



SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

30 ORVILLE DRIVE • STE D • BOHEMIA, NEW YORK 11716 • (631) 319-4099

November 2011

Dear Retiree:

The Board of Trustees has unanimously decided to loosen the rules for enrollment in the CapDent or Healthplex America plans. In addition, the Fund will no longer be accepting new enrollees to either of these plans.

As a CapDent or Healthplex America enrollee, the Benefit Fund is offering you a choice of one (1) of the three (3) following options during this year's open enrollment period:

A. Drop down to the no-cost Basic Retiree Plan. Please see plan details below:

- Dental, \$750.00 per year for the family, with no one person using more than the individual limit of \$500.00
- Optical, \$80.00 per year per individual (not limited to Davis Vision)
- Hearing Aid, \$400.00 every 36 months per individual

B. Remain in your CapDent or Healthplex America plan for one (1) more year at the same rate as 2011.

C. Purchase one (1) of the self-pay Enhanced Retiree Plans sponsored by the Benefit Fund. The 2012 rates below reflect NO INCREASE from the 2011 rates and are guaranteed not to increase for two (2) consecutive calendar years, through December 2013! As a piece of history, these rates are a whopping 30% less than they were in 2007!!! **Please see Plan details below:**

1. The **Premium Plan** offers eligible retirees the opportunity to continue coverage at the level of benefits available to active members for:

- Dental, \$2250.00 per individual per year
- Implants, \$2000.00 – 1/L* per individual per lifetime
- Orthodontia, \$1,995.00 – 1/L* per individual per lifetime
- Periodontal, \$2,000.00 per individual per year
- Hearing aid, \$400.00 per individual every 36 months
- Optical, \$80.00 per individual per year

2. The **Premium Plus Plan** offers:

- Dental, \$2250.00 per individual per year (plus dental services listed above)
- Hearing aid, \$400.00 per individual every 36 months
- Optical, \$80.00 per individual per year
- Prescription Drug Co-Payment Reimbursement, \$350.00 per family per year, with a maximum of up to \$20.00 per eligible prescription

3. The **Platinum Plan** offers:

- Dental, \$2250.00 per individual per year (plus dental services listed above)
- Hearing aid, \$400.00 per individual every 36 months
- Optical, \$80.00 per individual per year
- Prescription Drug Co-Payment Reimbursement, \$350.00 per family per year, with a maximum of up to \$20.00 per eligible prescription
- Tax Preparation, \$30.00 short form or \$70.00 long form per member per year
- Legal Services, \$1,000.00 per family per year

* 1/L Once-in-a-lifetime

CONSULT YOUR BENEFIT REFERENCE GUIDE FOR FULL DETAILS OF YOUR PLAN

RENEW AT NO RATE INCREASE:

The 2012 rates below reflect NO INCREASE from the 2011 rates and are guaranteed not to increase for two (2) consecutive calendar years, through December 2013! As a piece of history, these rates are a whopping 30% less than they were in 2007!!! The Board of Trustees continually reviews these rates and makes the appropriate adjustments.

NEW PLAN YEAR:

Starting with this year's annual open enrollment period, the self-pay Retiree Enhanced Plan's new plan year will be a calendar year, starting January 1, 2012. Therefore, this open-enrollment period will provide for an "early renewal" for those of you already purchasing one (1) of the self-pay plans. Currently, the retiree plan year is March 1 through February 28th.

SELF-PAY RETIREE ENHANCED PLAN RATES:

You have three (3) ways to make payment for any of the self-pay plans: quarterly, semi-annually or annually. If you opt to pay semi-annually, your premium will be discounted by 5%. If you opt to pay annually, your premium will be discounted by 10%.

<u>Plan</u>	<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency</u>
Premium	\$ 156.75	\$ 313.50	\$ 473.00	Quarterly
	\$ 299.25	\$ 598.50	\$ 903.00	Semi-Annual (@ 5% discount)
	\$ 570.00	\$1,140.00	\$1,720.00	Annual (@ 10% discount)
Premium Plus	\$ 217.25	\$ 393.25	\$ 569.25	Quarterly
	\$ 414.75	\$ 750.75	\$1,086.75	Semi-Annual (@ 5% discount)
	\$ 790.00	\$1,430.00	\$2,070.00	Annual (@ 10% discount)
Platinum	\$ 228.25	\$ 412.50	\$ 599.50	Quarterly
	\$ 435.75	\$ 787.50	\$1,144.50	Semi-Annual (@ 5% discount)
	\$ 830.00	\$1,500.00	\$2,180.00	Annual (@ 10% discount)

ENROLLMENT REQUIRED:

If you choose to purchase one (1) of the Benefit Fund sponsored plans, please complete and have the enclosed enrollment form notarized, then return your **notarized** enrollment form with your premium payment to the Benefit Fund. You must remain in your choice of plan for at least two (2) consecutive calendar years before being eligible to move up or down to another plan.

If you choose to re-enroll in the no-cost “Basic Retiree Plan”, please complete and have the enclosed re-enrollment form notarized, then return your **notarized** re-enrollment form to the Benefit Fund. You must remain in this plan for at least two (2) consecutive calendar years before being eligible to move up to another plan.

If you choose to remain in the CapDent or Healthplex America plans, no action need be taken. Just send in your premium payment as you have in the past.

NEW RULE ALLOWING FOR DROP DOWN TO “BASIC RETIREE PLAN”:

Retirees who opt for coverage in either the **Premium** or the **Premium Plus Plans** will be provided yearly opportunities to move up to greater coverage during the open enrollment period (usually November and December of each year). All retirees who opt for any of the self-pay plans will be offered the opportunity to move down to lesser coverage, INCLUDING THE FREE “BASIC RETIREE PLAN”, provided they remain in and pay for two (2) consecutive calendar years of the self-pay plan they selected. If a retiree drops down, then s/he must stay on the reduced coverage plan for two (2) consecutive calendar years before any upgrade in coverage is permitted.

NONPAYMENT MEANS LOSS OF BENEFITS FOREVER:

If the Fund does not receive your self-pay plan payment to continue benefits, your coverage will cease and you will not be entitled to resume participation in the future in any retiree plan offered by the Fund, including the “Basic Retiree Plan”! **All benefits will cease.**

COVERAGE FOR ELIGIBLE DEPENDENTS:

Eligibility for dependents is based upon the coverage you choose during this open enrollment period. If you elect individual coverage at this time, you will not be entitled to add dependent coverage for a period of at least two (2) full consecutive calendar years, unless you add a dependent to your family because of a life event (i.e., you get married, you have a child) occurring during those two (2) years. In addition, should you subsequently drop a dependent, that dependent may not be re-enrolled by you until two (2) full years of non-coverage lapses.

QUESTIONS? JUST CALL:

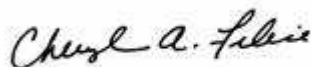
Should you have any questions, please contact the Fund’s Eligibility Department at 631-319-4099 extension 321.

DUE DATE FOR ENROLLMENT FORM AND PAYMENT:

*The completed **notarized** Plan enrollment form and payment for the Plan type and frequency of your choice must be received at the Fund no later than December 16, 2011.*

We hope you are as pleased as we Trustees are, that we may offer these options to our retirees so they may be able to continue to reap the enriched benefits of the Benefit Fund and be afforded even greater choice.

Very truly yours,



Cheryl A. Felice, Chairperson
Suffolk County Municipal Employees Benefit Fund
Enclosure