

# Suffolk County Municipal Employees

## BENEFIT FUND

June 2013, Volume 40, Issue 1



### New Identification Cards for Members

New Identification Cards were mailed to our members and their dependents in May/June 2013. **Healthplex Inc.**, the Fund's Third-Party Dental Administrator, distributed new ID Cards to assist in determining eligibility for Dental benefits. The back of your ID card reminds you to **pre-determine any dental claim that is over \$1000**. Your plan is also subject to other coverage maximums, frequency limitations and exclusions. **When in doubt, call Healthplex at 1-888-468-5178.**

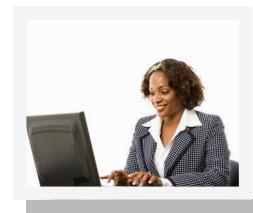
Pre-determinations are recommended for verifying plan coverage in addition to determining any out-of-pocket expenses you will be responsible for. Pre-determinations are **MANDATORY** for surgical periodontal, orthodontia and implant related procedures. Be



certain of your plan coverage prior to accessing services because you will be responsible for all costs not covered under our plan. If you obtain services that required a pre-determination but failed to obtain the required authorization, you may be subject to a \$250 penalty even if the treatment was within plan guidelines and clinically approved.

Members may use any licensed dental provider to receive care. To avoid unnecessary out-of-pocket expenses, utilize the wide range of dentists in our

**Dental Provider Network.** Call **Healthplex** or the **Fund** for a complete list of In-Network providers or check the **Healthplex** or **Fund** websites provider lists and covered benefits.



[www.healthplex.com](http://www.healthplex.com)

or

[www.scmebf.org](http://www.scmebf.org)

**Healthplex at 1-888-468-5178  
Fund at 1-631-319-4099**

### Inside this Issue:

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### Your Identification Card Insures Your Privacy

...and helps the Fund process your claims promptly

To insure your privacy and the Fund's mandatory adherence to HIPAA laws, our Claims Examiners will ask you for your Benefit Fund Identification number located on the front of your new ID card. This number helps you obtain vouchers, answers to your questions and will pro-

vide prompt processing of all your claim requests.

**REMEMBER:** The Fund

may provide answers on ONLY YOUR claim questions. To access information available on the Fund's Web site on your spouse's claims or adult dependent's claims, the Fund must have written au-

To update your file, complete an Authorization for Release of Information Form, as listed in this Newsletter on page 9, and also

adult dependent's claims, the the authorization to the Fund or fax it to 218-7970.

### Benefit Fund Highlights

- ✓ IRS Tax forms for reimbursement MUST include your preparer's signature, even if electronically filed.
- ✓ Benefit Fund Offices are conveniently located in Suite D at the AME Union Offices, Bohemia, NY.
- ✓ The Benefit Fund is a separate legal entity, jointly managed through a Labor/Management Trust.

## Trustees Enhance Benefit on Dental Pre-determination

***"Requiring a Pre-determination is not to interfere with your Dentist's professional judgment or to delay your dental care, rather, it allows for resolution of any questions of medical necessity and cost before the work is done."***

In 2012, the Labor/Management Board of Trustees reviewed the number of claim denials for dental procedures when a pre-determination was required but not obtained. In accordance with the Benefit Reference Guide, these claims were DENIED IN FULL even when the procedure was a covered benefit and deemed clinically necessary.

After careful analysis, on August 22, 2012, the Board of Trustees voted to amend the Plan and allow payment of the benefit in-full, per plan guidelines provided it was covered and clinically necessary. However, a \$250 penalty will be imposed for failure to obtain the required pre-determination.

### Why are Dental Pre-determinations necessary?

Your dentist is required to complete a pre-determination request form and submit it to Healthplex with a properly mounted set of x-ray films, diagnostic pictures/or photos, treatment plan and any other pertinent documentation.

**Please note:** Requiring a pre-determination is not to interfere with your Dentist's professional judgment or to delay your dental care, rather, it allows for resolution of any questions of medical necessity and cost before the work is done.

A pre-determination is required for all orthodontia, all surgical periodontal and any implant related procedure.

Once a pre-determination is formally issued, it is valid for 12 months from the date of issuance. For example, if a pre-determination is issued on July 1, 2013, it will expire on June 30, 2014.

### Pre-determination requirements were raised from \$500 to \$1000.

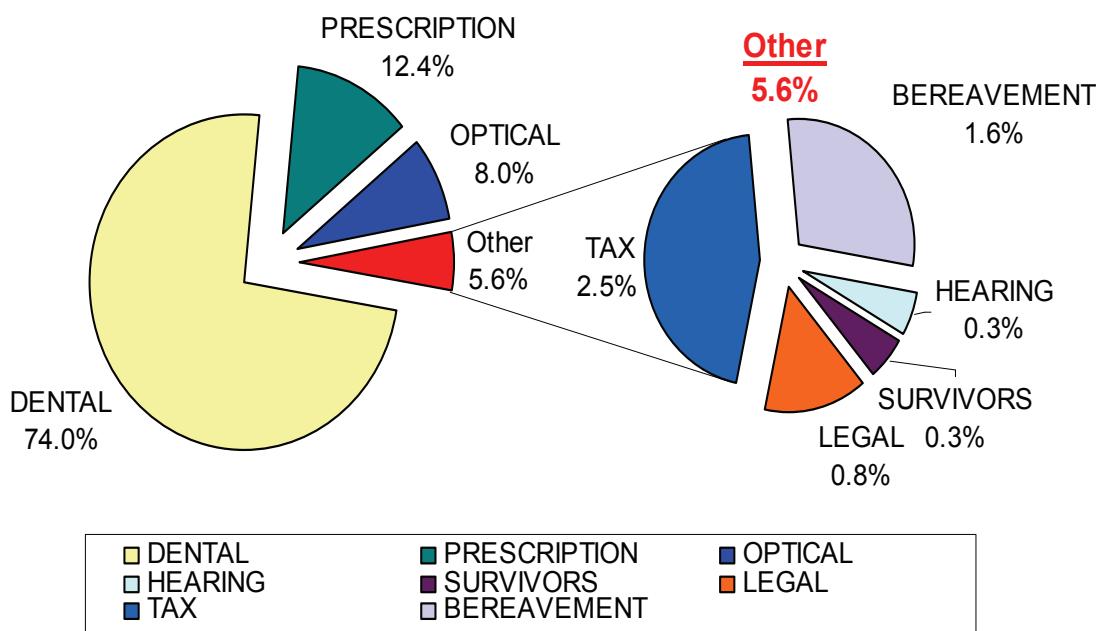
To further help our members achieve optimal dental care, pre-determinations (outside of orthodontia, implants and surgical periodontal) must be obtained for any work over \$1000, up from \$500.

The Board of Trustees, while insuring the fiscal integrity of the Fund, continuously strives to maintain benefits consistent with our members needs and the needs of their families.

### Paid Claims in 2012 Totaled Nearly \$11 Million

Last year the Fund reimbursed over \$10,827,743 to our members for all covered benefits. Over 74% of claims were for dental expenses. In disbursing these benefits, we processed over 185,617 procedures, issued more than 18,312 claim vouchers and mailed 134,739 checks, letters, and explanations of benefits (EOBs).

### 2012 Benefit Breakdown



# Important decisions before you RETIRE ...consider your BENEFIT FUND coverage too!

*"Benefit Fund claims can be paid at the Active rate after retirement, however, you must have obtained the covered services PRIOR to your retirement date."*

**Congratulations**, you're planning to retire! As you consider retirement, keep in mind Benefit Fund Retiree Benefits are not at the same level as they were when you were an Active employee. Remember, your Benefit Fund benefits are those ancillary benefits separate from your medical health insurance plan.

It is important to remember the Fund will process and pay for your covered ancillary benefits at the Active level after you retire providing you **accessed the benefits or services PRIOR to your retirement date**, up to the limits set forth in the Benefit Reference Guide and/or its Amendments.

As a retiree, you may opt for additional coverage at the Active level of benefits under **COBRA** coverage (enrollment must be within 60 days of your retirement date), or by enrolling in one of the "**Self-Pay**" Enhanced Retiree Plans. If you do not elect for COBRA within 60 days of retirement or one of the "Self-Pay" Enhanced Retiree Plans at the time of your retirement, you will only be permitted to enroll in one of the "Self-Pay" Enhanced Retiree Plans during the open enrollment period at the end of each calendar year.



## Important note on Retiree Dependents-

Retiree Dependent coverage for the "Self-Pay" plans is based upon the level of coverage you choose at retirement. If you select "Individual" coverage, you must stay with this selection for the 2-year enrollment requirement before you have the option of re-enrolling your dependents at the next year's open enrollment. You may only add a dependent within the 2-year enrollment period if you have a life changing event, for example, you get married or have or adopt a child.

## Choose between three (3) options for Benefit Fund Retiree Coverage

Call our Eligibility Department at 319-4099 ext. #321 for assistance regarding your retirement options.

### Option #1- "No-Cost" Basic Retiree Plan

*Once retired, your level of coverage changes to the "No-Cost" Basic Retiree Plan, which includes:*

**Retiree Dental:** \$500 individual or \$750 maximum per family per year;

**Retiree Optical:** \$80 per eligible member/dependent per year; and

**Retiree Hearing Aid:** \$400 per eligible member/dependent once every 36 months.

If you do not enroll in COBRA within 60 days of your retirement date or one of the "Self-Pay" Enhanced Retiree Plans at the time of your retirement, you will be automatically enrolled in the "No-Cost" Basic Retiree Plan. **Remember:** if you remain in the "No-Cost" Basic Retiree Plan, you will only be permitted to enroll in one of the "Self-Pay" Enhanced Retiree Plans during the Open Enrollment period at the end of each calendar year.

*(options continued on next page)*

## Retirement Options Continued...

### **Option #2- Continuation of coverage under COBRA**

**Enrollment must be within 60 days of retirement date.**

Under current COBRA law (Consolidated Omnibus Budget Reconciliation Act), individuals and their families, as a result of separation from employment or retirement, are entitled to continuation of Benefit Fund coverage for up to 18 months. If the individual entitled to COBRA continuation is disabled (as determined under the Social Security Act) or becomes disabled at any time during the first 60 days of COBRA continuation of coverage and satisfies the applicable notice requirement, the plan must provide COBRA continuation of coverage for 29 months. You **MUST** make the selection for **COBRA Coverage within 60 days of your retirement date** and make timely monthly payments for the duration of coverage.

**All COBRA coverage provides the same level of Benefits as the Active member and includes:**

**Dental:** \$2250 General Dentistry and \$2000 Periodontal per eligible person per year; \$2000 Implants (at 4 per lifetime and up to \$500 per implant) per eligible person per lifetime; and \$1995 for orthodontia per eligible person per lifetime.

**Optical:** \$80 per eligible person per year.

**Hearing Aid:** \$400 per eligible person once every 36 months.

**Prescription Drug Co-Pay Reimbursement:** \$350 per year per family (up to \$20 per script for drugs covered under the Suffolk County Employee Health Plan's prescription benefit).

**2013 COBRA rates are:**

\$45.63 per month (\$547.56 annually) for Single coverage.

\$122.19 per month (\$1466.28 annually) for Family coverage.

COBRA payments can be made monthly with no minimum enrollment period required. Once COBRA coverage ends, the retiree has the option of enrolling in one of the three "Self-Pay" Enhanced Retiree Plans or they will be re-enrolled back into the "No-Cost" Basic Retiree Plan.

### **Option #3- "Self-Pay" Enhanced Retiree Plans, choose between three (3) plans.**

**Requires a 2-year minimum enrollment.**

1. **Premium**- Annually \$570-Ind.; \$1,140-Ind.+1; \$1,720-Family Dental, Hearing Aid and Optical with coverage at Active levels.
2. **Premium Plus**- Annually \$790-Ind.; \$1,430-Ind.+1; \$2,070- Family Dental, Hearing Aid, Optical and Prescription Drug Co-Pay Reimbursement with coverage at Active levels.
3. **Platinum**- Annually \$830-Ind.; \$1,500-Ind. +1; \$2,180-Family Dental, Hearing Aid, Optical, Prescription Drug Co-Pay Reimbursement, Tax Preparation Reimbursement and Legal Services Reimbursement, with coverage at Active levels.

When you opt for one of the "Self-Pay" Enhanced Retiree Plans you must remain in your chosen plan for two [2] consecutive years before you are eligible to move-up or drop-down to another "Self-Pay" Enhanced Retiree Plan with less coverage or return back to the "No-Cost" Basic Retiree Plan. You **MUST** make timely payments of all premiums when they are due or the benefits available to you and your eligible dependents will cease.

## Labor Appoints a New Trustee to the Benefit Fund

In accordance with the Labor-Management Trust Document of the Suffolk County Municipal Employees Benefit Fund, the Suffolk County Association of Municipal Employees (AME) appointed **Michael P. Finland**, AME Executive Vice President, as Trustee replacing **Frank S. Casiglia**, whose term expired on June 30, 2013. The Fund would like to thank Mr. Casiglia for his admirable service to the Fund from July 1, 2010 - June 30, 2013.

As the Trust Document states in Article III, Section 3. Terms of Trustees - *"Each County Trustee shall serve for such term as determined by the County at its discretion. The sitting President of the Association (AME) shall, appoint the labor trustees, with the approval of the Association Executive Board and serve as an Association Trustee for the term of his/her presidency.....each other Association Trustee shall serve for a term of three (3) years, or until his/her death, incapacity, resignation or removal by a majority vote of the labor trustees."* There are eight (8) Trustees on the board, 4 - Labor and 4 - Management, who meet 5-6 times a year and attend a number of sub-committee meetings throughout the year.

A Trustee acts solely in the interest of the plan participants and their dependents for the exclusive purpose of providing ancillary benefits within the Trust Fund and Plan Guidelines and applicable law. **Mr. Finland was appointed to a term of July 1, 2013 – June 30, 2016** and joins an esteemed group of past and present Trustees who served the Fund since 1975. On behalf of the Fund, we extend our best wishes to Michael Finland in this new endeavor!

## Fund Files NYS Insurance Department Annual Report

Each year the Fund is subject to periodic examination by the  
**New York State Insurance Department.**

Requirements of the periodic examination are listed in  
**Section 312 of the New York State Insurance Law.**

The annual report details the financial condition of the Fund.

A copy of the  
**2012 Annual Report** for the  
**Suffolk County Municipal Employees Benefit Fund**  
is shown on pages 6-8.

Please call the Fund at 319-4099 if you have any questions.

**ANNUAL REPORTS**  
**For the fiscal year ended December 31, 2012**  
**SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND**  
**30 ORVILLE DRIVE, SUITE D, BOHEMIA, NEW YORK 11716**  
**to the SUPERINTENDENT OF INSURANCE of the STATE OF NEW YORK**  
**- BENEFIT FUND -**  
**STATEMENT OF CHANGES IN FUND, BALANCE (reserve for future benefits)**

ADDITIONS TO FUND BALANCE

Contributions:		
(a) Employer	\$11,659,774	
(b) Employee	208,864	
(c) Other (Specify) <u>Retired Members</u>	<u>500,596</u>	
(d) Total Contributions		\$ 12,369,234
Dividends and Experience Rating Refunds from Insurance Companies		
Investment Income:		
(a) Interest	379,432	
(b) Dividends	105,775	
(c) Rents		
(d) Other (Specify)		
(e) Total Income from Investments	485,207	
Profit on disposal of investments	538,606	
Increase by adjustment in asset values of investments	275,937	
Other Additions: (itemize)		
(a) (See Schedule)	<u>1,637,170</u>	
(c) Total Other Additions		<u>1,637,170</u>
Total Additions		<u>\$ 15,306,154</u>

DEDUCTIONS FROM FUND BALANCE

Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)		
Benefits Provided Directly by the Trust or Separately Maintained Fund		\$ 10,827,743
Payments to an Organization Maintained by the Plan for the Purpose of Providing Benefits to Participants		
Payments or Contract Fees Paid to Independent Organizations or Individuals providing Plan Benefits (Clinics, Hospitals, Doctors, etc.)		
Administrative Expenses:		
(a) Salaries	577,832	
(b) Allowances Expenses, etc.	34,016	
(c) Taxes	46,371	
(d) Fees and Commissions	695,144	
(e) Rent	98,953	
(f) Insurance Premiums	152,291	
(g) Fidelity Bond Premiums	480	
(h) Other Administrative Expenses: (Specify) See Schedule	<u>390,957</u>	
(i) Total Administrative Expenses		1,996,044
Loss on disposal of Investments and fixed Assets		209,660
Decrease by adjustment in asset values of investments		
Other Deductions: (itemize)		
(a) Contributions allocated to SCME Legal Services Fund		
(b) Reserve for Future Benefits (See Attached)	6,375,557	
(c) Total Other Deductions		<u>6,375,557</u>
Total Deductions		<u>\$ 19,409,004</u>

RECONCILEMENT OF FUND BALANCE

Fund Balance (Reserve for Future Benefits) at Beginning of year		
Total Additions During Year (Item 7)	15,306,154	
Total Deductions During Year (Item 16)	<u>(19,409,004)</u>	
Total Net Increase (Decrease)		(4,102,850)
Fund Balance (Reserve for Future Benefits) at End of year (Item 14, Statement of assets and Liabilities)		<u>\$(22,604,248)</u>

**- BENEFIT FUND -**  
**STATEMENT OF ASSETS AND LIABILITIES**

**ASSETS**

	End of Reporting Year
Cash	3,004,888
Receivables	
(a) Contributions:	
(1) Employer	20,372
(2) Other	
(b) Dividends or Experience Rating Refunds	
(c) Other (Specify): Due from Staff Retirement Plan	233
Investments (Other than Real Estate)	
(a) Bank Deposits At Interest and Deposits or Shares In Savings and Loan Associations	1,680,237
(b) Stocks:	
(1) Preferred	
(2) Common	6,369,723
(c) Bonds and Debentures:	
(1) Government Obligation	
(a) Federal	11,461,895
(b) State and Municipal	
(2) Foreign Government Obligations	
(3) Non-Government Obligations	1,396,257
(d) Common Trusts	
(e) Subsidiary Organizations	
Real Estate Loans and Mortgages	
Loans and Notes Receivable: (Other than Real Estate)	
(a) Secured	
Real Estate:	
(a) Operated	
(b) Other Real Estate	
Other Assets:	
(a) Accrued Income	77,089
(b) Prepaid Expenses	9,604
(c) Other (See Schedule)	430,714

Total Assets	<u>\$24,451,012</u>
<b><u>LIABILITIES</u></b>	
Insurance and Annuity Premiums Payable	
Unpaid Claims (Not Covered by Insurance)	
Accounts Payable	88,347
Other Liabilities (See attached)	46,966,913
Reserve for Future Benefits (Fund Balance)	(22,604,248)
Total Liabilities and Reserves	<u>\$ 24,451,012</u>

**ADDITIONAL INFORMATION IS AVAILABLE**

REPORT ON EXAMINATION: This fund is subject to periodic examination by the New York State Insurance Department. All employee-members of the fund, all contributing employers and the participating unions may inspect the Reports on Examination at the New York State Insurance Department, upon presentation of proper credentials. If you wish to see the Report, please contact the New York State Insurance Department, Life Insurance Companies Bureau, 25 Beaver Street, New York, NY 10004 - Telephone (212) 480-5038

SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

Attachment to Annual Report - December 31, 2012

Page 6 - Line 6 (a) – Statement of Changes in Fund Balance (Reserve for Future Benefits)

Other Additions:

Benefits paid (Estimated)	1,500,000
Obligations for current benefit coverage: Benefit claims incurred but not reported – active members	136,000
Future payments of benefits based on accumulated eligibility	1,000
Other	170
Total Other Additions	<u>\$ 1,637,170</u>

Page 6 – Statement of Changes in Fund Balance (Reserve for Future Benefits) – Line 12 (H)

Other Administrative expenses:

Pension expense	185,303
Computer	57,515
Stationery, printing and office expense	48,764
Postage	30,693
Depreciation and Amortization	24,325
Members' benefit information	29,128
Telephone	7,649
Bank Charges	12
Dues and Subscriptions	2,771
Meeting Expense	4,797
Total Administrative expenses:	<u>390,957</u>

Page 6 – Statement of Changes in Fund Balance (Reserve for Future Benefits) – Line 15 (a)

Other Deductions:

Pension adjustment other than net periodic pension cost	754,883
Provision for sick and vacation	2,674
Post Retirement:	
Benefit Claims Incurred but not reported:	
Benefit Claims Incurred but not reported – Retired Members	40,000
Benefits earned and other charges	4,168,000
Interest	1,410,000

Total other Deductions:

6,375,557

Page 7 – Statement of Assets and Liabilities – Line 7 (C)

Other Assets:

Leasehold Improvements	431,282
Furniture and Fixtures	88,944
Computer Equipment	294,766
Sub Total	814,992
Less: Accumulated Depreciation and Amortization	(398,703)
Security Deposit	14,425

Total Other Assets:

430,714

Page 7 – Statement of Assets and Liabilities – Line 13

Other Liabilities:

Deferred Income	372,587
Pension Liability	1,371,943
Employees accumulated vacation and sick pay	38,383
Estimated Liability for claims incurred but not reported for active participant	2,119,000
Estimated Liability for claims incurred but not reported for retired participants	233,000
Estimated Liability for future payments of benefits based on participants accum. Eligibility	1,000
Post retirement benefits for current retirees	19,954,000
Post retirement benefits for active participants fully eligible for benefits	9,429,000
Post retirement benefits for active participants not fully eligible for benefits	13,448,000

Total other Liabilities:

46,966,913

# Update your HIPAA Privacy File at the Fund!



The federal law, the Health Insurance Portability and Accountability Act, ("HIPAA"), requires the Fund protect the confidentiality of your private health information. The Fund will not disclose information without authorization. To access information on your spouse's claims or adult dependent's claims, we must have their written authorization on file with the Fund. To update your file, complete the Authorization for Release of Information Form, (also available on our Website) and **mail or fax it to the Fund at 218-7970**. Thank you.

## FUND AUTHORIZATION FOR RELEASE OF INFORMATION

I \_\_\_\_\_ hereby authorize the Suffolk County Municipal Employees Benefit Fund (the Fund) to disclose my identifiable benefits information as described in this authorization to the individuals listed below:

Name	Relationship (Spouse, Parent, etc.)
1.	
2.	
3.	
4.	
5.	

I authorize the disclosure of treatment and payment information for the following benefits (check all that apply):

All Benefits    OR     Dental     Vision     Prescription     Hearing     Legal     Tax

With the exception of the following types of services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am entitled to receive a copy of this authorization.

I understand that after information is disclosed to the above individuals, federal privacy regulations might not protect that information and the recipient might disclose it to others.

I understand that I have the right to revoke this authorization for any of the above individuals at any time by notifying the Fund in writing at 30 Orville Drive, Suite D, Bohemia, NY 11716-2513. I understand that the revocation is only effective after it is received in writing and logged by the Fund.

I understand that this authorization is valid until such time as I revoke it in writing, until my death, or, if my employment with Suffolk County terminates, for as long as the Fund retains my records.

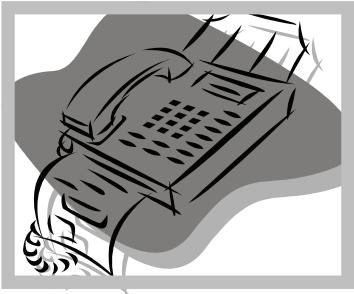
BF#: \_\_\_\_\_ or PIN#: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

If a Personal Representative executes this form, that Representative warrants that he or she has authority to sign this form on the basis of: \_\_\_\_\_

# Keeping your Benefit Fund Enrollment Status Up to Date... is YOUR Legal Obligation

*By: Mirkin & Gordon P.C.*



Too often we do not realize how events in our personal lives affect so many other aspects of our life. One such example is the Suffolk County Municipal Employees Benefit Fund and its coverage of you and your eligible dependents.

As you know, the Suffolk County Municipal Employees Benefit Fund and its Board of Trustees are charged, generally, with the proper administration of the plan of benefits, consistent with its Trust document and the law, and limited, specifically, as to whom benefits may be given. As a beneficiary of the Fund, you also have certain responsibilities, including the legal responsibility to keep the Fund informed of changes in your status, or in your family member's.

For example, if you are divorced, fail to timely notify the Fund that your ex-spouse is no longer eligible as your dependent, and your ex-spouse receives benefits from the Fund, **you may be held financially liable to the Fund for the benefits paid on behalf of your ex-spouse.** In addition, your Fund benefits, and benefits for your eligible dependents, may be suspended until any indebtedness is repaid to the Fund, in full.

Furthermore, if you do not assure that your Fund records are accurate, you may also lose certain rights. **For example, if you fail to notify the Fund of a qualifying event under the Federal law commonly known as COBRA within 60 days of the event, such as your dependent child losing coverage because they are no longer a dependent as defined by the Fund (e.g., 19 and not attending college), the Fund can deny your dependent the right to continue coverage with the Fund, even though you are willing to pay for it.** Once

you miss this deadline, your dependent child will **never** be offered the opportunity to continue coverage again.

So, on behalf of the Board of Trustees of Suffolk County Municipal Employees Benefit Fund we urge you to keep your enrollment with the Fund up to date. It could preserve your rights and save you a lot of money!

**FAX  
all changes  
and updated  
information to the  
Fund to the  
attention of  
"Eligibility"  
at  
631-218-7970  
Thank you!**

**Update your  
Beneficiary Designations Forms  
at your DEPARTMENT  
Payroll/Personnel Human Resource Division**

# Quick Reference Guide on Phone Numbers and Websites



**The Benefit Fund coverage is separate from your Health Insurance plan.**

**The Benefit Fund processes ancillary benefits for:**  
Dental, Optical, Bereavement, Survivors Benefit, Hearing Aid, Prescription Co-Pay Reimbursement, Tax Preparation and Legal.

**The EMHP, (Employees Medical Health Plan) processes health insurance benefits for:**  
Doctors/Hospitals, Prescription Drugs, Mental Health, and Lab Work.

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 is it associated with any Union office.

Fund Staff Members will certainly help you as best they can, however, when your question involves a division outside of the Fund, we will refer you to the correct location or contact.

There are several Suffolk County Bargaining Units receiving benefits from the Fund. They include the Suffolk County Association of Municipal Employees: White Collar and Blue Collar; Suffolk County Community Col-

lege; White Collar, Blue Collar and College Aides; Westhampton Village Highway; SC Probation Officers Association; SC Correction Officers Association; SC Park Police PBA and the SC Deputy Sheriff's PBA. Management employees, County Elected Officials, the Suffolk County IDA, Vanderbilt Museum and Management employees of Suffolk County Community College also receive benefits offered by the Suffolk County Municipal Employees Benefit Fund.

Here is a quick Reference Guide of contact phone numbers and websites you may need during your employment, for your records.

Email Fund questions to:  
**INQUIRY@SCMEBF.ORG**

Put "Fund Question" in the Memo Line

**For Emergency or Urgent Calls**

**631-319-4099  
ext.#319**

*Leave a  
VOICE MESSAGE  
and your call will be  
promptly returned*

## ◆ **BENEFIT FUND**

SC Municipal Employees Benefit Fund  
SCMEBF fax number

[www.scmebf.org](http://www.scmebf.org)

631-319-4099  
631-218-7970

Fund Email Contact

[Inquiry@scmebf.org](mailto:Inquiry@scmebf.org)

**DENTAL** - Third-Party Administrator  
Healthplex, Inc. (Customer Service)  
Healthplex Email Contact

[www.healthplex.com](http://www.healthplex.com)  
[Info@healthplex.com](mailto:Info@healthplex.com)

1-888-468-5178

◆ **EMHP (Health Insurance)**  
For Enrollment and Eligibility  
Employee Benefit Unit Email Contact

Employee Medical Health Plan  
[www.emhp.org](http://www.emhp.org)  
[ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov)

631-853-4866

## **DOCTOR/HOSPITAL**

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

[www.empireblue.com/emhp](http://www.empireblue.com/emhp)  
[www.bcbs.com](http://www.bcbs.com)

1-800-939-7515  
1-877-Talk2RN  
1-800-810-BLUE

## **PRESCRIPTION BENEFITS**

Express Scripts  
Prescription Waiver Forms Fax Line (ESI)

[www.express-scripts.com](http://www.express-scripts.com)  
fax line only

1-800-950-2662  
1-800-357-9577

## **MENTAL HEALTH BENEFITS**

Value Options (Mental Health)

1-866-909-6472

## **LAB WORK**

QUEST Diagnostics for all LI Sites  
QUEST Diagnostics Automated Appointment Scheduling

[www.questdiagnostics.com](http://www.questdiagnostics.com)  
[www.questdiagnostics.com/scheduling](http://www.questdiagnostics.com/scheduling)

1-800-877-7484  
1-888-277-8772

## ◆ **PARTICPATING UNIONS**

SC Association of Municipal Employees  
(and Westhampton Village Highway)  
SC Probation Officer's Association  
SC Deputy Sheriff's and Park Police PBA  
SC Correction Officer's Association

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

## ◆ **NYS RETIREMENT SYSTEM**

1-518-474-7736

# BOARD OF TRUSTEES

## TRUSTEES

JEFFREY L. TEMPERA  
Chairperson

~  
DENNIS M. COHEN  
PAUL J. MARGIOTTA  
FRANK S. NARDELLI



## TRUSTEES

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Term Begins July, 1, 2013

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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.

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