

Suffolk County Municipal Employees

March 2015, Volume 42, Issue 1



BENEFIT FUND

♦♦♦♦♦♦♦♦ Winter Issue ♦♦♦♦♦♦♦♦

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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 regular 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 building, 30 Orville Dr. Bohemia, NY 11716-2513.
- 631-319-4099**



A Joint Labor/
Management
Trust
~
Established
1975



FUND NEWS AND ADMINISTRATOR'S REPORT



February 2015

In 2015, the Fund will celebrate its **40th year** in delivering ancillary benefits to over 13,000 Active and Retired members.

History will show the Fund was created pursuant to the collective bargaining agreement between Suffolk County and the Civil Service Employees Association, SC Chapter, Local 852. The contract covered the period from 1/1/75 - 12/31/75. The Fund held its first meeting on May 6, 1975.

Originally known as the **SC Civil Service Employees Association Welfare Fund**, the name was changed in 1979 to the **SC CSEA Benefit Fund**. By 1984 the members of CSEA Local 852 initiated a strong and successful decertification against CSEA, and in 1985, a new union incorporated an independent Association, the **Suffolk County Association of Municipal Employees, (AME)** and succeeded in maintaining control of the joint labor/management trust known today as the **Suffolk County Municipal Employees Benefit Fund** for the next thirty (30) years!

The Fund's assets grew from \$195,000 in 1975 to nearly \$24 million in 2014! The contribution rate per member/per year rose from \$200 in 1975 to \$ 1,455 in 2012 and remains the same today. In 2007, the Fund provided retirees with an opportunity to "purchase" active level coverage (*except for Bereavement and Survivors Benefits*) in three (3) individual "Self-Pay" Enhanced Retiree Plans. Enrollment grew from just 135 retirees annually to over 800 retirees enrolled in these "self-pay" plans currently.

As the Fund celebrates its 40th Anniversary its rich history was administered by 11 different Board Chairs, 6 Administrators, 13 law firms, 7 Dental Consultants, and 89 individual Trustees; 46 which were appointed by the County and 43 which were appointed by the Union.

Cheryl A. Felice,
Fund Administrator

The **SCME Benefit Fund** is a private 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. Reimbursed in date-filled order.)

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

- **Legal Reimbursement**

(Voucher required specific to the type of legal services 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, enrolled Domestic Partner or named beneficiary)

SC Employee Medical Health Plan (EMHP)**

**** (NOT ADMINISTERED BY THE SCME BENEFIT FUND)**
Employer-Sponsored Health Benefits are Administered by the Suffolk County EMHP and the Employee Benefits Unit (EBU) for:

- 1) Doctors/Hospitals 2) Prescription Drugs
3) Mental Health 4) Blood/Lab Work**

www.emhp.org or (631) 853-4866

Other Fund Participating Unions, include:
SC Corrections Officers Association, SC Deputy Sheriff's PBA,
and the SC Probation Officers Association.

NEW WEBSITE SET TO LAUNCH IN MARCH & HOW TO FILE AN APPEAL

www.scmebf.org

The Fund regrets the unfortunate delays in launching the new website due to the significant summer flooding and rebuilding project of 2014. The new and improved site is scheduled to go “live” soon and should help our members explore the Fund’s benefits with ease.

Take a look and thanks for your patience!



SCME BENEFIT FUND - RIGHT TO APPEAL

The benefits provided by this Fund may be changed by the Board of Trustees at anytime, 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.

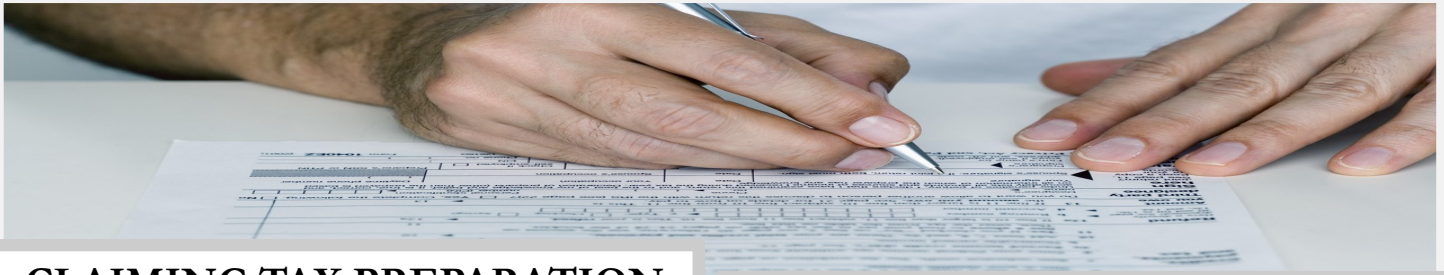
A member or beneficiary may request an **APPEAL** of any action by submitting a written request to the **Board of Trustees within 180 days** of the last determination:

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.

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.scmebf.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 pages 1 and 2 of your Federal return **MUST** be submitted to the Fund with your voucher. The tax preparer’s signature is **NOT** required on page 2 of the Federal return or on Form #8879 if electronically filed.

4) A signature of the tax preparer must be visible and IS REQUIRED on the Benefit Fund Voucher. 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 or covered prior to filing your voucher.

*Participating tax preparers 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. **You can always visit the Fund’s Website or call for the updated list of participating providers as seen on page 5.***

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 Tax Preparer’s signature MUST be on the Benefit Fund Voucher and is NO LONGER needed on page 2 of the Federal return 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.**

✓ **Tax Services must be obtained during the time of “eligible” status and not before or after.**



S . C . M . E . B . F . PARTICIPATING TAX PROVIDERS

Members may call one of the following tax preparation providers directly to make an appointment. These panel members will accept the Fund's scheduled payment as payment-in-full for the preparation of a short form (Federal 1040A or 1040EZ and NYS). The fee for the long form (Federal 1040 and NYS), along with Schedules A (Itemized Deductions) and B (Interest Income), will only cost the member \$5.00 *, plus the Fund's payment. If other IRS forms and Schedules are required, the provider's fee schedule shall be discounted a minimum of 25% for their preparation. The member is responsible for the payment of these fees at the time the return is prepared and must present the Fund's Tax Voucher to the preparer for signature and processing through the Fund.

BOHEMIA

Peggiann McCoy, CPA
631-981-6646

BLUE POINT

Family Tax Consultants
631-868-3262
Martha Rose, CPA
631-988-0209

BRENTWOOD

Liberty Tax Service
631-371-1515

BROOKHAVEN

Family Tax Consultants
631-868-3262

COMMACK

Kaufman Planning Associates
631-366-1999

HAUPPAUGE

John A. Baldi, CPA, PFS, MBA
631-524-5554
Martha Rose, CPA
631-988-0209

HOLBROOK

Francis M. Neary, CPA, MBA, RIA
631-271-7788

JERICO

Philip Fierro, CPA
516-933-3845

LAKE GROVE

Alfred DiCanio, CPA
631-588-2316

LAKE RONKONKOMA

Charles Marchese, CPA
631-588-7500

MASTIC

Liberty Tax Service
631-657-3930

MEDFORD

Liberty Tax Service
631-286-3618

MELVILLE

Francis M. Neary, CPA, MBA, RIA
631-271-7788

MIDDLE ISLAND

Jason Stepnoski, CPA
631-680-5292
Middle Island Accounting & Tax Service
631-924-0023

MILLER PLACE

William J. Rothaar, CPA
631-476-1469

PATCHOGUE

Family Tax Consultants
631-868-3262
Liberty Tax Service
631-875-1040

PT. JEFFERSON STATION

Linda M. Eicholz, CPA
631-331-4369
Molloy Tax Services
631-786-9521
William Fore, CPA
631-642-1300

SHOREHAM

Sean J. McDonnell, CPA
631-821-9768

SYOSSET

Francis M. Neary, CPA, MBA, RIA
631-271-7788

WEST BABYLON

Sebastian Neglia, M.S., CPA
631-589-4839

WEST ISLIP

Kathleen R. Havel, CPA, EA
631-321-4084

WEST SAYVILLE

Sebastian Neglia, M.S., CPA
631-589-4839

FOR NON-PARTICIPATING PROVIDERS - The voucher is to be completed by the preparer, signed by both the member and the preparer, and submitted to the Fund, along with the original paid bill on preparer's original letterhead AND a copy of pages 1 and 2 of your 1040 or 1040A filings with the tax preparers name on page 2, or page 1 of the 1040EZ form with tax preparer's name. These items **MUST** be presented in order to receive reimbursement. The only required information on the tax form is the top portion of the first page, indicating the member's name and dependents. The tax preparer's name must be shown on the last page. The financial information and social security numbers are not required to process the claim and may be removed or covered prior to filing your voucher.

FOR "DUAL MEMBERS" - *When using any of the providers listed above, there is no additional \$5.00 out-of-pocket charge to "Dual Members" (spouses, who both are members of Benefit Fund, filing a joint return & each presenting a tax voucher) for the preparation of the long 1040 tax form, Schedules A and B, and related NYS return. The Fund's payment to these providers for one member is \$70.00 and \$5.00 for the spouse, totaling \$75.00. "Dual members" are eligible for an additional \$65.00 reimbursement on their joint tax return... to be applied towards any additional "tax schedules" necessary for the completion of their joint tax return.

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 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

The Right to "OPT-OUT" of Dental or Optical Coverage

The Fund must offer all members an opportunity to "Opt-Out" of the Fund's Dental and/or Optical Benefits, annually.

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, no later than the 1st of July** each year.

The coverage "**Opt-Out**" will apply to benefits from:

July 1st – June 30th

A letter or email can be sent to the Fund at:

SCMEBF

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

Re: "Opt-Out"

or

Inquiry@SCMEBF.org

Please note "Opt-Out" in the memo line

Indicate if you wish to "**Opt-Out**" of Dental or Optical or both.

Re-enrollment, after opting-out, can be requested annually in June.

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

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

Availability of HIPAA **Notice of Privacy Practices**

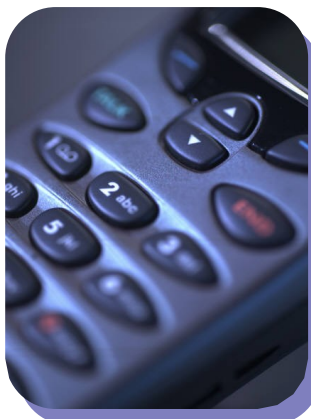
(as of 9/23/13)

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

Quick Reference Guide of Phone Numbers & Websites



♦ BENEFIT FUND

SC Municipal Employees Benefit Fund
SCMEBF fax number
Fund Email Contact
Fund Emergency/Urgent Voice Mail

www.scmebf.org

1-631-319-4099

1-631-218-7970

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

1-888-468-5178

Info@healthplex.com

Inquiry@scmebf.org

1-631-319-4099

♦ EMHP (*Health Benefits*)

Enrollment and Eligibility
Employee Benefit Unit Email & Phone

Employee Medical Health Plan

www.emhp.org

1-631-853-4866

ebu@suffolkcountyny.gov

DOCTOR/HOSPITAL

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

www.empireblue.com/emhp

1-800-939-7515

1-877-Talk2RN

www.bcbs.com

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

1-800-950-2662

Handled with your doctor and WellDyneRx

emhp.welldynernx.com

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

1-800-877-7484

www.questdiagnostics.com/scheduling

1-888-277-8772

♦ PARTICIPATING UNIONS

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

www.scame.org

1-631-589-8400

SC Probation Officer's Association

www.scpoa.org

1-631-654-2080

SC Deputy Sheriff's PBA

www.scdspba.net

1-631-289-1768

SC Correction Officer's Association

www.scco.net

1-631-208-1301

♦ NYS RETIREMENT SYSTEM

www.osc.state.ny.us/retire/

1-518-474-7736

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

**Inquiries about
your Health
Plan**

for:

**Prescriptions Claims
WellDyneRx
I.D. Cards
Blue Cross
QUEST/Lab Work
Value Options**

should be directed to:

**Employee Benefits
Unit at**

631-853-4866

or email to:

ebu@suffolkcountyny.gov

For Prescription

information call:

WellDyneRx

1-855-799-6831

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

Winter 2015



BOARD OF TRUSTEES

TRUSTEES

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~

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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
Joint Labor - Management Trust
30 Orville Drive, Suite D
Bohemia, New York 11716-2513

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