Serving Employees and Retirees of School Districts in Smithtown, South Country, Three Village

Summer Bulletin 2022

ANNUAL STATEMENT OF THE SUFFOLK SCHOOL EMPLOYEES HEALTH PLAN FOR THE FISCAL YEAR ENDED DECEMBER 31, 2021

Included in this Bulletin is a condensed summary of the annual financial report that has been filed with the NYS Insurance Department. Please refer to the enclosed document for the details regarding Suffolk School Employees Health Plan.

Infant Nutritional Supplement Coverage

Effective September 1, 2022, Suffolk School Employees Health Plan has elected to begin covering Specialized or Sensitive Infant Nutritional Supplements. Covered products can only be billed through the pharmacy with a prescription from the child's provider establishing medical necessity. The Tier 3 copay will apply.

Transparency in Coverage Act

UnitedHealthcare creates and publishes Machine-Readable Files on behalf of Suffolk School Employees Health Plan to meet the requirements of the Consolidated Appropriations Act.

The link to the Machine-Readable Files,

Is the URL provided: transparency-in-coverage.uhc.com

On and after 7/1, you may locate and view the Machine-Readable File information by following the below steps:
   a. Ctrl-F on your keyboard will give you a search bar
   b. Type in the Suffolk School Employees Health Plan and the associated MRFs will appear

The files are in a JSON Layout. JSON is a standard text-based format for representing structured data based on JavaScript object syntax. It is commonly used for transmitting data in web applications (e.g., sending some data from the server so it can be viewed on a web page and vice versa.

The link to an example of a json file on the CMS implementation guide page:

price-transparency-guide/in-network-rates-fee-for-service-single-plan-sample.json   at master · CMSgov/price-transparency-guide (github.com).

EX: 2022-07-01_customer name_Choice-Plus_in-network-rates.json

Please note if you are looking to price future

care you can log onto MYUHC.COM and use the Cost estimator. The cost estimator is available by service, treatment or condition.

Get to know a PCP, virtually

A primary care provider is the doctor who knows you best, the one you turn to for everything from routine checkups to help with chronic or complex health conditions. Now, through myuhc.com® or the UnitedHealthcare® app, you can choose to connect remotely with a virtual PCP—and their team of health care professionals. The service will take a $25 copay for a PCP visit. Make an appointment 24/7 to start your virtual primary care relationship today.

You can see the same virtual PCP for:
• Preventive care
• Follow-up visits
• Checkups for ongoing conditions like asthma, diabetes and more,

Benefits of virtual primary care include:
• A provider you can see on an ongoing basis.
• A Care Team who will guide you, when needed, to in-person care such as labs, imaging, specialists and more.
• A Care Team who will work with you and follow up to ensure you're taken care of Find your virtual primary care provider by signing in to myuhc.com or the UnitedHealthcare app today.

These visits differ from the 24/7 virtual visits that are offered through OptumCare, Doc on Demand, Amwell and Teladoc.

Virtual visits provide a convenient way to talk with a specialist for urgent issues like allergies, backpain, bladder infections, bronchitis and cold sores. There is no copay for these visits.

OON Utilization

Answers to questions about out-of-network providers.

What is an out-of-network provider?

An out-of-network provider is a doctor, health care professional or facility (like a hospital or ambulatory surgery center) that isn't under a contract with UnitedHealthcare.

What happens when I use an out-of-network hospital or provider?

The provider may balance bill you the difference between the billed charge and the eligible expense. Providers that participate in our network are not allowed to balance bill members. Any balance bill you may pay for services from an out-of-network provider does not apply to your out-of-pocket limit. Utilizing an Out of network provider will increase your costs substantially.

If I go to a network hospital, will all of the providers there be in the network?

Not always. For example, if you go to a network hospital to get an X-ray, the doctor reading the X-ray may not be in the

network. That doctor may charge more for the X-ray than a network provider.

What if I have an emergency?

In a true emergency, you should visit the nearest emergency room. If you receive emergency services from an out-of-network doctor or hospital, the charge for services may be greater than from a network provider. You may be balance billed.

What can I do to help keep my costs down?

Use in-network doctors and facilities. If you don't have a network doctor, you can use myuhc.com® to find one near you. The UnitedHealthcare national network has more than 907,587 doctors and health care professionals and more than 5,597 hospitals across the country. This means there's a good chance that a network doctor is near you.

Facilities in the UnitedHealthcare network may have out-of-network physicians or health professionals providing services. Visit Find Physicians & Facilities on myuhc.com to determine whether the location you're considering has network anesthesiologists, emergency room physicians, pathologists and radiologists.

Talk to your doctor.

Before you have a health care procedure, be sure to ask your doctor about the facility and other specialists who may be involved so that you can make sure they're all in network. If you are balance billed by an out-of-network doctor, you can contact that doctor directly to ask if they will lower the charges or if you can set up a payment plan.

Understand your benefits.

Review your health plan documents to fully understand your coverage and benefits. Most members can find coverage details online at myuhc.com. Click on the Benefits & Coverage menu, and then click on Coverage Documents. If you cannot find your coverage details online, you can get a free, printed copy by calling the phone number on your health plan ID card.

Orthotic Coverage

On April 1, 2022, the SSEHP plan added a new level of coverage for orthotics. Members aged 12-21 now have access to an annual $500 maximum for orthotics. Members aged 21 and over continue to have coverage up to $500 for 3 years. Members under 12 continue to have coverage up to $250 annually.

Members Age	Dollar Max	Time Limit
Under 12	$250	Annual
12-20	$500	Annual
21 and over	$500	Every 3 years