

# Suffolk County Municipal Employees BENEFIT FUND



## Summer Issue



### Inside this Issue:

#### IMPORTANT ITEMS IN THE SUMMER ISSUE

Prescription Co-Pay Reimbursement -  
Enhancements for 2014 expenses, pg. 3

College Verification -  
Process is simplified pg. 3 & 10

Appeals Process - pg. 2

Annual Financial Report - pg. 5-8



**The Suffolk County Municipal  
Employees Benefit Fund**  
Providing ancillary health and legal  
benefits for our participants and their  
families since 1975. See all of our  
benefits and watch for updates  
on our website.

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



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### Benefit Fund Notes

- ✓ Notary Services are available at the Fund.
- ✓ Benefit Fund Office is conveniently located in **Suite D** at the AME Union, 30 Orville Dr. Bohemia, NY 11716-2513.

**631-319-4099**



A Joint Labor/  
Management  
Trust

~  
Originally  
Established in  
1975



# FUND NEWS AND ADMINISTRATOR'S REPORT



June 2014

The Fund is up-to-date with processing both Prescription Drug Co-Payments and Tax Preparation Reimbursement claims. Also, College Enrollment Verification dates have been simplified, as outlined on pg. 3 & 10.

To comply with the Patient Protection Affordable Care Act (PPACA) the "Opt-Out" enrollment is underway, as outlined on pg. 3.

Good news for eligible participants! The Trustees enhanced the reimbursement for Prescription Co-Pay expenses in 2014. This new benefit will compensate those eligible within the adopted guidelines for more than the previous limit of \$350, depending upon your expenses. Details and limitations appear on pg. 3.

Thank you, have a wonderful Summer and remember, we are only a phone call away to discuss any questions you may have!

*Cheryl A. Felice*, Fund Administrator

## SCME BENEFIT FUND - RIGHT TO APPEAL

The benefits provided by this Fund may be changed by the Board of Trustees at any time, in their sole and absolute discretion. The Board of Trustees adopts rules and regulations for the payment of benefits. All provisions of the Benefit Reference Guide (BRG) are subject to such rules and regulations and to the Trust Agreement, which established and governs the Fund operations. All benefit and eligibility rules are uniformly applied by the Fund office and Third-Party Administrators. The actions of the Fund or its Administrators are subject to review by the Board of Trustees. A member or beneficiary may request a review of any action by submitting a written request for an **Appeal** to the **Board of Trustees** within **180** days of the determination:

**Suffolk County Municipal Employees Benefit Fund**  
**Attn: Board of Trustees, for Appeal**  
**30 Orville Drive, Suite D**  
**Bohemia, New York 11716-2513**

The Trustees shall act on the appeal within a reasonable period of time and render their decision in writing, which shall be final and conclusive and binding on all persons.

## 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, Privacy Officer**  
Suffolk County Municipal Employees Benefit Fund  
30 Orville Drive, Suite D,  
Bohemia, New York 11716-2513  
631-319-4099 ext 319

The SCME Benefit Fund is a private legal entity, separate from Suffolk County Government and administered through a joint Labor/Management Trust.

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

631-319-4099

## Ancillary Benefits for:

Active & Retired\* Members, COBRA,  
& All "Self-Pay" Enhanced Retiree Plans

### • Dental

(Full coverage for all annually, including "Self-Pay" Enhanced Retirees and \*limited Retiree coverage for "No-Cost" Basic Retirees at \$750 family/\$500 individual)

### • Hearing Aid

(For out-of-pocket expenses, per eligible dependent, up to \$400 once every 36 months, voucher required)

### • Optical

(For up to \$80/once per calendar year, per eligible dependent, voucher required)

Active, COBRA & "Self-Pay" Enhanced Retiree  
Premium Plus or Platinum Plans

### • Prescription Co-Pay Reimbursement

(Up to \$20 per script up to \$350 PLUS \$1 additional for each eligible script over \$350/per family, (Dual County members up to \$700), once per calendar year.) Rx claim form and print-out of prescriptions required. Reimbursement in the order of fill date.

Active, "Self-Pay" Enhanced Retirees, Platinum Plan

### • Legal Reimbursement

(Voucher required specific to the type of legal service requested, up to \$1000 per family, once per calendar year)

### • Tax Preparation

(Voucher required, per family, up to \$70/1040 Form or up to \$30/1040A Form, once per calendar year)

Active Members ONLY

### • Bereavement Benefit

(\$10,000 for Active Member ONLY)

### • Survivors Benefit

(\$1,000 for Active Member or their Beneficiary ONLY)

## SC Employee Medical Health Plan\*\*

[www.emhp.org](http://www.emhp.org) or 631-853-4866

\*\* (NOT ADMINISTERED BY THE SCME BENEFIT FUND)

Employer-Sponsored Health Benefits Administered  
by Suffolk County EMHP and the Employee Benefits Unit (EBU) for:  
1) Doctors/Hospitals - 2) Prescription Drug Coverage  
3) Mental Health - 4) Blood/Lab Work



# Prescription Co-Pay Reimbursement Benefit for 2014, College Verification & “OPT-OUT” Notice

## Prescription Co-Pay Reimbursement Benefit

In their continuing effort to deliver valuable benefits to its members, the **Board of Trustees** enhanced the Prescription Co-Pay Reimbursement benefit provided by the Benefit Fund.

Active Members, Active Level COBRA participants and “Self-Pay” Enhanced Retirees\* in the Premium Plus and Platinum Plans will enjoy an increased reimbursement for drug co-pay expenses incurred on or after January 1, 2014.

### Reimbursement Under the New Guidelines

Prescription Co-Pay Reimbursement will be made for up to \$20 per script up to \$350 **PLUS** \$1 additional for each eligible script over \$350/per family. Rx claim form and prescriptions print-outs required. Reimbursement will be made in the order of prescription fill date only.\*\*



\* “No-Cost” Basic Retirees or “Self-Pay” Enhanced Retirees in the Premium Plan, **ARE NOT** eligible for the Prescription Co-Pay Reimbursement Benefit.

\*\* Due to the new reimbursement rate, payment requests **WILL NOT be accepted prior to January 1, 2015.**

## COLLEGE VERIFICATION DATES

*Additional details on page 10*

To accommodate the hustle and bustle of post education enrollment verification between semesters for your dependent students ages 19-25, the SCME Benefit Fund **College Verification** was simplified as follows:

**FALL Semester** - coverage from  
September 1st - January 31st

**SPRING Semester** - coverage from  
January 1st - September 30th



## The Right to “OPT-OUT” of Dental or Optical Coverage

To comply with the mandates of the Patient Protection Affordable Care Act (PPACA), upon enrollment the Fund must offer new members an opportunity to “Elect” or “Opt-Out” of the Fund’s Dental and/or Optical Benefits. **Each year**, current members now have the “Right-to-Opt-Out” of Dental and/or Optical coverage.

Members who wish to “Opt-Out” of Fund annual coverage from July 1<sup>st</sup> – June 30<sup>th</sup> for Dental and/or Optical Benefits will simply need to advise the Fund of their decision to do so **in writing no later than July 1<sup>st</sup>** by sending a letter or email to the Fund at:

SCMEBF  
30 Orville Dr. Suite D  
Bohemia, NY 11716-2513  
Re: “Opt-Out”  
or

Send an Email to: [Inquiry@SCMEBF.org](mailto:Inquiry@SCMEBF.org)  
Please note “Opt-Out” in the memo line.  
Indicate “opt-out” of Dental, Optical or both.

If you do not wish to “Opt-Out” of Benefit Fund Coverage, take **NO** action at all!

# DENTAL BENEFIT ENHANCEMENTS & CREDIT CARD PAYMENT REMINDERS

## The Benefit Fund ADDS A NEW PERIODONTAL DENTAL BENEFIT

### Effective June 1, 2014 - EMDOGAIN

In an effort to keep the Fund's Dental Plan up-to-date with emerging dental procedures, the **Board of Trustees** added **EMDOGAIN** to the list of covered benefits for Periodontal treatment.

**Enamel Matrix Derivative** (EMD) promotes regeneration of lost periodontal hard and soft tissues caused by periodontitis, helping to save and preserve the tooth. Specialists charges will be reimbursed at up to \$400 per application. Please note, this procedure **must be pre-approved**.



## The Benefit Fund **PROVIDES** the dental plan but claims are administered and processed **THROUGH** Healthplex!

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

✓ Healthplex, Inc. is **not** your insurance company or dental plan.

✓ The Benefit Fund remains financially insures your covered dental benefits.

✓ As our third-party administrator, Healthplex reviews all Fund dental claims, making certain payments are made consistent with the guidelines set by the SCME Benefit Fund and the Board of Trustees.

✓ **Appeals** of all dental claim denials are NOT made to Healthplex. Appeals are made to the **SCME Board of Trustees**, as outlined on page 2 of this Newsletter.

## The Benefit Fund Now Accepts **CREDIT CARD\$**

For your convenience, the Benefit Fund now accepts credit card payments for your COBRA payments, for refund requests and for the "Self-Pay" Enhanced Retiree Plans.

And, you will be able to **pay ONLINE** once the **Fund's** new Website is launched on or about July 15th!

For more information or to make a payment, call the **Fund Controller** at:  
631-319-4099 ext. 320



## NEW TRUSTEE APPOINTED BY LABOR & FUND FILES ANNUAL REPORT

### NEW TRUSTEE, CONI LORENZEN APPOINTED TO A 3-YEAR TERM

The Labor-Management Trust Document of the Suffolk County Municipal Employees Benefit Fund calls for the periodic appointment of Trustees.

With a Labor Trustee term expiring, the SC Association of Municipal Employees has appointed **Coni Lorenzen**, AME Treasurer and from SC Community College, as Trustee to fill the expiring term of **Josephine Passantino**, AME Past First Vice President and also from SC Community College. The Fund would like to thank Ms. Passantino for her dedicated service from September 13, 2007 - June 30, 2014, the last 2-years as the Fund's Vice Chair.

A Trustee's role is to act 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. **Ms. Lorenzen's term is July 1, 2014 – June 30, 2017.** She joins an esteemed group of Trustees, both past and present, who served the Fund with pride since 1975, and from 1985 under AME.

On behalf of the Fund, we extend **Coni Lorenzen** our best wishes for a successful term! (pictured l-r are Coni and Josephine.)



## Fund Files NYS Insurance Department Annual Report

*The 2013 Annual Report for the Suffolk County*

*Municipal Employees Benefit Fund is shown on the following pages, 6-8.*

Each year the Fund is subject to periodic examination by the

**New York State Department of Financial Services.**

Requirements of the periodic examination are listed in

**Section 312 of the NYS Insurance Law.**

**The Fund** is required to distribute the periodic examination to the plan participants. A copy of this report is printed for your review. This report shows the financial condition of the Fund, known as the **Annual Report**. Year after year, the report reveals the excellent financial health of the Fund and exemplary services delivered on behalf of all Fund members.

On behalf of all Fund Staff Members, we remain available at 319-4099 to answer any questions you may have about the Annual Report. Thank you.

ANNUAL REPORTS  
For the fiscal year ended December 31, 2013  
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	\$11,620,063	
(b) Employee	257,166	
(c) Other (Specify) <u>Retired Members</u>	<u>824,401</u>	
(d) Total Contributions		\$ 12,701,630
Dividends and Experience Rating Refunds from Insurance Companies		
Investment Income:		
(a) Interest	301,075	
(b) Dividends	118,924	
(c) Rents		
(d) Other (Specify)		
(e) Total Income from Investments		419,999
Profit on disposal of investments		658,807
Increase by adjustment in asset values of investments		1,060,656
Other Additions: (itemize)		
(a) See Statement of Changes in Fund Balances (Reserve for Future Benefits)	<u>7,419,421</u>	
(c) Total Other Additions		<u>7,419,421</u>
Total Additions		\$ <u>22,260,513</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		\$ 10,954,830
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	638,627	
(b) Allowances Expenses, etc.	13,960	
(c) Taxes	49,628	
(d) Fees and Commissions	675,134	
(e) Rent	101,611	
(f) Insurance Premiums	160,315	
(g) Fidelity Bond Premiums	430	
(h) Other Administrative Expenses: (Specify) See Statement of Changes in Fund Balances (Reserve for Future Benefits)	<u>556,861</u>	
(i) Total Administrative Expenses		2,196,566
Loss on disposal of Investments		208,956
Decrease by adjustment in asset values of investments		
Other Deductions: (itemize)		
(a) See Statement of Changes in Fund Balances (Reserve for Future Benefits)	1,617,771	
(b) Total Other Deductions		<u>1,617,771</u>
Total Deductions		\$ <u>14,978,123</u>

RECONCILEMENT OF FUND BALANCE

Fund Balance (Reserve for Future Benefits) at Beginning of year		\$(22,604,248)
Total Additions During Year	22,260,513	
Total Deductions During Year	<u>(14,978,123)</u>	
Total Net Increase (Decrease)		<u>7,282,390</u>
Fund Balance (Reserve for Future Benefits) at End of year		\$ <u>(15,321,858)</u>
(Item 14, Statement of assets and Liabilities)		



- BENEFIT FUND -  
STATEMENT OF ASSETS AND LIABILITIES

ASSETS

	End of Reporting Year
Cash	2,950,239
Receivables	
(a) Contributions:	
(1) Employer	36,823
(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	2,245,680
(b) Stocks:	
(1) Preferred	
(2) Common	8,336,477
(c) Bonds and Debentures:	
(1) Government Obligation	
(a) Federal	10,371,084
(b) State and Municipal	
(2) Foreign Government Obligations	
(3) Non-Government Obligations	1,734,240
(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	71,447
(b) Prepaid Expenses	25,670
(c) See Statement of Changes in Fund Balances (Reserve for Future Benefits)	423,052
 Total Assets	 <u>\$26,194,945</u>

LIABILITIES

Insurance and Annuity Premiums Payable	
Unpaid Claims (Not Covered by Insurance)	
Accounts Payable	102,584
Other Liabilities - See Statement of Changes in Fund Balances (Reserve for Future Benefits)	41,414,219
Reserve for Future Benefits (Fund Balance)	<u>(15,321,858)</u>
Total Liabilities and Reserves	<u>\$ 26,194,945</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, 2013

Statement of Changes in Fund Balance (Reserve for Future Benefits)  
Other Additions:

Benefits paid (Estimated)_	1,500,000
Benefits earned and other charges	5,473,000
Obligations for current benefit coverage: Benefit claims incurred but not reported – active members	55,000
Pension adjustment other than net periodic pension cost	391,421
Total Other Additions	<u>\$ 7,419,421</u>

Statement of Changes in Fund Balance (Reserve for Future Benefits)

Other Administrative expenses:	
Pension expense	298,410
Computer	82,958
Stationery, printing and office expense	62,181
Postage	28,173
Depreciation and Amortization	27,552
Members' benefit information	39,998
Telephone	10,016
Bank Charges	660
Dues and Subscriptions	1,955
Meeting Expense	4,658
Miscellaneous expense	300
Total Administrative expenses:	<u>556,861</u>

Statement of Changes in Fund Balance (Reserve for Future Benefits)

Other Deductions:

Provision for sick and vacation	5,771
Post Retirement:	
Benefit Claims Incurred but not reported – Retired Members	51,000
Interest	1,561,000
Total other Deductions:	<u>1,617,771</u>

Statement of Assets and Liabilities

Other Assets:	
Leasehold Improvements	431,282
Furniture and Fixtures	88,944
Computer Equipment	<u>314,656</u>
Sub Total	834,882
Less: Accumulated Depreciation and Amortization	(426,255)
Security Deposit	<u>14,425</u>
Total Other Assets:	423,052

Statement of Assets and Liabilities

Other Liabilities:	
Deferred Income	458,134
Pension Liability	1,143,932
Employees accumulated vacation and sick pay	44,153
Estimated Liability for claims incurred but not reported	2,348,000
Estimated Liability for future payments of benefits based on participants' accum. Eligibility	1,000
Post retirement benefits for current retirees	18,038,000
Post retirement benefits for other participants fully eligible for benefits	8,920,000
Post retirement benefits for other participants not fully eligible for benefits	<u>10,461,000</u>

Total other Liabilities:	<u>41,414,219</u>
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# UPDATE YOUR HIPAA PRIVACY FORM 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 218-7970**. Thank you.

## 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):

☐ Dental      ☐ Vision      ☐ Prescription      ☐ Hearing

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: \_\_\_\_\_

# ELIGIBILITY CORNER & RETIREE OPTIONS

## College Verification Simplified

*Continued from page 3*

In an effort to simplify **College Verification** requirements for your dependents ages 19 to 25, the SCME Benefit Fund made the following modifications to temporary coverage verification between semesters.

College verification for the **Spring Semester coverage will be from January 1<sup>st</sup> through September 30<sup>th</sup>**, eliminating the need for temporary verification to cover your dependents over the summer months.

College verification for the **Fall Semester will now provide coverage from September 1<sup>st</sup> through January 31<sup>st</sup>**, eliminating the need for temporary verification to cover your dependents through the next semester in January.

Should you have any questions or concerns, please contact:

**Susan, Eligibility Coordinator**  
**631-319-4099 ext. 321**

**For an individual or  
group meeting on  
Retiree Benefits or  
COBRA Options**



**Call Eligibility  
at 631-319-4099 ext. 321  
or the Administrator at ext. 319**

## **Keep Enrollment Information Up-To-Date**

**Fax or mail all changes in addresses,  
phone numbers and dependents,  
including marital status, to:**

**SCME Benefit Fund**

**"Attention: Eligibility"**

*our FAX line is private & confidential*

**631-218-7970**

If mailed, send to:

**30 Orville Dr., Suite D, Bohemia, NY 11716-2513**

**Beneficiary Forms and their up-dates**

**should be sent to your**

**Employer/Department, or**

**Payroll/Personnel/Human Resource Division**

## **THE DIFFERENCE IN RETIREE DENTAL PLANS**

**"No-Cost"**

**Basic Retiree Plan  
Dental -**

\$750 Family

\$500 Individual

**"Self-Pay"**

**Enhanced Retiree  
Plan**

**Dental -**

\$2,750 General, annually

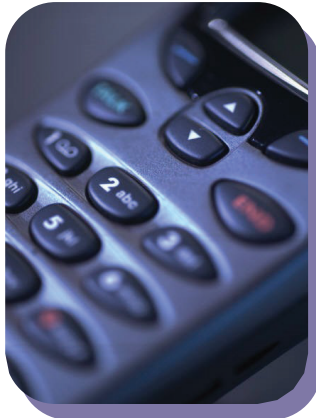
\$2,000 Periodontal, annually

\$1,995 Orthodontia, lifetime

\$4,000 Implant related, lifetime,  
with up to \$500 per implant  
and/or abutment

**Call the Fund to learn more about  
Retirement Plans!**

# Quick Reference Guide Phone Numbers & Websites



## ◆ 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)

1-631-319-4099

1-631-218-7970

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

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

**DENTAL** - 3rd-Party Administrator  
Healthplex, Inc. (Customer Service)  
Healthplex Email Contact  
Benefit Fund Claims Supervisor

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

1-888-468-5178

1-631-319-4099

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

1-800-939-7515

1-877-Talk2RN

1-800-810-BLUE

## **PRESCRIPTION BENEFITS**

Express Scripts (Jan. 1 - April 30, 2014)  
Prescription Waiver Forms  
WellDyneRx (AFTER May 1, 2014)  
(ID# on Card begins **after** "SC")

[www.express-scripts.com](http://www.express-scripts.com)  
Handled with your doctor and WellDyneRx  
[emhp.welldynernx.com](http://emhp.welldynernx.com)

1-800-950-2662

1-855-799-6831

## **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*)  
SC Probation Officer's Association  
SC Deputy Sheriff's PBA  
SC Correction Officer's Association

1-631-589-8400

1-631-654-2080

1-631-289-1768

1-631-208-1301

## ◆ NYS RETIREMENT SYSTEM

1-518-474-7736

**Ancillary coverage  
from the  
SCME  
Benefit Fund  
is *separate* from your  
Employer-Sponsored  
Health Plan, EMHP.**

### **NOTICE:**

Inquiries about your  
**Health Benefits**  
such as,

**Prescriptions Claims  
WellDyneRx  
Insurance Cards  
Blue Cross  
QUEST/Lab Work  
Value Options**

should be directed to:  
**Employee Benefits  
Unit**

631-853-4866

or email at:

[ebu@suffolkcountyny.gov](mailto:ebu@suffolkcountyny.gov)

**For Prescription info  
WellDyneRx  
1-855-799-6831**

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



**New Dates for  
COLLEGE VERIFICATION  
See page 3 & 10**



# BOARD OF TRUSTEES

## TRUSTEES

JEFFREY L. TEMPERA  
Chairperson

~

DENNIS M. BROWN  
JENNIFER K. MCNAMARA  
FRANK NARDELLI



## TRUSTEES

JOSEPHINE PASSANTINO  
(Term expires, June 30, 2014)  
Vice Chairperson

~

DANIEL P. FARRELL  
MICHAEL J. FINLAND  
SUSAN M. LA SALA  
CONI LORENZEN  
(Term effective, July 1, 2014)

## 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.

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

**Suffolk County Municipal Employees Benefit Fund**  
**Joint Labor - Management Trust**

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