



Suffolk County P.B.A., Inc.
Supplemental Excess Major Medical Insurance Plan

This program helps cover amounts considered reasonable and customary fees, in excess of those payable by your primary medical plan for out of network benefits, hereafter known as the Employee Medical Health Plan of Suffolk County (EMHP).

Active Members The bi-weekly cost is: Family Coverage - \$ 10.40 Single Coverage - \$ 4.50

Retired Members The annual cost is: Family Coverage - \$ 271.00 Single Coverage - \$117.00

All claims are to be sent along with a claim form to:

Municipal TPA Services LLC -- 500 Express Drive South, Brentwood, NY 11717 (800) 893-6330 (Meghan Lang)

20% INSURANCE REIMBURSEMENT

This benefit will begin paying the member/employee and each covered dependent 20% of the total payment reimbursement (which is based on reasonable and customary fees) paid by the primary insurance plan, up to a maximum of \$1,350 per calendar year, per single or family plan. *(Please note: This benefit does not cover the entire out of pocket expense incurred on claims.)*

DEDUCTIBLE REIMBURSEMENT

When the insured individual or family member begins to meet their deductible under their primary insurance plan, the Supplemental Excess Major Medical Insurance Plan will reimburse that deductible on a dollar-for-dollar basis up to \$250 per individual or \$750 per family.

IN-HOSPITAL CASH BENEFIT

The in-hospital benefit for the **MEMBER/EMPLOYEE ONLY** will consist of \$10 per day from the first day of hospitalization, for up to 26 weeks.

IN-HOSPITAL PRIVATE DUTY NURSING

When not covered by the primary insurance plan, the Supplemental Excess Major Medical Insurance Plan pays 50% of the reasonable and customary fee for the first 48 hours of private duty nursing while hospitalized up to \$1,000 per calendar year, per single or family plan. *(The reasonable and customary fee is 80% of the total charges submitted.)*

MENTAL HEALTH BENEFIT

This benefit will begin paying the member/employee and each covered dependent 50% of the total payment reimbursement (based on reasonable and customary fees) paid by the primary insurance plan up to \$1,000 per calendar year, per single or family plan. *(Please note: This benefit does not cover the entire out of pocket expense incurred on claims.)*

CO-PAYMENTS ARE NOT covered under the Supplemental Excess Major Medical Insurance Plan.

EXCLUSIONS

Expenses not covered, limited or denied by the primary insurance plan are not covered under the Supplemental Excess Major Medical Insurance Plan.

CLAIMS SUBMISSION DEADLINE

Claims must be submitted within one year from the date of service.