a paper claim, the form can be found on the East End Health Plan website (www.eehp.org) under the "Forms" tab.

The East End Health Plan includes your co-payment as part of their secondary payment when you use an in-network provider. Therefore, as it was in the past, as a Medicare Primary member enrolled with the East End Health Plan, you do not have a co-payment when using any BlueCross/BlueShield-in network provider for an office visit or any in-office procedure such as x-rays, venipuncture or in-office surgery at in-network providers. If the provider asks for a co-payment, they may contact BlueCross/BlueShield Provider Relations at 844-230-4720 if they have any questions.

If you, as a member of the East End Health Plan have a question about your benefits or the status of a claim, please contact the BlueCross/Blue Shield customer service at 844-230-4720 or Mr. Frank Perry at 631-687-3140

****VISIT THE EAST END HEALTH PLAN WEBSITE AT WWW.EEHP.ORG****
East End Health Plan, 201 Sunrise Highway, Patchogue, New York 11772