

Suffolk County Municipal Employees BENEFIT FUND



Benefit Plan Changes, Plan Enrollment and Nominal Fee for participation in Benefit Fund Required Because of PPACA ("Patient Protection Affordable Care Act")

The **Board of Trustees** will be making certain modifications to the Fund's benefit programs and eligibility procedures for the operations and finances of the Suffolk County Municipal Employees Benefits Fund ("Fund") due to uncertainties with respect to the impact of the Federal health care reform law.

Until now, PPACA has had little to no effect on the Fund's programs, which for the most part, are considered "excepted benefits" under the law. However, as we enter its primary enforcement period, the Fund's legal counsel has advised certain modifications should be made in the way the Fund's benefits are administered to limit its exposure to certain high cost mandates and taxes imposed by the law.

The first of these modifications is to require each covered member to make annual elections of coverage for both dental and vision benefits and pay a separate nominal contribution

of \$1 for each of these benefits to the Fund. (This contribution is the same for either individual or family coverage.)

The second involves substantive plan design changes to the Fund's Prescription Co-Pay Reimbursement, in addition to Dental and Optical Benefits payable to the members' eligible dependent children up to 19 years of age. The modifications will include the following:

1) Prescription Drug Co-Pay Reimbursement. For expenses incurred in 2014, the Fund will transition from a monetary limit for annual family co-pay reimbursements for eligible dependents to a set number of reimbursable prescriptions. The Fund will establish a menu of options for this reimbursement, based upon the number of generic, preferred and non-preferred prescriptions.

2) Pediatric Dental. Dental benefits will no longer be subject to a monetary annual maximum for eligible dependents up to 19 years of age. All other dental

benefits and orthodontic benefits, including frequency limits and plan rules, remain the same.

3) Pediatric Optical. The Fund will reimburse vision exams and glasses for eligible dependents up to 19 years of age at the current in-network rates as indicated on the fee schedule.

Finally, but most importantly, all eligible members are **required to make separate elections for coverage of dental and optical benefits** and pay a separate nominal fee of \$1 per member for each benefit (dental and optical) to the Fund. This requisite \$2.00 fee applies only to the Fund member and does not apply to family or eligible dependents.

Enrollment for all members must take place on or about January 1, 2014. A separate enrollment mailing for all members will be forthcoming.

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Enrollment Modifications for 2014

Members of the Fund are **required to make separate elections of coverage for dental and optical benefits** and pay a separate nominal fee of \$1 for each "excepted benefit" (dental and optical). The newly adopted annual fees total \$2.00 and are payable by the member directly to the Fund. This action was approved by the Trustees on October 3, 2013. The enrollment application and fee/s are required by the member only. Eligible dependents are not required to pay any additional fees.

The new Enrollment Form and detailed information on each provision will be published in the next Fund Newsletter on or about January 2014.

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 in Bohemia, NY.
- ✓ The Benefit Fund is a separate legal entity, jointly managed through a Labor/Management Trust.
- ✓ Notary Services are available at the Fund office.

Keep your HIPAA Privacy File Up-To-Date!



The federal law known as the **Health Insurance Portability and Accountability Act**, ("HIPAA") requires the Fund to 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** available on the Fund's website at **www.scmebf.org**. Mail or send the completed form to the Fund's Fax line at 218-7970.

All correspondence is completely confidential.

Availability of HIPAA Notice of Privacy Practices

The Suffolk County Municipal Employees Benefit Fund adheres to the HIPAA Notice of Privacy Practices ("Privacy Notice"), describing how health information of individuals covered by the Fund may be used and disclosed. The tri-annual Privacy Notice was last distributed in April 2010. On September 23, 2013, the Fund updated the HIPAA Privacy Notice on the Fund's website and included instructions on how you may obtain a copy of the Privacy Notice, which may also be downloaded from the website at **www.scmebf.org**.

For a printed copy of the Fund's Privacy Notice, please write to :

Fund Privacy Officer

Suffolk County Municipal Employees Benefit Fund

30 Orville Drive Suite D, Bohemia, New York 11716-2513

Keep your Beneficiary Designations Forms Up-to-date at your Employment Payroll/Personnel Human Resource Division

Welcome New Trustee!

Jennifer K. McNamara, Esq., Acting Director of Labor Relations, who replaces Paul J. Margiotta, former Acting Director of Labor Relations, was welcomed as a new Fund Trustee at the October 3, 2013 meeting of the SCME Benefit Fund. The Trustee appointment was made in September 2013 by County Executive Steve Bellone.

On behalf of the Fund, congratulations, welcome and best wishes!



A Fond Farewell



William Lindsay, Sr.
11/ 24/1945 - 9/11/2013

“Bill” was the longest serving Presiding Officer in the history of the Suffolk County Legislature.

Bill and **Debra Alloncius**, the retiring Administrator of the Suffolk County Municipal Employees Benefit Fund, and former Legislative Director for the Suffolk County Association of Municipal Employees, were last together on one of their favorite holidays, **St. Patrick's Day 2013.**

As **Debra A. Alloncius** prepares for retirement after a combined career of 37 years serving the Department of Social Services, the Suffolk County Association of Municipal Employees and for the last four years as Administrator of the Suffolk County Municipal Employees Benefit Fund, she was asked to reflect on the time she spent serving the people of Suffolk County.

At a meeting held on October 3, 2013, Debra addressed the board of trustees by saying, *“Everything I did as a County employee, for AME, and as Administrator of the Fund was a labor of love. Thank you for taking a leap of faith in me and for providing me with the opportunity to lead the Fund.”* The Trustees thanked Debra for her steadfast resolve in accomplishing every mission she was charged with in a most diligent and professional manner.

Debra is looking forward to spending more time with her fam-

ily, as she reflects on those whose time with family was cut much too soon.

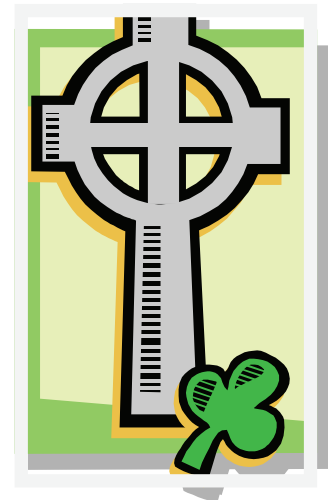
“It was with profound sadness and heavy heart when I bid my last farewell to one of the finest gentleman I have ever had the privilege of working with, **William J. Lindsay, Sr.** The people of Suffolk County were absolutely blessed to have had Bill guide us over the past decade with such astutely profound wisdom and knowledge through such tumultuous times as he did.

As a Legislator and Presiding Officer of the Suffolk County Legislature Bill’s door was always open to me and he would manage to find time to look and listen to what his constituents, who tried to make a difference, had to offer. He truly appreciated valid suggestions to what may work in resolving the plethora of issues he faced daily.

Bill Lindsay was a champion of Suffolk County who was faced

with making several tough decisions in order to right the ship. Through it all, I know his heart was heavy as his life drew to a close. He was a dear friend whom I shall miss dearly...”

*May the smile of God
light you to glory my friend
and may the light of heaven
shine on your grave.*



Instructions for Prescription Reimbursement for 2013

(up to \$350 per family at \$20 per script)

As of January 1, 2012, the Benefit Fund no longer requires members to provide the Fund with the prescription name when submitting for the allowable co-pay reimbursement, unless there is “no fee” shown for the co-payment, then the drug name must be listed.

The easiest way to accomplish this task is to sign onto the Express Scripts Website found at:

www.express-scripts.com

Please 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. Click on the “My Prescriptions” heading in the left hand column;
3. This brings you to the “My Prescriptions” page. Click on “Prescription History” at the bottom of the list;
4. This brings you to the “Prescription History” page. Click on the patient whose history you wish to print; then click on the date range you need. Now click on “Show History”;
5. This brings you to the actual “Prescription History” page. You will find a complete history of all the prescriptions you filled in the calendar year requested. There is a small box titled “Do not show drug names”. When you click this box, the word confidential will appear and you can then 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 a confidentiality capability like 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, member co-pay and you may only submit for prescriptions covered by the Fund. It is your responsibility to document any co-pay reimbursable drugs you paid for because it will 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.

Prescription Co-Pay Reimbursement Benefit

Based upon the requirements of the **Affordable Health Care Act**, the Prescription Co-Pay Benefit will remain unchanged for 2013.

Prescription Co-Pay Reimbursements for 2014 expenses will undergo a plan re-design, which will be outlined in the January 2014 Newsletter.

Note: Requests for 2012 Prescription Co-Pay Reimbursements may still be submitted for payment as long as the claim form is postmarked by December 31, 2013.

Eligibility and filling rules apply.



Special Notice - Optical Vouchers For 2013 Expenses

Optical Vouchers issued **after** November 1st for your 2013 benefit, **EXPIRE** on December 31, 2013, prior to the usual 60-day voucher limit.

To obtain your 2013 Optical Benefit, **your glasses and/or contacts must be ORDERED by December 31, 2013.** Optical Vouchers for 2013 claims delivered after January 1, 2014 will be covered up to the reimbursable rate for eligible members and dependents **only** if the order for glasses or contacts was made by December 31, 2013.

Call the Fund at 631-319-4099 or visit the website at www.SCMEBF.org for your Optical Voucher today!

ANNUAL OPEN ENROLLMENT NOTICE

Options for selecting a “Self-Pay” Enhanced Retiree Plan

The Fund encourages retirees to take advantage of the **Benefit Fund’s Open Enrollment season (now through January 15, 2014)** by electing to join one of the “Self-Pay” Enhanced Retiree Plans.

Annual enrollment for all enhanced plans is available to every retiree even if you were previously dropped from the “No-Cost” Basic Retiree Plan. Best of all, **retirees will continue to enjoy the option to “move up” to another “Self-Pay” Enhanced Retiree Plan or “drop down” to the “No-Cost” Basic Retiree Plan** after participation for two (2) consecutive (calendar) years in any one of the “Self-Pay” Enhanced Retiree Plans.

The Board of Trustees is proud to offer a guaranteed plan rate for the 2-year required enrollment. Rates for the 2014 “Self-Pay” Enhanced Retiree Plans will remain the same as they were in 2013 and the rates will also remain the same for the 2015 plan year.

“SELF-PAY” ENHANCED RETIREE PLANS RULES

- 1) Effective date of Plan coverage is January 1, 2014 - December 31, 2015.
- 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 down” to the “No-Cost” Basic Retiree Plan **after** enrolling in and paying for one of the “Self-Pay” Enhanced Retiree Plans for two (2) consecutive years. The “drop down” provision was made available during the 2012 open enrollment period and remains in effect.
- 4) Retirees currently enrolled in the first calendar year of any “Self-Pay” plans, **must** continue their enrollment through the end of the calendar year 2014, thus, completing their 2-year commitment. New “Self-Pay” enrollees must enroll for a “Self-Pay” Enhanced Retiree Plan with a 2-year commitment for 2014 and 2015.
- 5) **A retiree may only “drop down” 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 and by completing and submitting the Enrollment Form on page 8.**
- 6) When a retiree decides to “drop down” to the “No-Cost” Basic Retiree Plan, they must remain in that plan for at least **two (2)** consecutive calendar years before being given the opportunity to again enroll in one of the “Self-Pay” Enhanced Retiree Plans.
- 7) The **cost** for enrollees for the 2014-2015 plans will remain at the same rates set for the 2012-2013 plans!
Pay your premium once annually, instead of on a quarterly payment plan, and you will enjoy a 10% savings or pay semi-annually and save 5%. Choose one (1), of three (3) payment options:
 - a. Quarterly (no Premium discount)
 - b. Semi-Annually (Premium discounted by 5%)
 - c. Annually (Premium discounted by 10%)

(continued on page 6)

Annual Open Enrollment Notice, continued

(continued from page 5)

8) **Open Enrollment** for 2014 is again available to ALL Retirees. If you were previously dropped from the **Healthplex CapDent Program** or the “No-Cost” Basic Retiree Plan or if you have been enrolled in the “No- Cost” Basic Retiree Plan for at least two (2) consecutive calendar years, you may enroll in one of the “Self-Pay” Enhanced Retiree Plans at this time.

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

- a. Individual**
- b. Individual + 1
- c. Family

****If you have a spouse and opt for individual coverage and drop your spouse’s coverage, your spouse will lose ALL “No-Cost” Basic Retiree Coverage, including Dental, Optical and Hearing Aid. Dependent coverage can only be added after two (2) full consecutive calendar years, unless you have a new dependent due to a life event, (i.e., marriage or adopting a child).**

“SELF-PAY” ENHANCED RETIREE PLANS OPTIONS:

All “Self-Pay” Enhanced Retiree Plan benefit packages include various benefits options at the active levels (except Bereavement and Survivors benefits).

1. The **Premium Plan:**

- Dental, \$2,750.00 per individual, per calendar year
Implants, \$4,000.00 – per individual, per lifetime, for implants and abutments reimbursable at up to \$500.00 each
Orthodontia, \$1,995.00 – per individual, per lifetime
Periodontal, \$2,000.00 – per individual, per calendar year
- Hearing aid, \$400.00 per individual, every 36 months
- Optical, \$80.00 per individual, per calendar year

<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, \$2,750.00 per individual, per calendar year
Implants, \$4,000.00 – per individual, per lifetime, for implants and abutments reimbursable at up to \$500.00 each
Orthodontia, \$1,995.00 – per individual, per lifetime
Periodontal, \$2,000.00 – per individual, per calendar year
- Hearing aid, \$400.00 per individual, every 36 months
- Optical, \$80.00 per individual, per calendar year
- Prescription Drug Co-Payment Reimbursement for 2013, \$350.00 per family, per calendar year for 2013 with a maximum of up to \$20.00 per eligible prescription ******(See NOTICE on page 4.)

<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)

(continued on page 7)

Annual Open Enrollment Notice, continued

(continued from page 6)

3. The **Platinum Plan** offers:

- Dental, \$2,750.00 per individual, per calendar year
Implants, \$4,000.00 – per individual, per lifetime, for implants and abutments reimbursable at up to \$500.00 each
Orthodontia, \$1,995.00 – per individual, per lifetime
Periodontal, \$2,000.00 – per individual, per calendar year
- Hearing aid, \$400.00 per individual, every 36 months
- Optical, \$80.00 per individual, per calendar year
- Prescription Drug Co-Payment Reimbursement for 2013, \$350.00 per family, per calendar year with a maximum of up to \$20.00 per eligible prescription ******(See NOTICE on page 4.)
- Tax Preparation, \$30.00 short form or \$70.00 long form per member, per calendar year
- Legal Services, up to \$1,000.00 per family, per calendar 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 PLAN Benefits Coverage Includes:

- 1) Dental - \$750.00 per year, per family, maximum 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, **need do nothing** further to remain in the “No-Cost” Basic Retiree Plan.

ATTENTION RETIREES!

**This is the ONLY
Open Enrollment Notice you will receive!**

If you are interested in enrolling in one of the
“Self-Pay” Enhanced Retiree Plans,
**sign the FORM on the next page (Page 8),
have it Notarized and return it to the Fund
by January 15, 2014, together with your payment.**

Any questions, please call our
Eligibility Coordinator at 631-319-4099 ext. 321
or Administration at 631-319-4099 ext. 319
Notary Services Available at the Fund

Open Enrollment Application 2014 - 2015

"SELF-PAY" ENHANCED RETIREE PLAN ENROLLMENT FORM

Name: _____ Benefit Fund ID#: BF00 _____

Address: _____

Email Address: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

SELECT ONE OF THE FOLLOWING PLANS:

☐ "SELF-PAY" ENHANCED PLAN: ☐ Premium ☐ Premium Plus ☐ Platinum

COVERAGE ELECTED: ☐ Individual ☐ Individual + 1 ☐ Family

PAYMENT OPTIONS: ☐ Annual ☐ Semi-Annual ☐ Quarterly

AMOUNT ENCLOSED: \$ _____ CHECK/MONEY ORDER #: _____

☐ "NO-COST" BASIC RETIREE PLAN – I wish to "drop down" from my "Self-Pay" Enhanced Retiree Plan and have completed my two (2) year enrollment requirement of this plan.

COVERED DEPENDENTS:

I have received and reviewed the Fund's explanation letter for coverage available under the three (3) "Self-Pay" Enhanced Retiree Plans and the "No-Cost" Basic Retiree Plan. I elect to enroll in either the "Self-Pay" Enhanced Retiree Plan or the "No-Cost" Basic Retiree Plan as indicated above. I understand this election is a commitment for two (2) full consecutive calendar years in my selected plan. I understand after participating in my selected retiree plan for two (2) full consecutive calendar years I may either upgrade to one of the "Self-Pay" Enhanced Retiree Plans or "drop down" to the "No-Cost" Basic Retiree Plan during the appropriate annual open enrollment period. However, I must remain in the selected plan for two [2] full consecutive years before I am again eligible to enroll in one of the above Retiree Plans.

Signature

Date

Sworn to before me this _____

day of _____, 201 _____

NOTARY PUBLIC

COMPLETED FORM AND PLAN PAYMENT MUST BE RECEIVED BY 1/15/2014

Dental Enhancements Retroactive to January 1, 2013

For all Fund Member at the Active Level Coverage

Dental Benefit Enhancements adopted by the Board of Trustees on Thursday, July 25, 2013, retroactive to January 1, 2013, for members in the **Active Levels** are as follows:

Increased the General Dentistry **Annual Maximum** from **\$2250 to \$2750** per eligible participant/per calendar year.

Increased the lifetime maximum from **\$2000 to \$4000** for **Implants and Abutments** per eligible participant.

Added additional coverage towards Implant **Abutments to the Implant Benefit Lifetime Maximum***. Eligible participants can be reimbursed for up to four (4) Abutments, for no more than \$500 per Abutment/per lifetime, in addition to the previously covered four (4) Implants, also covered for no more than \$500 per implant/per lifetime. *(Please note: Eligible members are responsible for any additional implant related out-of-pocket costs.)

Implant-Supported Crowns will continue to be covered individually, once per lifetime/per tooth, under the separate General Dentistry \$2750 annual maximum.

Additional coverage, also retroactive, January 1, 2013:

Added coverage for Periodontal ADA code 0180 at \$25 General Practitioner and \$35 Specialist per participant, once/per calendar year.

Increased Prosthodontics (Implant-Supported Full Denture) ADA Code 6053 from \$500 to \$650.

Increased Prosthodontics (Implant-Supported Removable Partial Denture) ADA Code 6054 from \$500 to \$695.

Removal of the contractual exclusion for dental treatment, resulting from attrition, abrasion and/or bruxism (**teeth grinding**).

The Fund and our Third-Party Dental Administrator, Healthplex Inc. reviewed all claims previously processed under the former guidelines with dates of services on or after January 1, 2013. Additional payments, where applicable, were reprocessed and paid.

Additional questions, please contact the Fund at:
631-319-4099 ext. "0"

**INCREASED ANNUAL DENTAL MAXIMUMS
DO NOT APPLY TO RETIREES WHO ARE ON THE
"NO-COST" BASIC RETIREE PLAN.**

Disclaimer: To the extent this notice describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Benefit Reference Guides, or as amended in subsequent writings by the Fund, the language of the 2008 Benefit 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 the 2008 Benefit Reference Guide or the amendments. Certain exclusions apply for Basic Retiree Coverage and Retiree Dependent COBRA.

Good News for Active, COBRA and "Self-Pay" Enhanced Retiree Members!

Thanks to the continued co-operation of the
Joint Labor/Management
SCME Benefit Fund
Board of Trustees,
the Lifetime **IMPLANT
Maximum** is increased to
\$4000 and now includes cov-
erage** towards all three (3)
Dental Implant
components!

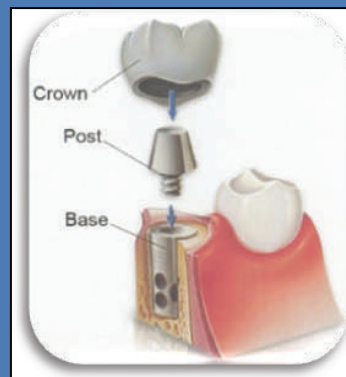
*** (Must be eligible within covered plan, pre-approved and clinically necessary.)*

Increased Coverage for:

**Implants = base
Abutments = post
and**

Crown = cap

(Covered separately under General Dentistry)



Adult and Adolescent Orthodontia Benefit Guidelines

Effective May 2007

The following guidelines are designed to help both members and providers understand and apply the **Adult and Adolescent Orthodontia Benefit** provided by the **Suffolk County Municipal Employees Benefit Fund** and processed by **Healthplex, Inc., the Fund's Third-Party Administrator & Dental Consultant**. Please note, on behalf of the Board of Trustees, the Fund is the insurer who determines the level of benefits and Healthplex processes all pre-determinations, claims and payments.

Total Benefit

\$2,995 for a standard 24-month case of Active Treatment
\$1,995 paid by the Fund (Maximum **Lifetime** Allowance)
\$1,000 paid by the member (*over a 20-month period at \$50 per month*)*
Plus any additional Passive Treatment at an agreed to price limit of \$25 per month

In-Network Providers Coverage

Lifetime Maximum Payment by Fund - \$1,995 through Healthplex:

First, obtain a pre-determination from Healthplex. Adult cases must have a severe malocclusion and/or functional problem for approval. Cosmetic cases are **NOT** included or benefited
Diagnostic and Appliance Insertion - up to \$595. Includes Study Models, Panorex and/or Photos
Active Treatments up to 14 months - up to \$100 per month

Payment Responsibility by the Member:

Active Treatments for months 1 – 20 at \$50 per month (*\$1000 co-pay*)*
Active Treatments for months 21 – 24 at “No Charge”
Active Treatments after 24 months at \$100 per month
Passive Treatment, with **Basic Retainer** at \$25 per month
Members are responsible for any additional costs for other than the basic retainer.

Out-of-Network Providers

Members who use non-participating orthodontists will be responsible for the difference between the plan allowance in the Fund's Dental Fee Schedule for “Non-Participating Providers” and the actual dental charges.

Dual Members

Members who have coverage at the Active level and are married or registered Domestic Partners of another Fund member are eligible for the following:

Up to an additional \$1995 Lifetime Maximum for the second member, this may cover the
\$1,000 co-pay, office visits exceeding 24 visits and/or Passive Treatments, if any.

Certain exclusions apply for Dual Members if one member is receiving the “No-Cost” Basic Retiree Plan. Call the Fund for limitation details.

Additional Assistance Is Only A Phone Call Away!

For questions regarding **benefit coverage** or to file an appeal, call the **Fund Office** at:
631-319-4099, press “0” and ask for **Linda C. or Linda M.**
For questions about **pre-determination and claims processing**, call **Healthplex** at:
1-888-468-5178 for the SCME Benefit Fund's dedicated line.

Disclaimer: To the extent this benefits presentation describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Benefit Reference Guides, or as amended in subsequent writings by the Fund, or a policy of insurance (e.g., life insurance), the language of the 2008 Benefit 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 presentation.

Quick Reference Guide 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
Reimbursement.

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

♦ BENEFIT FUND

SC Municipal Employees Benefit Fund	www.scmebf.org	1-631-319-4099
SCMEBF fax number		1-631-218-7970
Fund Email Contact	Inquiry@scmebf.org	
Fund Emergency/Urgent Voice Mail		1-631-319-4099 Ext. #319

<i>DENTAL</i> - Third-Party Administrator		
Healthplex, Inc. (Customer Service)	www.healthplex.com	1-888-468-5178
Healthplex Email Contact	Info@healthplex.com	

♦ EMHP (Health Insurance)

For Enrollment and Eligibility	Employee Medical Health Plan	
Employee Benefit Unit Email Contact	www.emhp.org	1-631-853-4866
	ebu@suffolkcountyny.gov	

DOCTOR/HOSPITAL

Empire Blue Cross Blue Shield	www.empireblue.com/emhp	1-800-939-7515
24-Hour Nurse Talk Line		1-877-Talk2RN
Out-of-State Network Providers	www.bcbs.com	1-800-810-BLUE

PRESCRIPTION BENEFITS

Express Scripts	www.express-scripts.com	1-800-950-2662
Prescription Waiver Forms Fax Line (ESI)	fax line only	1-800-357-9577

MENTAL HEALTH BENEFITS

Value Options (Mental Health)	www.valueoptions.com	1-866-909-6472
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LAB WORK

QUEST Diagnostics for all LI Sites	www.questdiagnostics.com	1-800-877-7484
QUEST Diagnostics Automated Appointment Scheduling	www.questdiagnostics.com/scheduling	1-888-277-8772

♦ PARTICIPATING UNIONS

SC Association of Municipal Employees (and Westhampton Village Highway)		1-631-589-8400
SC Probation Officer's Association		1-631-654-2080
SC Deputy Sheriff's		1-631-289-1768
SC Park Police PBA		1-631-563-4200
SC Correction Officer's Association		1-631-208-1301

♦ NYS RETIREMENT SYSTEM

518-474-7736

**SEND all changes of address, phone numbers or dependents
Attention: "Eligibility" at 631-218-7970 (to the confidential Fax Line)
For Emergencies or Urgent Matters, call 631-319-4099 ext. #319**

BOARD OF TRUSTEES

TRUSTEES

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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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