



SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

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

November 2011

Dear Retiree:

As you know, in 2007 the Suffolk County Municipal Employees Benefit Fund (Fund) offered, in addition to the no-cost “Basic Retiree Plan” and COBRA, three (3) options of self-pay retiree benefits coverage. The Trustees are pleased to announce some very valuable changes about those plans:

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 PLANS:

All benefit packages offered on a self-pay basis are at the same level of benefits as those currently enjoyed by the active members of the Benefit Fund!

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.

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

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.

ENROLLMENT REQUIRED:

To be covered under any of the above plans, you must enroll and pay for two (2) consecutive calendar years. The appropriate enrollment form is enclosed.

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:

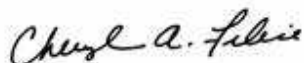
Should you have any questions, please contact the Fund’s Eligibility Department at 631-319-4099 ext. 321.

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