

Suffolk County Municipal Employees

December 2012, Volume 39, Issue 2

BENEFIT FUND



Benefit Improvements on Pre-Determination

Thank you for making the Fund aware of where you would like to see improved services. As a result of your input, the Board of Trustees voted to improve dental benefits for pre-determination for all of Suffolk County Benefit Fund members. **Effective October 1, 2012 Dental procedures re-**

quiring a pre-determination will be required for claims that will exceed \$1000, up from \$500.

Dental Benefits require pre-determination for certain procedures for several reasons:

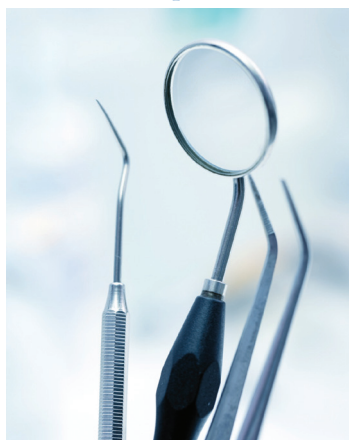
- 1) To determine if the procedure is medically necessary.
- 2) To monitor practitioners in the claims they submit.
- 3) To protect the Benefit Fund's assets to insure we sustain a healthy reserve to have the money to pay your claims when you need them most.

Members who fail to obtain the proper approval prior to the completion of dental work will be denied payment for the services provided.



The Benefit Reference Guide is clear and unambiguous; members **MUST** get a pre-determination for certain procedures. When you obtain your pre-determination for all dental procedures over \$1000, and your claim is clinically approved, your claim will be paid according to the Fund's dental fee schedule.

Payment will be sent by our third-party administrator, Healthplex, Inc..



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What does a Third-Party Provider do for Fund Members?

A third-party provider is an administrator hired by the Fund to process and pay claims. In 2009, Healthplex, Inc. was hired to streamline the Fund's Dental claims, increase our In-Network Provider List and save the Fund money.

After three years, they have saved the Fund nearly \$2 million dollars in dental fees and increased the number of providers available to our members. Healthplex, Inc. is not our insurance company.

The Benefit Fund remains financially respon-

sible for your covered benefits.

Healthplex, as our third-party administrator, reviews all Fund dental claims to insure payments are made according to the guidelines set by the SCME Benefit Fund and the Board of Trustees.

Benefit Fund Highlights

✓ The Fund offers **FREE** Notary Services to all Fund members and their families.

✓ Fund Offices are conveniently located in Suite D of the AME Union Offices, Bohemia, NY.

✓ The Fund is a separate legal entity from the County and the Union, but run jointly by each.

The Benefit Fund Operation

“Management employees and Elected County Officials also receive benefits offered by the SCME Benefit Fund.”

The Suffolk County Municipal Employees Benefit Fund (“Fund”) is a legal entity established by a collective bargaining agreement between the Association of Municipal Employees, AME (“Union”) representing County employees, and the County of Suffolk.

Several other municipal unions are also members of the Benefit Fund. They include Probation Officers, Deputy Sheriff’s, Park Police, Corrections Officers, and Westhampton Village Highway work-

ers, Management employees, County Elected Officials, the Suffolk County IDA, Vanderbilt Museum and certain employees of SCCC also receive benefits offered by the SCME Benefit Fund.

The County pays the Fund a contribution rate per member, which is set through AME’s negotiations.

The Fund offers ancillary benefits to members and eligible dependents and provides a reduced level of retiree benefits because the Fund receives no

additional funds for members once they retire.

The Fund is a private Trust, jointly managed by an eight member Board of Trustees, half are appointed by labor and half by the County. When a vacancy exists, half of the Trustees are appointed by the AME Executive Board to 3-year terms, but one trustee for the union is the sitting AME President. The remaining half are appointed by the County Executive to a term set by the County.

The Board of Trustees and Fund Administration

The Benefit Fund is governed by a joint Board of Trustees comprised of an equal number of trustees from the Association and the County Management. The Trustees are governed by a Declaration of Trust designed to protect the beneficiaries of the Fund. Under its Trust Agreement, the Fund is mandated to submit its financial information annually to a certified public accountant. The Fund consults with industry professionals such as attorneys, auditors, actuaries and investment managers to assist the Trustees in delivering services to you. All of the benefits provided by the Fund are self-insured. Therefore, the Fund maintains accounts at various banks and has a diverse investment portfolio.

The Board of Trustees employs personnel who are responsible for the daily operation of the Fund, foremost of which is the processing of claims. The Fund Administrator is the officially designated agent for services and legal process on behalf of the Fund. All decisions of the Fund Administrator and the Fund’s staff are subject to a written appeal to the Board of Trustees.

Debra A. Alloncius is the Fund Administrator with a

30-year career at the Department of Social Services. Debra advanced through the ranks and was last charged with administering the Employability Program. She has a Bachelor of Arts from Stony Brook University and completed the prestigious Masters Program for Fund Administrators at the International Foundation of Employees Benefit Plans (IFEBP.) Ms. Alloncius finished her county career at the Union where she served in a full-time capacity as AME’s Political Director/Legislative Liaison.

Cheryl A. Felice is the Deputy Fund Administrator, who served as a Fund Trustee for 16 years and was AME Union President and the Fund’s Board Chair for the last nine years. Cheryl has an Executive MBA in Leadership and Organizational Management from St. Joseph’s College and completed the IFEBP Masters Program for Fund Trustees and Fund Administrators. Ms. Felice received a Certificate in Strategic Planning from Cornell University.

Labor Trustees - Labor filled an expired term for Trustee with Susan M. La Sala from the Department of Social Services, whose term will run through

June 30, 2015. She joins the three other Labor Trustees, Frank Casiglia, Retiree, whose term runs through June 30, 2013, Vice Chair, Josephine Passantino from Suffolk County Community College, whose terms runs through June 30, 2014, and Daniel P. Farrell who will serve as Trustee for the remainder of his term as AME President through June 30, 2015.

Management Trustees - Earlier this year, two new Management Trustees were appointed. They are Dennis M. Cohen, Acting Chief Deputy County Executive and Paul S. Margiotta, Acting County Attorney and Acting Labor Relations Director. They join Trustees Frank Nardelli, from the Labor Department and Chairman, Jeffrey L. Tempera, Assistant Vice President for Employee Resources at Suffolk County Community College. All Management Trustees serve a term of office as determined by the County Executive.

The Fund achieved its most significant growth in assets during the past six years and is looking forward to more labor/management cooperation on behalf of all of the Fund’s participants and their families.

“The Fund achieved its most significant growth in Fund assets during the past six years ...”

Still have Questions?

If you have any questions, please contact the Fund at 631-319-4099 or email us at Inquiry@scmebf.org. (Be sure to put “Fund Question” in the subject line.)

To insure your privacy and mandatory adherence to the HIPAA laws, we can only answer your personal claim information if you provide us with your Personal Identification Num-

ber (PIN), your Benefit Fund Number or the last 4-digits of your social security number.

We can only answer questions on spousal claims if the Fund has the proper authorization release forms on file.

Dental Questions

Dental questions should first be directed to our

third-party dental administrator + dental consultant, Healthplex, Inc. at 1-888-468-5178. However, you may always call the Fund if you need any additional help or guidance.

Emergencies Only

For Emergencies or Urgent calls only, please call 631-767-1941.



Prescription Co-Pay Reimbursement Policy

Since January 1, 2012, the Benefit Fund no longer requires members to provide the prescription name in order to receive the allowable co-pay reimbursement.

The easiest way to accomplish this task is to sign onto the Express Scripts website found at <http://www.express-scripts.com> and follow the steps below:

1. Create an online account (if you have not already done so) or sign in as a returning member.
2. This brings you to the “Welcome to Express Scripts” page, where you will click on the “My Prescriptions” heading found in the left hand column.
3. This brings you to the “My Prescriptions” page, where you will click on “Prescription History” found at the bottom of the list.
4. This brings you to the “Prescription History” page, where you will then click on the patient whose history you wish to print. Then click on the date range you need and then click on “Show History”.
5. This brings you to the actual “Prescription History” page where you will find a complete history of all the prescriptions you received in the requested calendar year. There is a small box titled “Do not show drug names”. When you click this box, the word confidential will appear. You may now print your history to submit with your Prescription Co-Pay reimbursement form.

If you obtain a printout from your local pharmacy, inquire if their system has the confidentiality capability utilized by Express Scripts. If the answer is yes, you may submit their confidential form. If they cannot withhold the prescription names, you may blacken them out.

Please be advised, if you use any printout other than Express Scripts, it must include patient name, fill date, third-party payment and member co-pay. You may only submit for prescriptions covered by the (EMHP) Employee Medical Health Plan. It is your responsibility to document only co-pay reimbursable drugs you paid for because it may show a zero co-pay by the plan and will have a charge to the member. Your druggist may be able to assist you with this requirement.

“...the Benefit Fund no longer requires members to provide the Fund with the prescription name to receive the allowable co-pay reimbursement.”

Information About Phone Numbers and Websites You Need to Know



Members often call the Benefit Fund for matters other than Fund related benefits. It's important you know the Fund is a separate entity. It is not a department within the County nor are we associated with any Union office. However, there are others receiving benefits from the Fund; AME, SC Probation Officers Assoc., SC Correction Officers Assoc., Park Police PBA and the Deputy Sheriff's PBA. Westhampton Village Highway workers, Management employees, County Elected Officials, the Suffolk County IDA, Vanderbilt Museum and certain employees of SCCC also receive benefits offered by the SCME Benefit Fund.

Often the Fund staff receives calls that are not within our jurisdiction. We will however, assist our members in directing them to the appropriate office. We hope this quick reference guide of contact numbers and websites will guide you to where you can obtain answers for all of your employment and/or benefit questions.

Questions regarding:

- County sponsored medical benefits should be directed to Employee Benefits in the Department of Civil Service or the Empire Blue Cross Blue Shield.
- Prescription questions (other than the Fund's

\$20 co-pay reimbursement benefit) should be directed to the EMHP Prescription Benefit Manager (PBM), currently Express Scripts.

- Your PBM is responsible for the issuance of your year-end prescription statement, which you may submit to the Fund for your co-pay reimbursement (See instructions on page 3).
- Job-related problems and/or questions on special membership incentives should be directed to your **UNION** representative.
- Pension questions should be directed to either Employee Benefits or the appropriate New York State Retirement System.

"Fund Staff members will help you as best they can. However, occasionally they are unable to transfer your call to the correct place. Here is a quick reference guide of contact phone numbers and websites for all your employment related questions."

FUND NUMBERS

S.C. Municipal Employees Benefit Fund
SCMEBF fax number

www.scmebf.org
Email; Inquiry@scmebf.org

631-319-4099
631-218-7970

DENTAL

Healthplex, Inc. (Customer Service)

www.healthplex.com
Email; info@healthplex.com

1-888-468-5178

EMPLOYEE BENEFITS

For Enrollment and Eligibility

www.ebu@suffolkcountyny.gov 631-853-4866

DOCTOR/HOSPITAL

Empire Blue Cross Blue Shield
24-hours Nurse Talk Line
Out-of-State Network Providers

www.empireblue.com 1-800-939-7515
1-877-Talk2RN
1-800-810-BLUE

PRESCRIPTION BENEFITS

Express Scripts
Prescription Waiver Forms (ESI)

www.express-scripts.com 1-800-939-7515
www.emhp.org 1-800-357-9577

MENTAL HEALTH BENEFITS

Value Options (Mental Health)

1-800-939-7515

BLOOD LAB WORK

QUEST Diagnostics for all LI Sites
QUEST Diagnostics Automated
Appointment Scheduling

www.questdiagnostics.com 1-800-877-7535
www.questdiagnostics.com 1-888-277-8772
/ scheduling

FUND UNIONS

S.C. Association of Municipal Employee
(and Westhampton Village Highway)
S.C. Probation Officer's Association
S.C. Deputy Sheriff's and Park Police PBA
S.C. Correction Officer's Association

631-589-8400
631-208-1301
631-289-1768
631-654-2080

NYS Retirement System

518-474-7736

Good News for Retired Members – after trying a “Self-Pay” Enhanced Retiree Plan for 2 years, a drop back to the “NO-Cost” Basic Plan is permitted

The Fund has good news for retired members. In a program that began on January 1, 2012, *retirees will be permitted to “drop back” to the “No-Cost” Basic Retiree Plan* after participation for 2 consecutive years in any one of the “Self-Pay” Enhanced Retiree Plans.

We encourage retirees to take advantage of the Benefit Fund’s Open Enrollment season now through January 15th 2013, by electing to join one of the “Self-Pay” Enhanced Retiree Plans. Enrollment for all plans is available annually to every retiree even if they were previously dropped from the “No-Cost” Basic Retiree Plan. Retirees enrolled in the Cap Dent or Healthplex America Plans will see those programs end on December 31, 2012. Cap Dent and Healthplex America enrollees who do not opt for one of the “Self-Pay” Enhanced Plans will be re-enrolled in the Basic Plan on January 1, 2013.

Rates for the 2013 “Self-Pay” Enhanced Retiree Plans are the same as they were in 2011, which are 30% less than they were in 2006. The joint Board of Trustees worked cooperatively in developing the “Enhanced” options and works cooperatively in adjusting premium costs for each plan. The Board of Trustees, past and present, are proud to offer a valuable alternative for retirees, helping them plan for their ancillary care long into retirement.

“SELF-PAY” ENHANCED RETIREE PLANS for 2013

- 1) Effective date of Plan coverage is January 1, 2013 - December 31, 2014;
- 2) **“Self-Pay” Enhanced Retiree Plans** are offered in three (3) benefit levels:
 - a. Premium
 - b. Premium Plus
 - c. Platinum

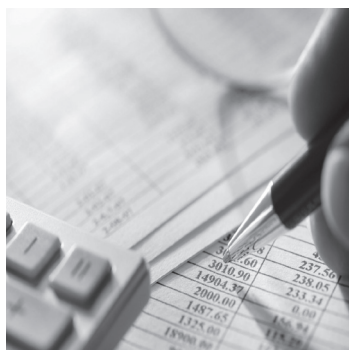
*Retirees who opt for coverage in either the **Premium** or the **Premium Plus Plans** will be able to “move up” to greater coverage during any future open enrollment period.*

- 3) **Retirees** are permitted to “drop back” down to the “No-Cost” Basic Retiree Plan **after** enrolling in and paying for one of the “Self-Pay” Enhanced Retiree Plans for **2** consecutive years, beginning January 1, 2012. So, renewing your enrollment for 2013 will satisfy the Fund 2-year enrollment requirement.
- 4) This new “drop back” provision became available during the 2011 open enrollment period and became effective for enrollment in any “Self-Pay” plan beginning January 1, 2012. It requires retirees to re-enroll by January 15, 2013, thus completing their 2-year commitment. For new enrollees, you must enroll for a “Self-Pay” Enhanced Retiree Plan with a 2-year commitment going forward.
- 5) A retiree can only “drop back” to a reduced coverage plan **after** they remain in and pay for the selected “Self-Pay” Enhanced Retiree Plan for **two (2) consecutive calendar years**.
- 6) A retiree must remain in the “No-Cost” Basic Retiree Plan for at least **two (2) consecutive calendar years** before s/he will be given the opportunity to again enroll in one of the “Self-Pay” Enhanced Retiree Plans.



Rates for the 2013 “Self-Pay” Enhanced Retiree Plan are the same as they were in 2011, which are 30% less than they were in 2006.

“Retirees who opt for coverage in either the Premium or the Premium Plus Plans will be able to “move up” to greater coverage during any future open enrollment period.”



*“As promised,
the cost for 2013 plans
remains at the same
rates that were set
in 2011!”*

- 7) As promised, the **cost** for 2013 plans remains at the same rates set in 2011! Pay your premium once annually, instead of on a quarterly payment plan, and enjoy a 10% savings or pay semi-annually and save 5%. Choose:
- Quarterly (no Premium discount)
 - Semi-Annually (Premium discounted by 5%)
 - Annually (Premium discounted by 10%)

8) **Open Enrollment:** 2013 is available to ALL Retirees. However, if you were previously dropped from the **Healthplex Cap-Dent Program** or the “No-Cost” Basic Retiree Plan or you are currently enrolled in the “No-Cost” Basic Retiree Plan, at this time you may only enroll in one of the “Self-Pay” Enhanced Retiree Plans.

- 9) **“Self-Pay”** Enhanced Retiree Plans offer three (3) dependent coverage options:
- Individual**
 - Individual + 1
 - Family

***When electing individual coverage, adding dependent coverage can only be done after two (2) full consecutive calendar years, unless you add a dependent to your family due to a life event, (i.e., marriage or adopting a child). In addition, should you subsequently drop a dependent, you may not re-enroll that dependent until a lapse of two (2) full years of non-coverage.*

“SELF-PAY” ENHANCED RETIREE PLANS, a choice of 3 Plans:

All “Self-Pay” Enhanced Retiree Plan benefit packages include different levels of active member benefits, except Bereavement and Survivors benefits.

1. The Premium Plan:

- Dental, \$2,250.00 per individual per year
- Implants, \$2,000.00 – 4 @ \$500.00 each per individual per lifetime
- Orthodontia, \$1,995.00 – 1/ 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

*“Open enrollment
is available
to all retirees,
even if you were
dropped from the
No-Cost Basic
Retiree Plans.”*

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 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)

2. The Premium Plus Plan:

- Dental, \$2,250.00 per individual per year
- Implants, \$2,000.00 – 4 @ \$500.00 each per individual per lifetime
- Orthodontia, \$1,995.00 – 1/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
- Prescription Drug Co-Payment Reimbursement, \$350.00 per family per year, with a maximum of up to \$20.00 per eligible prescription

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 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)

3. The **Platinum Plan** offers:

- Dental, \$2,250.00 per individual per year
- Implants, \$2,000.00 – 4 @ \$500.00 each per individual per lifetime
- Orthodontia, \$1,995.00 – 1/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
- 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



<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 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)

“NO-COST” BASIC RETIREE BENEFITS

Coverage Includes

- 1) Dental - \$750.00 per year, per family, max of \$500.00 per individual
- 2) Optical - \$80.00 per year, per eligible family member
- 3) Hearing Aid - \$400.00 once every 36 months, per eligible family member

Those who are already enrolled in the “No-Cost” Basic Retiree plan and **do not** wish to change, will **remain** in the No-cost Basic Retiree plan.

“If you lost your “No-Cost” Basic Retiree Plan coverage previously, you can re-enroll in one of our Self-Pay Enhanced Retiree Plans now...”

Important Reminders

If you previously lost your “No-Cost” Basic Retiree Plan coverage, you may enroll in one of our “Self-Pay” Enhanced Retiree Plans now and may drop back down to the “No-Cost” Basic Retiree plan after paying for any one

of the “Self-Pay” plans for **two (2)** consecutive years.

Your coverage will cease if the Fund does not receive payment for your “Self-Pay” Enhanced Retiree Plan. If coverage is terminated, you will not be entitled to resume participation

in any retiree plan offered by the Fund in the future.

Should you have any questions or would like to meet with us personally, **please contact Eligibility at: 631-319-4099 ext. 321.** We are here to help.

“... and you can drop back to the “No-Cost” Basic Retiree plan in 2 years.”

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www.scmebf.org

To the extent that this newsletter describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Benefits Reference Guide, or as amended in subsequent writings issued by the Fund, or a policy of insurance (e.g., life insurance), the language of the Benefits Reference Guide, as amended, and/or the group insurance contract, which specify the exact benefits provided, will govern in the event of inconsistency between it and the language of this newsletter.