

# Suffolk County Municipal Employees

February 2018, Volume 45, Issue 1

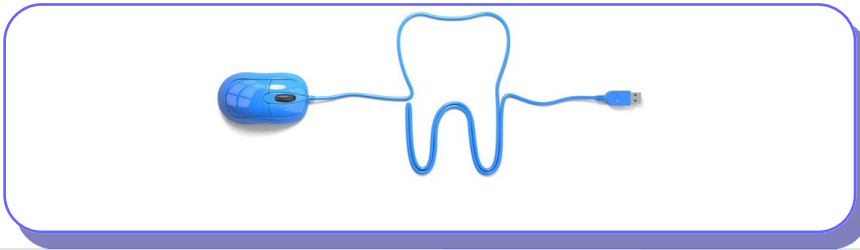
## BENEFIT FUND



◆◆◆◆◆◆◆◆ **1st Issue** ◆◆◆◆◆◆◆◆

### LOG ON TO THE **ASO** WEBSITE

For up-to-date information on your dental benefit claims from the Benefit Fund's Third-Party Dental Administrator, page 3



#### **The Suffolk County Municipal Employees Benefit Fund**

Providing supplemental health and legal benefits for our participants and their families since 1975. See all of the benefits offered and watch for regular updates on our website at:

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

#### ***Benefit Fund Office Hours***

***Monday - Thursday  
8:30 a.m. - 5:00 p.m.***

***Friday  
8:00 a.m. - 4:30 p.m.***

***Unless otherwise noted on  
the Fund's website***

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#### **Benefit Fund Notes**

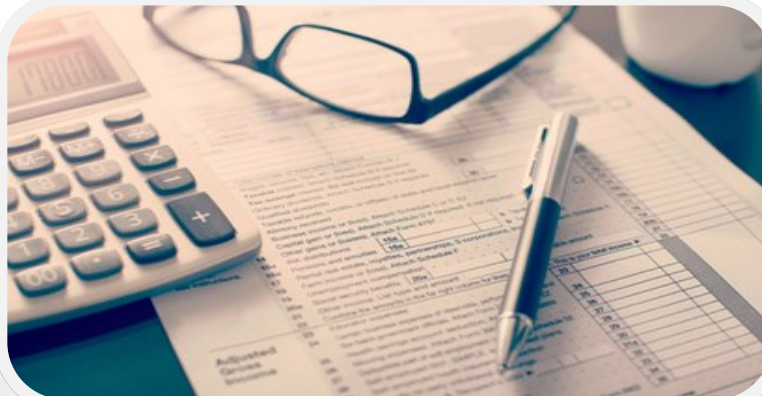
- ✓ Notary Services are available at the Fund.
- ✓ Benefit Fund Office is conveniently located in **Suite D** at the AME Union building, 30 Orville Dr. Bohemia, NY 11716-2513.

**631-319-4099**



**A Joint Labor/  
Management  
Trust**

~  
**Established  
1975**



**For an updated list of Fund Tax Providers, see page 4**

# ADMINISTRATOR'S REPORT



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, and 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)!** AME succeeded in maintaining its sponsorship of the joint labor/management trust known today as **the Suffolk County Municipal Employees Benefit Fund!**

And because of the Fund's rich history over the years, many benefits were enhanced. Fund retirees now have an opportunity to purchase active level coverage (*except for Bereavement and Survivors Benefits*) in two (2) separate **"Self-Pay" Enhanced Retiree Plans**. Enrollment in those plans grew from just 135 retirees annually in 2007, to over 1,000 retirees enrolled in these "self-pay" plans today.

The most significant enhancement occurred on August 1, 2017, whereby members were given a powerful tool in obtaining legal services, many of them **FREE**, in the new **Pre-Paid Legal Services Plan**. With this benefit, a covered member and his/her spouse or eligible domestic partner may obtain a **Last Will and Testament**, including a **Simple Trust**, if needed, or Codicil, **Health Care Proxy**, **Living Will**, and **Durable Power of Attorney**, all without any cost to the member.

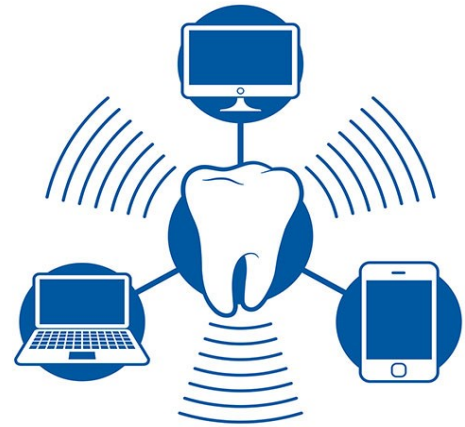
Active members and "Self-Pay" Retirees, who purchase the Legal Plan add-on, can maximize their benefits and check out more free legal services by calling today at **1-800-832-5182!**

*Cheryl A. Felice,*  
**Fund Administrator**

# "PPACA" FILING DATE AND ASO SIGN - IN

## ***Have you logged on to asonet.com?***

**ASO**, the SCME Benefit Fund's **Dental Third-Party Administrator**, makes it easy for you to find out information about your dental benefits and it's right at your fingertips! Fund members can check claim status, eligibility and find a participating dentist all with a click of a button. All you need to do is at **"SIGN IN"** select **"MEMBER"**.



### UNDERSTANDING THE AFFORDABLE CARE ACT

#### **IRS EXTENDS THE 2017 ACA FILING DEADLINE**

The IRS announced automatic extensions of the due dates for health plans to furnish the Form 1095-B to covered members. Under the Affordable Care Act, the new due date to furnish the 2017 Form 1095-B to covered members has been extended from January 31, 2018 to **March 2, 2018**. The IRS also announced individuals who receive a Form 1095-B from plans *after* they file their 2017 income tax returns **will not** be required to correct or amend their returns, but **MUST** keep the Form 1095-B with their 2017 tax records.

## ***DON'T have a username?***

No Problem! Just select **"CREATE USERNAME"** on the top of the sign-in page. You can use the last 4 digits of your social security number, date of birth and zip code and follow the directions to create your own username and password. It's that easy!

Once logged in, you can retrieve claim status, view when a claim was paid out or upload information that was requested. You also have the ability to print claim forms, view plan information and email ASO with any questions you may have concerning your dental benefits.

**If you have any questions on how to  
log-on to your dental benefits,  
always feel free to contact ASO at:  
1-800-626-5562 or email  
[memberservices@asonet.com](mailto:memberservices@asonet.com)**



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

Members may call one of the following Tax Preparation Providers to make an appointment. These Tax Providers 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**

Martha Rose, CPA  
631-988-0209

### **BRENTWOOD**

Tax Kingdom  
631-371-1515

### **COMMACK**

Moss J. Kaufman, CFP, EA  
631-366-1999

### **EAST SETAUKET**

Linda M. Eicholz, CPA  
631-331-4369

### **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

### **JERICHO**

Philip Fierro, CPA  
516-933-3845

### **LAKE GROVE**

Alfred DiCanio, CPA  
631-588-2316

### **LAKE RONKONKOMA**

Charles Marchese, CPA  
631-588-7500

### **MASTIC**

Tax Kingdom  
631-657-3930

### **MEDFORD**

Tax Kingdom  
631-286-3618

### **MELVILLE**

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

### **MIDDLE ISLAND**

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

### **MILLER PLACE**

William J. Rothaar, CPA  
631-476-1469

### **PT. JEFFERSON STATION**

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

### **SHIRLEY**

Manuel Santana, M.S., AFSP  
631-223-9629  
917-604-8812

### **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 SAYVILLE**

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

### **WOODBURY**

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

**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 preparer's 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.

# TAX PREPARATION BENEFIT REMINDERS

## Active Members or “Self-Pay” Premium Plus T Plan Retirees



### CLAIMING TAX PREPARATION REIMBURSEMENT BENEFIT

FOR

*Active or “Self-Pay” Enhanced Retirees  
in the “Premium Plus T” 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 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.
- 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 providers accept the Fund’s rates and are paid for the basic service directly from the Fund. Members are responsible for an additional \$5 payment for a joint 1040 form. Members are also provided with a 25% discount for other forms/schedules and are responsible to pay 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 4.**

### 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.

### Tax Benefit 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.**
- ✓ **Tax Services must be obtained during the time of “eligible” status only and not after a member retires.**
- ✓ **“No-Cost” Basic Retirees or “Self-Pay” Enhanced Retirees in the Premium Plan, are not eligible for the Tax Preparation Benefit.**
- ✓ **Only Active Members and “Self-Pay” Enhanced Retirees in the Premium Plus T Plan are eligible for the Tax Preparation Reimbursement benefit.**

# LEGAL PLAN, HIPAA & RETIREMENT PLANNING

## Have you used the Fund's new **Pre-Paid Legal Services Plan**?

If not, why not? With this new plan, *many* of the legal benefits found in our former voucher plan are now **FREE!** For certain legal services outside of this plan, the hourly or fixed attorneys' rates will be offered at a reduced rate!

*Look on the Fund's website, read the Legal Services Plan Benefit Reference Guide carefully and call for*

*an appointment today at:*  
**1 (800) 832-5182**

**Active members and "Self-Pay" Plan Retirees (if they purchased the Legal Plan add-on)** can call about Real Estate, Family Law, Personal Injury, Estates, Wills, Health Care Proxies, Traffic Matters, a 24-hr. emergency hot-line, and more.

While most legal matters will be covered at no cost, **REMEMBER**, for those where fees are payable, they are at significantly reduced rates, so call today.



**Retirees can add-on the Pre-Paid Legal Services Plan to any "Self-Pay" Enhanced Retiree Plan (SPERP) for \$108/year for two (2) years.**

## Eligibility for Fund Retiree Benefits -



All Fund members who meet the Fund's retirement qualifications (age 55, with ten (10) years of service with the Fund (or have a waiver from EMHP), with five (5) years contingent to retirement, and are eligible to receive their pension (regardless of age on a special retirement plan) will automatically be enrolled in the **"No-Cost" Basic Retiree Plan** when they leave employment. Remember, the SCME Benefit Fund only administers Supplemental Benefits which are provided by the Fund and are separate from your Employee Medical Plan.

**"NO-COST" BASIC RETIREE PLAN** Coverage Includes: 1) Dental - \$750 per calendar yr./family max., no more than \$500 per individual; 2) Optical - \$80 per calendar yr./each eligible dependent; 3) Hearing Aid Co-Pay Reimbursement- \$400 once/every 36 months/each eligible dependent.

Retirees can also maintain their dental coverage at the Active Level of benefits by purchasing one of the two (2) types of "Self-Pay" Enhanced Retiree Plans (SPERP) or COBRA for up to 18 months after retirement. If retiring with a Social Security disability pension, an additional eleven (11) months can be added to COBRA. **For more information on retirement planning, call for an appointment or check the Fund's website at [www.scmebf.org](http://www.scmebf.org)!**

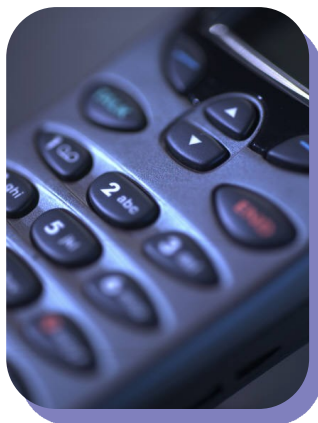
### Availability of HIPAA Notice of Privacy Practices (as of 9/23/13)

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 can 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

# Quick Reference Guide of Phone Numbers & Websites



**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  
Beacon Health**  
should be directed to:

**Employee Benefits**

**Unit at**

631-853-4866

or email to:

ebu@suffolkcountynyny.gov

**For Prescription**

**information call:**

**WellDyneRx**

**1-855-799-6831**

## BENEFIT FUND CONTACTS

SC Municipal Employees Benefit Fund  
**Fund Email Contact & FAX #**

**Fund Administrator**  
**Urgent Message/Voice Mail**

**Claims Supervisor** (Questions re: Dental, benefits offered, to make a payment)

**Controller** (Payment History)

**Eligibility**  
**Enrollment**

Student Verification

**SCMEBF Confidential FAX**

**Pre-Paid Legal Services Plan**

**DENTAL** - 3rd-Party Administrator  
ASO, Inc. (Customer Service)  
303 Merrick Road, Suite 300 - Dept. 217  
Lynbrook, NY 11563

## EMHP (Health Benefits)

Enrollment and Eligibility  
Employee Benefit Unit Email & Phone

## DOCTOR/HOSPITAL

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

## PRESCRIPTION BENEFITS

Express Scripts (for Medicare Retirees)  
Prescription Waiver Forms  
WellDyneRx  
(ID# on Card begins *after* "SC")

## MENTAL HEALTH BENEFITS

Beacon Health Options (Mental Health)

## LAB WORK

QUEST Diagnostics for all LI Sites  
QUEST Diagnostics Automated  
Appointment Scheduling

## 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

## ♦ NYS RETIREMENT SYSTEM

## WEBSITES/EMAILS/FAXS

www.scmebf.org 1-631-319-4099  
**Inquiry@scmebf.org** 1-631-218-7970  
(list type of inquiry in the memo line)

Cheryl@scmebf.org **1-631-319-4099**  
**Ext. #319**

Inquiry@scmebf.org 1-631-319-4099  
(list type of inquiry in the memo line) *Ext. #0*

Tom@scmebf.org 1-631-319-4099  
*Ext. #320*

Wendyz@scmebf.org 1-631-319-4099  
*Ext. #321*

Stephanie@scmebf.org *Ext. #311*

**Fax number**  
**1-631-218-7970**  
**1-800-832-5182**

www.asonet.com 1-800-626-5562  
(listed in the drop-down screen as "Suffolk  
County Mun Emp Benefit Fund")

Employee Medical Health Plan  
www.emhp.org  
ebu@suffolkcountynyny.gov 1-631-853-4866

www.empireblue.com/emhp 1-800-939-7515  
1-877-Talk2RN  
www.bcbs.com 1-800-810-BLUE

www.express-scripts.com  
(Handled with your doctor and WellDyneRx)  
emhp.welldynernx.com 1-855-799-6831

www.achievesolutions.net 1-866-909-6472

www.questdiagnostics.com 1-800-877-7484  
www.questdiagnostics.com/scheduling 1-888-277-8772

www.scmebf.org 1-631-589-8400

www.scpoa.org 1-631-654-2080  
www.scdspba.net 1-631-289-1768  
www.sccoanet 1-631-208-1301

www.osc.state.ny.us/retire/ 1-518-474-7736

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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.

**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

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

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

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