

# Suffolk County Municipal Employees BENEFIT FUND



## PPACA & Enrollment Requirements Restated



SCME Benefit Fund  
Board of Trustees

**ENHANCE** the  
**Prescription**  
**Co-Pay**  
**Reimbursement**  
**Benefit**

For **2014 Rx** Co-pays  
(for details, see page 5)

Due to **CHANGES**  
in the  
**Patient Protection**  
**Affordable Care Act**  
(PPACA),  
↔  
The Fund adopted  
**NEW**  
compliance measures  
(for details, see page 3)



**Previous Requirement for**  
**Annual Enrollment and**  
**“\$2.00” Fee ELIMINATED**  
**for Dental & Optical**

(for full details, see page 3)

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### Benefit Fund Notes

- ✓ Notary Services are available at the Fund office.
- ✓ Benefit Fund Offices are conveniently located in **Suite D** at the AME Union Offices, 30 Orville Dr. Bohemia, NY 11716-2513. (631-319-4099)

# FUND NEWS AND UPDATES



March 2014

It was a long cold winter and a busy time of year at the Fund, processing Prescription Co-Pay Reimbursement, Tax Preparation and Optical Benefits and claims because members primarily utilize their ancillary benefits from December through March.

In spite of the abundance of winter storms, the Fund remained diligent throughout, accepting your voucher requests and processing your claims as quickly as possible.

Nevertheless, the end of our winter claims processing season is approaching and your patience has been appreciated! Next we work on improving the Fund's website and implementing PPACA mandates.

Thank you again and have a happy Spring!

*Cheryl A. Felice*, Fund Administrator

## Welcome New Trustee!

Dennis M. Brown, Esq., the Suffolk County Attorney, who replaced Dennis M. Cohen, Esq., Chief Deputy County Executive, was welcomed as a new Fund Trustee at the Board of Trustees meeting of the SCME Benefit Fund held on February 6, 2014. This Trustee appointment was made on December 31, 2013 by County Executive Steve Bellone.

On behalf of the Fund, we extend our sincere appreciation to Mr. Cohen for his past service. We offer our heartfelt congratulations, welcome and best wishes to Mr. Brown!

## Availability of HIPAA Notice of Privacy Practices (as of 9/23/13)

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. See the Fund's website and instructions on how you may obtain a copy of the Privacy Notice, which may also be downloaded from the Fund's website at: [www.scmebf.org](http://www.scmebf.org)

For a printed copy of the Fund's Privacy Notice, please write to :  
**Cheryl A. Felice, Fund Administrator & Privacy Officer**  
Suffolk County Municipal Employees  
Benefit Fund  
30 Orville Drive, Suite D,  
Bohemia, New York 11716-2513  
631-319-4099 ext 319

The SC Municipal Employees Benefit Fund is a legal entity, separate from Suffolk County government, administered through a joint Labor/Management Trust.

## SCME Benefit Fund

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

631-319-4099

## Ancillary Benefits for:

- Dental
- Optical  
(voucher required)
- Prescription Co-Pay Reimbursement  
(Rx claim form and print-out of prescriptions required)
- Bereavement Benefit
- Survivors Benefit
- Hearing Aid  
(for out-of-pocket expenses up to \$400, voucher required)
- Tax Preparation  
(voucher required)
- Legal Reimbursement  
(voucher required, specific to the type of legal service requested)

## Employees Medical Health Plan (EMHP)

Administered by Suffolk County,  
*not* Administered by the SCME Benefit Fund.

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

at 631-853-4866

## Health Insurance Benefits *for*:

- Doctors/Hospitals
- Prescription Drug Coverage
- Mental Health
- Blood/Lab Work

# Previous Requirement for Annual Enrollment and the “\$2.00” Fee ELIMINATED for Dental & Optical

## CHANGES in the Enrollment Compliance and more in the “Patient Protection Affordable Care Act” (PPACA)

In its continuing effort to comply with the ever-changing landscape of PPACA and its regulations, in February 2014 the **Board of Trustees** modified certain plan administration requirements and benefit designs previously adopted in October 2013. The following is an explanation of those changes.

The requirements directing the Fund to charge a “**nominal fee**” (\$2.00) for the Fund’s Dental and Optical benefits and annually enroll all members for participation in the dental and optical plans are **no longer required**.

However, the Fund must offer new members an opportunity to “Elect” or “Opt-Out” of the Fund’s Dental and/or Optical Benefits upon enrollment and our current members must have the “**Right-to-Opt-Out**” of this coverage annually, all without the need for a fee.

Members who wish to “Opt-Out” of Fund coverage for Dental and/or Optical Benefits will simply need to advise the Fund of their decision to do so, **in writing**. The Fund will mail the “**Right-to-Opt-Out**” notice option annually to each eligible member in July.

### CHANGES TO THE PRESCRIPTION DRUG CO-PAY REIMBURSEMENT BENEFIT

In their continuing effort to deliver valuable benefits to its members, with administrative ease, the Board of Trustees have determined that the Prescription Drug Co-Pay Reimbursement Benefit, for expenses incurred on or after January 1, 2014, shall be REVISED as outlined on page 5.

### PREVIOUS CHANGES TO PEDIATRIC DENTAL BENEFITS RESCINDED

The Trustees’ previous action which provided for unlimited pediatric dental benefits **is RESCINDED** and of no effect. As such, dental coverage for member’s dependents under age 19 will be unchanged in 2014.

### PREVIOUS CHANGES TO PEDIATRIC OPTICAL BENEFITS RESCINDED

The Trustees’ previous action which provided for reimbursement of optical benefits provided to members’ dependents under age 19 at the current in-network rates **is RESCINDED** and of no effect. As such, optical coverage for members’ dependents under age 19 will be unchanged in 2014.





# TAX PREPARATION BENEFIT REMINDERS

## Active Members or “Self-Pay” Platinum Plan Retirees Only



### CLAIMING TAX PREPARATION REIMBURSEMENT BENEFIT

*Active or “Self-Pay” Enhanced Retirees  
in the Platinum Plan Only*

1) Obtain a Tax Preparation Voucher from the Fund office or request one be mailed to you from the Fund’s website at [www.scmefb.org](http://www.scmefb.org).

2) Send the original completed voucher and a paid bill to the Fund office. The bill must be on the preparer’s professional letterhead.

3) A copy of page 1 and 2 of your Federal return **MUST** be submitted to the Fund.

4) The tax preparer’s signature must be visible on either page 2 of the Federal return OR on Form #8879 if electronically filed. Photocopies (including faxes) of vouchers are **NOT** acceptable. Financial information and social security numbers contained on the tax return are **NOT** required and may be removed prior to filing your voucher.

*Participating CPA’s accept the Fund rates and are paid directly. Members are responsible for an additional \$5 payment for the 1040 form. In addition, members are provided with a 25% discount for other forms/schedules and are responsible for any additional fee(s) for their preparation. If both members are active individual members of the Fund, there is no additional fee required for the joint 1040 form. See the Fund’s Website or call the Fund for the list of participating providers.*

### HOW THE BENEFIT IS COVERED

The Fund will reimburse up to **\$30** for the professional preparation of the IRS Form **1040A** or **1040EZ**, or up to **\$70** for the professional preparation of the IRS Form **1040**, for either the member or for the joint return of the member and spouse.

Members need to request a voucher and may use any professional preparer of their choice.

### REMINDERS!

✓ The IRS Tax forms must include your preparer’s signature, on either page #2 of the Federal return when mailed, or on Form #8879 if electronically filed.

✓ **Retirees**, unless they are in the “Self-Pay” Enhanced Retiree Platinum Plan, are not entitled to the Tax Preparation Benefit.

✓ **Services** must be obtained during the time of “actual” **eligible** status.

# **NEW** PRESCRIPTION CO-PAY REIMBURSEMENT PROVISIONS FOR ELIGIBLE MEMBERS



## In achieving PPACA compliance, the **Benefit Fund's Board of Trustees** approved an **ENHANCEMENT** to the **Prescription Co-Pay Reimbursement Benefit**

*applicable for eligible members on 2014 prescription co-pay expenses*

### **Prescription Drug Co-Payment Benefit**

#### ***What is the Benefit:***

The Fund reimburses an eligible family **ONCE** annually for the out-of-pocket costs paid on behalf of eligible family members within the calendar year for drugs prescribed by a medical doctor, osteopath or dentist as follows:

- **Up to \$20 per script,**
- **Up to \$350 in reimbursement,**  
**and *new* for 2014 expenses:**
- **\$1.00 additional reimbursement per each eligible script over the \$350 reimbursement.**

#### ***Who is eligible:***

Active Members, COBRA participants, "Self-Pay" Enhanced Retirees in either the Premium Plus or the Platinum Plans and their eligible dependents in each of the aforementioned categories, as defined by the Fund.

#### ***Who is NOT eligible:***

"No-Cost" Basic Retirees, Retiree Dependent COBRA and "Self-Pay" Enhanced Retirees in the Premium Plan **are not** entitled to the Prescription Drug Co-Payment Reimbursement Benefit or its enhancement.

#### ***A Family, not an Individual Benefit:***

This is a "Family Benefit." Prescription Drug Co-Payment Reimbursement can only be requested once annually **per family**, not separately by each individual of the family.

#### ***Covered expenses:***

Any prescription drugs issued by a licensed pharmacist covered under your basic health plan's prescription drug plan. All rules and regulations governing your basic health plan's prescription drug plan apply to your Fund coverage of this benefit.

#### ***Filing for the Benefit:***

Submit your claim only after each of your eligible family members has completed all of their prescription purchases for the entire year. Any prescription reimbursement claim, once paid by the Fund, **cannot** be reconsidered at a later date.

#### ***Considerations for your 2014 Co-Pay Receipts***

**EMHP**, which is not administered by the Fund, announced there will be a new Prescription Benefits Manager for the Drug Plan in your basic health plan, effective May 1, 2014. Therefore, please take the following steps for your **2014 Prescription Co-Pay Reimbursement Benefit**, which is administered by the Fund.

Please request a print-out of your **paid prescription co-payments** for each month through the end of April 2014 from your **current** Prescription Benefits Manager, ESI, and then again in December, (or once you've completed prescription purchases for the year), for your paid prescription co-payments from May - December from your **new** Prescription Benefits Manager. Keep and submit them together when filing for your co-pay reimbursement from the Fund.

**New Prescription Co-Pay Reimbursement** forms and instructions for the enhanced benefit are being developed and will soon be made available by the Fund.

**In Review:** Your Prescription Co-Pay print-outs, must be submitted with your 2014 reimbursement requests, from both of the Prescription Benefits Managers, from Jan - April and May - December, beginning October 1, 2014 through December 31, 2015.

# EARLY PLANNING FOR RETIREMENT



Please call the Fund to schedule an individual or group meeting to review your Retiree Benefits Options offered by the Fund.



According to the **Employee Benefits Research Institute**, “almost nine in ten people don’t think they’ll have enough saved when they get to retirement.” The educational division of the **International Foundation of Employee Benefit Plans (IFEBP)** designated April 2nd, as **Employee Benefits Day** to encourage Benefit Funds like the SCMEBF to recommend early retirement preparation as a means to financial wellness.

When planning for retirement, remember the coverage level of the Fund’s Retiree benefits **CHANGE** once you retire. Fund retiree benefits are **SEPARATE** from your medical benefit coverage in the Employee Medical Health Plan.

Some of your retirement preparation should include planning for the costs related to

choosing the type of continuation of coverage plan best for the Benefit Fund portion of your **ancillary benefits**.

**There are three (3) separate and distinct ancillary benefit options in the “Self-Pay” Enhanced Retiree Plans comparable to some of the benefits received while working.**

Once you retire, you will receive a continuation of coverage notification from the Fund, regarding the options in our “Self-Pay” Enhanced Retiree Benefits Plans. **This notice arrives 3-4 weeks after separation from Active coverage.**

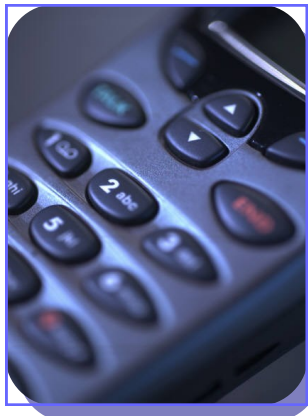
You are invited to meet with the Fund prior to leaving employment to begin planning for retirement by calling the Fund numbers listed below.

**Start planning for RETIREMENT now by checking the IFEBP website for helpful tips. Then call the Benefit Fund to learn more about the Fund’s “No-Cost” Basic and “Self-Pay” Enhanced Retiree Plans at 631-319-4099 ext. 321 (Eligibility) or ext. 319 (Administration)**

**Please keep your enrollment information up-to-date. Send the Fund written notification of all updated addresses, phone numbers and dependents status “Attention: Eligibility” or FAX to our confidential line at 631-218-7970**

**~~~~~  
Beneficiary Forms and their up-dates should be sent to your Employer/Department, Payroll/Personnel or Human Resource Division**

# 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  
SCMEBF fax number  
Fund Email Contact  
**Fund Emergency/Urgent Voice Mail**

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

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

1-631-319-4099

1-631-218-7970

**1-631-319-4099  
Ext. #319**

## 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)

1-631-853-4866

## 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)

1-800-939-7515

1-877-Talk2RN

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

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)

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

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

## ◆ PARTICIPATING UNIONS

SC Association of Municipal Employees  
(*Suffolk County Community College and  
Westhampton Village Highway*)

1-631-589-8400

SC Probation Officer's Association

1-631-654-2080

SC Deputy Sheriff's PBA

1-631-289-1768

SC Correction Officer's Association

1-631-208-1301

## ◆ NYS RETIREMENT SYSTEM

1-518-474-7736

**For Emergency Issues, call 631-319-4099 ext. #319**

**Watch for the Benefit Fund's  
new and improved Website.  
Coming soon!**





# BOARD OF TRUSTEES

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SUSAN M. LA SALA

## ADMINISTRATION

CHERYL A. FELICE, FUND ADMINISTRATOR  
Emergency Voice Mail 631-319-4099 ext. 319

PHONE (631) 319-4099 FAX (631) 218-7970

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

Email Inquiry Address - [Inquiry@scmebf.org](mailto:Inquiry@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.

Suffolk County Municipal Employees Benefit Fund  
Joint Labor - Management Trust  
30 Orville Drive, Suite D  
Bohemia, New York 11716-2513

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