

Suffolk County Municipal Employees BENEFIT FUND

Fall 2014, Volume 41, Issue 3



♦♦♦♦♦♦♦♦♦♦ Fall Issue ♦♦♦♦♦♦♦♦♦♦

IMPORTANT ITEMS IN THE FALL ISSUE

Appeals Process – pg. 2
Prescription Drug Co-Pay
Reimbursement –
Claims processed 1/1/15, pg. 3
Retiree Open Enrollment – pg. 4-7
College Verification –
Process is simplified – pg.10



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



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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**
~
**Established
1975**



FUND NEWS AND ADMINISTRATOR'S REPORT



November 2014

As you know, the Fund offices sustained severe water damage in August 2014 during a record breaking rainfall. Nearly all of the Fund's leased space within the SC Association of Municipal Employee's union headquarters was under 6 inches of water. Our Conference Room was the only area unaffected by water damage and where we worked for nearly 4-weeks. Our staff handled some very extenuating circumstances just to meet our members needs, all without interruption!

On behalf of our entire staff, THANK YOU for your patience during our clean-up and reconstruction. We especially would like to thank our Board of Trustees and AME for their help and support throughout.

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

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

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, 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, Spouse or enrolled Domestic Partner ONLY)

SC Employee Medical Health Plan**

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 Drug Co-Pay Reimbursement Benefit Enhanced for 2014 Expenses, Payable in 2015

Prescription Drug Co-Pay Reimbursement Benefit

By way of reminder, the **Board of Trustees** enhanced the Prescription Drug Co-Pay Reimbursement Benefit for expenses incurred in 2014.

Active Members, Active Level COBRA participants and “Self-Pay” Enhanced Retirees in the Premium Plus and Platinum Plans will enjoy an increased reimbursement for prescription drug co-pay expenses incurred on or after January 1, 2014 and payable beginning January 2015. “No-Cost” Basic Retirees and “Self-Pay Enhanced Retirees in the Premium Plans, are **not** provided with this benefit.

Prescription Drug Co-Pay Reimbursement under the new guidelines will be made as follows:

- Up to \$20 per eligible script (must be a covered drug in the EMHP Plan)
- Up to \$350 per family **PLUS** ;
- \$1.00 additional for each eligible script over \$350/per family.
- Reimbursement will be made in the order of prescription fill-date **only**.
- Rx claim form and prescription history print-outs required for all claims.



Considerations for your 2014 Co-Pay Receipts

As you know, **EMHP**, which is not administered by the Fund, changed Prescription Benefits Managers for the Drug Plan in your basic EMHP health plan on May 1, 2014. Therefore, please take the following steps for your **2014 Prescription Drug Co-Pay Reimbursement Benefit** administered by the Fund.

Please include a print-out of your **paid prescription co-payments** for the months of January through the end of April 2014 from the former Prescription Benefits Manager, **Express Scripts**, and for your expenses from May - December 2014 from your **new** Prescription Benefits Manager, **WellDyneRx**. Submit them to the Fund together when filing for your Prescription Co-Pay Reimbursement payable beginning January 2015.

New Prescription Drug Co-Pay Reimbursement forms and instructions for the enhanced benefit are available from the Fund or may be downloaded from the Fund's website at www.scmebf.org.

In review, your Prescription Drug Co-Pay print-outs from January 1, 2014 through December 31, 2014, must be submitted with your 2014 reimbursement requests from both Prescription Benefits Managers. Submit co-payments from Express Scripts for Jan - April 2014 and from WellDyne for May - December 2014. **Claims for 2014 expenses can be made up through December 31, 2015.**

REMINDER: If you have not filed for your 2013 Prescription Drug Co-Pay Reimbursement you must do so by **Wednesday, December 31, 2014** to receive the 2013 benefit.

Fund Office hours will be extended to 5:30 p.m. on Dec 30th and Dec 31st to accommodate.

ANNUAL OPEN ENROLLMENT NOTICE

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

The Fund encourages retirees to take a look at the advantages of the **Benefit Fund’s Open Enrollment season, now through January 15, 2015**. By electing to join one of the “Self-Pay” Enhanced Retiree Plans, you and/or your family enjoy dental benefits at the Active Level of coverage.

Annual enrollment for all enhanced plans are 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 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 required two (2) year enrollment for 2015 - 2016 at the same rate as the 2014-2015 “Self-Pay” Enhanced Retiree Plans.

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,
**have your signature Notarized on the FORM on page 7
and return it to the Fund WITH YOUR PAYMENT**
by January 15, 2015.

You may also visit or call the Fund to make a payment by credit card.

Any questions, please call our
Eligibility Coordinator at 631-319-4099 ext. 321
or Controller at 631-319-4099 ext. 320

Notary Services Available at the Fund

“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.

ANNUAL OPEN ENROLLMENT, CON'T

“SELF-PAY” ENHANCED RETIREE PLANS RULES

- 1) Effective date of Plan coverage is January 1, 2015 - December 31, 2016.
- 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 2013 open enrollment period and remains in effect.
- 4) New “Self-Pay” enrollees must enroll for a “Self-Pay” Enhanced Retiree Plan with a 2-year commitment for 2015 and 2016.
- 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 years and by completing and submitting the Enrollment Form on page 7.**

NOTE: 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 years before being given the opportunity to again enroll in one of the “Self-Pay” Enhanced Retiree Plans.

- 6) The **cost** for enrollees for the 2015-2016 plans will remain at the same rates set for the 2014-2015 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%)
- 7) **Open Enrollment** for 2015 is available to **ALL Retirees**, past and present. Even if you were previously dropped from the “No-Cost” Basic Retiree Plan, or if you have been enrolled or re-enrolled in the “No- Cost” Basic Retiree Plan for at least two (2) consecutive years, you may enroll in one of the “Self-Pay” Enhanced Retiree Plans at this time.
- 8) **“Self-Pay” Enhanced Retiree Plans** offer three (3) dependent coverage options:
 - a. Individual**
 - b. Individual + 1
 - c. Family

****If you have a spouse and you opt for individual coverage only, your spouse cannot remain in the “No-Cost” Basic Retiree Coverage and will lose ALL coverage including Dental, Optical and Hearing Aid. Dependent coverage can only be restored after two (2) full consecutive years, unless your new dependent is due to a life event, (i.e., marriage or adopting a child).**

(Continued on page 6)

"SELF-PAY" ENHANCED RETIREE PLANS OPTIONS

(continued from page 5)

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 (with 5% discount)
\$ 570.00	\$1,140.00	\$1,720.00	Annual (with 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 expenses, up to \$20.00 per eligible prescription up to \$350.00 per family, per calendar year for, **PLUS** \$1.00 each for every script over \$350 (payable in fill-date order only), *effective 1/1/2014*.

<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 (with 5% discount)
\$ 790.00	\$1,430.00	\$2,070.00	Annual (with 10% discount)

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 expenses, up to \$20.00 per eligible prescription up to \$350.00 per family, per calendar year for, **PLUS** \$1.00 each for every script over \$350 (payable in fill-date order only), *effective 1/1/2014*.
- 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 (with 5% discount)
\$ 830.00	\$1,500.00	\$2,180.00	Annual (with 10% discount)

OPEN ENROLLMENT FORM 2015 - 2016

"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 years in my selected plan. I understand after participating in my selected retiree plan for two (2) full consecutive 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 1/15/2015

Return Completed Form and Payment to SCME Benefit Fund at
30 Orville Dr., Ste D, Bohemia, NY 11716-2513 by January 15, 2015.

DENTAL BENEFITS, CREDIT CARDS ACCEPTED & THANK YOU!

The Benefit Fund 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** launch.

We apologize for the delay in accepting on-line payments due to the Fund's recent flooding.

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



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 and payments and increase our In-Network Provider List.

✓ Healthplex, Inc. is **not** your insurance company. The Benefit Fund is responsible for adopting the level of benefits in the Fund's Dental Plan.

✓ 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.

*Thanks for your patience while the
Fund recovered from devastating
water damage in August of 2014*



SCME BENEFIT FUND

VICE-CHAIRMAN ELECTED JULY 2014

DANIEL P. FARRELL, ELECTED VICE-CHAIRMAN OF THE FUND



The Trust Document of the Labor-Management Suffolk County Municipal Employees Benefit Fund calls for the election of a Vice-Chair whenever the position becomes vacant.

With the expiring term of Vice-Chair Josephine Passantino, on June 30, 2014, **Daniel P. Farrell, Labor Trustee and President of AME, was unanimously elected as Vice-Chair** by the Board of Trustees at the July meeting.

A Fund Trustee's role is to act in the sole interest of the plan participants and their dependents for the exclusive purpose of providing ancillary benefits within the Trust

Fund and Benefit Guidelines.

Mr. Farrell started his tenure as a Fund Trustee in 2006. He was unanimously re-appointed by the AME Executive Board for two (2) consecutive terms prior to being elected AME President in 2012.

Dan serves as Chairman to the Fund's Investment Committee and completed all phases of Trustee Training through the **International Foundation of Employee Benefits Plans, (IFEBP)** including the **New Trustees Training, Advanced Trustees Training and the Trustees Masters Program**. In 2011, Dan attended the **Investments Institute** offered by the coveted **Wharton's University**.

Dan Farrell joins an esteemed group of Chairs and Vice-Chairs, who served the Fund with pride since 1975, and under the jurisdiction of AME since 1985. Congratulations and good luck!

Optical Vouchers For 2014 Expenses

Vouchers issued *after* November 1st for your 2014 Optical Benefit **EXPIRE** on December 31, 2014, prior to the usual 60-day voucher limit.

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

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



ELIGIBILITY CORNER, NEWS & NOTES

College Verification Simplified

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

College verification for the **Spring Semester coverage will be from January 1st through September 30th**, 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 1st through January 31st**, 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**

**A DENTAL PLAN
FOR MEMBER DEPENDENTS
WHO HAVE AGED OUT OF
BENEFIT FUND COVERAGE**

CAPDENT OFFERING

The Trustees of the SCME Benefit Fund continue to offer a discounted dental plan for dependents who have aged-out of coverage. The CAPDENT dental plan is underwritten by **Dentcare Delivery Systems, Inc.** and administered by **HEALTHPLEX, Inc.** This plan is perfect for young adults.

For only \$14.75/month, a single plan for ages 19-26 offers you so much for your money. The managed-care dentists in the program are credentialed with HEALTHPLEX, Inc. and will provide diagnostic and preventive services at no charge and restorative dentistry for set fees. Family plans are also available for \$34.50/month.

Information and enrollment forms can be found at **www.healthplex.com**, or by calling **Valerie** in the Healthplex Marketing Dept. at:

1-516-740-4845

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

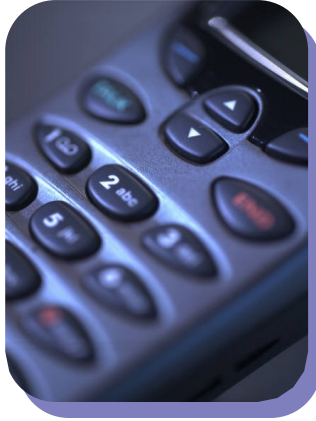
Beneficiary Forms and their up-dates

should be sent to your

Employer/Department, or

Payroll/Personnel/Human Resource Division

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
Inquiry@scmebf.org

1-631-319-4099
1-631-218-7970

1-631-319-4099
Ext. #319

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

www.healthplex.com
Info@healthplex.com
Inquiry@scmebf.org

1-888-468-5178
1-631-319-4099

**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

**For Prescription
info
WellDyneRx**

♦ EMHP (Health Insurance)

For Enrollment and Eligibility
Employee Benefit Unit Email Contact

Employee Medical Health Plan
www.emhp.org
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

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
Handled with your doctor and WellDyneRx
emhp.welldynernx.com

1-800-950-2662
1-855-799-6831

MENTAL HEALTH BENEFITS

Value Options (Mental Health)

www.valueoptions.com

1-866-909-6472

LAB WORK

QUEST Diagnostics for all LI Sites
QUEST Diagnostics Automated
Appointment Scheduling

www.questdiagnostics.com
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

1-631-654-2080
1-631-289-1768
1-631-208-1301

♦ NYS RETIREMENT SYSTEM

1-518-474-7736

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

EXTENDED HOURS

**The Fund will be OPEN from 8:00 am to 5:30 pm on
MONDAY & TUESDAY, DECEMBER 30th & 31st
for end-of-the-year filings**



BOARD OF TRUSTEES

TRUSTEES

JEFFREY L. TEMPERA
Chairperson

~

DENNIS M. BROWN
JENNIFER K. MCNAMARA
FRANK NARDELLI



TRUSTEES

DANIEL P. FARRELL
Vice Chairperson

~

MICHAEL J. FINLAND
SUSAN M. LA SALA
CONI LORENZEN

CHERYL A. FELICE, FUND ADMINISTRATOR

Emergency Voice Mail 631-319-4099 ext. 319

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

www.scmebf.org

Email Inquiry Address - 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

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

PRESORTED
FIRST CLASS
U.S. POSTAGE PAID
CENTERACH, NY
PERMIT NO. 5