

Suffolk County Municipal Employees

July 2018, Volume 45 Issue 2



BENEFIT FUND

◆ Summer 2018 Issue & Annual Report ◆



Inside this Issue:

Administrator's Report & Right to Appeal	2
The Right to Appeal	2
Pre-Paid Legal Plan	3-4
Log onto ASO for Dental Plan Usage	5
NYS Annual Financial Report	8-11
College Verification & Fund Notification	12
Annual OPT-OUT Notice	13
Update HIPAA Privacy File	14
Important Phone Numbers & Websites	15
Trustees & Administration	16

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



Availability of HIPAA - Notice of Privacy Practices

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 can 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

OPTIONAL: Update your HIPAA Privacy File, found on page 14



Benefit Fund Notes

- ✓ The Fund accepts Credit Cards and on-line payments.
- ✓ Benefit Fund Office is conveniently located at the AME Union building:
SCMEBF
30 Orville Dr.
Bohemia, NY 11716-2513.
[Suite D](#)
631-319-4099

ADMINISTRATOR'S REPORT & RIGHT TO APPEAL

Administrator's Report-July 2018: Pre-Paid Legal Services Plan

As most of you recall, effective August 1, 2017, you were given a powerful new tool that can help you and your family better manage the legal challenges which confront all of us in today's complex world – a pre-paid legal services plan that replaced the current voucher program.

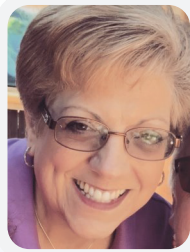
The AME Union Executive Board, who are also trustees of the Fund, criss-crossed the county explaining this new plan. Imagine my surprise when a member called me this week to say they “never” knew of this plan. With this new **Legal Services Plan**, the Trustees of the Fund have provided you with access to a local law firm with 52 attorneys on staff and hundreds more throughout NYS who are available to assist you with most of your personal legal problems. In the event of a legal emergency, like an accident or arrest, your attorneys are available 24 hours to answer your call. **A plan description was mailed to every Active member and is available on the Fund's website. It provides the contact telephone number as well as describes all covered benefits. And best of all, in most cases, there will be no cost to you for the Legal Services Plan Attorneys.**

The Trustees are working together to make using your legal services plan as easy and beneficial as possible. If you have a legal question or concern, you can simply pick up the phone and make a free call to your legal services plan attorneys. You will get advice and action from your attorneys but you will not get a bill! And you can receive these legal services anywhere in the USA, when you're traveling or if a child needs legal help at college.

Active members or those “Self-Pay” Enhanced Retiree Plan members who “add-on” the Legal Plan to their coverage can call about Real Estate, Family Law, Personal Injury, Estates, Wills, Traffic Violations, Powers of Attorney, Health Care Proxies, etc. You can have any related questions answered without cost. You will also have your Wills prepared without cost. While most legal matters will be covered at no cost, for those where fees are payable, they are at sharply reduced rates.

With this new plan, many of the legal benefits used by our members are now free! For Legal Services Plan coverage that is not free, the hourly or fixed attorneys' rates will be offered at a significantly reduced rate. If you haven't already used the legal plan, DO it NOW!

Cheryl A. Felice
Fund Administrator



Congratulations to Daniel C. Levler, Benefit Fund Chair, who was recently re-elected to the AME Executive Board, and as union President., effective July 1, 2018. Dan was also re-elected with his entire AME Executive Board, including Fund Trustees, Michele O'Connell, Christina Maher and Stanley J. Humin, III. Good luck to all!

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 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 conclusive decision in writing, which shall be final and binding on all persons.

THE NEW PRE-PAID LEGAL PLAN...USE IT NOW!

For **ACTIVE MEMBERS ONLY** or as an Add-On to **SPERP** (the “Self-Pay” Enhanced Retiree Plans)

Instructions on How to Download the Document Questionnaires, a Requirement for Certain Benefits

With several legal benefits, you will be asked to: “**Complete Your Confidential Will Questionnaire**” and/or other document questionnaires prior to your appointment with your attorney. Just follow these simple instructions.

- 1) Go to **FKMLAW.com**
- 2) The Legal Services homepage is a box labeled “**Plan Member Login**”. Click on it.
- 3) Select your group from the drop down list and click “**SCME Benefit Fund**”.
- 4) Download the questionnaires for the legal service you are seeking.
- 5) Complete questionnaire and:
- 6) Mail or Fax to:

Feldman, Kramer & Monaco, P.C.
330 Vanderbilt Motor Parkway
Suite 400
Hauppauge, NY 11788
Fax # (631) 231-4732



If you have any questions regarding the documents or cannot download the forms, please call the **Legal Services Plan** at: **1 (800) 832-5182** for help in completing the questionnaire.

Pre-Paid Legal Service Plan Offerings - FREE Last Will & Testament, Health Care Proxy, Living Will, and Durable Power of Attorney

Who is eligible...Any covered member, his/her spouse or eligible domestic partner (as determined by the Fund).

What is the Benefit...This benefit provides a covered member and his/her spouse or eligible domes-

tic partner with the opportunity to have a **Last Will and Testament, including a Simple Trust, if needed, or Codicil, Health Care Proxy, Living Will, and Durable Power of Attorney** prepared and executed under the supervision of a legal benefits attorney.

How to Obtain the Benefit...To obtain the Last Will and Testament Benefit, Health Care Proxy, Living Will, and Durable Power of Attorney you should **complete the “Confidential Will Questionnaire”** and contact the **Legal Services Plan Attorney office** to request an appointment at:
1 (800) 832-5182

If both spouses or both domestic partners, desire these benefits, it is recommended that they make appointments together.



THE NEW PRE-PAID LEGAL PLAN...USE IT NOW!

OTHER VALUABLE LEGAL PLAN BENEFITS ARE:

ELDER LAW BENEFIT (1 hr. FREE and 20% discounted fee)

Who is eligible...Exclusively in connection with the Elder Law section of the Legal Plan coverage only, this Elder Law Benefit is available to the member, eligible dependents and is extended to the members' parents, grandparents, parents-in-law and grandparents-in-law who resides in New York State.

What is the Benefit...Our Elder Law attorneys will consult with a covered individual to discuss asset preservation strategies. *The first hour is free and all subsequent time will be billed at a 20% reduction from the Elder Law attorneys' usual billing rate.* Client will be advised of attorney's usual billing rate prior to referral.

Elder Law attorneys can advise on State law and assist in putting a health and estate plan in effect, which can maximize eligibility for coverage of Medicaid to pay for nursing home and home care costs while preserving one's estate and assets.

The attorneys who will provide the listed services specialize in the subject of Elder Law, estate planning, wills, trusts, pre-nursing home planning, probate and conservatorship.

FREE REAL ESTATE TRANSACTION BENEFIT (2 transactions/3 year)

Who is covered...Any covered member who owns a primary private residence, a condominium or a co-operative or is in the process of purchasing such a residence where he/she will reside primarily in the United States of America.

What is the Benefit.....

The sale, purchase or refinance of a primary private dwelling, condominium or co-operative apartment in the United States of America where residence is or will be in effect at time of settlement (i.e., "closing"). In the event that a covered member retains one of the **Legal Services Plan Attorneys** there will be no charge for legal fees related to the real estate transaction as described in the Legal Benefit Reference Guide. **A maximum of two (2) transactions per three (3) years will be covered, commencing with the date of the initial transaction.** This benefit **does not cover** expenses for *Title searches or Title insurance, appraisal costs, bank fees or any related fees (i.e., "closing costs")*. **This benefit only covers the sale, purchase or refinance of a single family home.** There is no coverage for multiple dwelling units. This benefit **does not include** representation regarding contract disputes, specific performance of contracts, landlord/tenant disputes or any litigation related to the buy, sell or refinance of business property. *One (1) hour of post-closing service will be provided to conclude any post-closing issues, exclusive of the preparation of the appropriate closing statement. All time spent beyond that point will be billed to the member at the reduced hourly rate of \$250.*

How to Obtain the Benefit...To obtain the **Elder Law Benefit, or the Real Estate Benefit**, contact the **Legal Services Plan Attorney** office to request an appointment at **1 (800) 832-5182**.

If you started a legal transaction prior to August 1, 2017, the Benefit Fund will still reimburse you under the terms of the Legal Voucher Plan once the transaction is completed and the voucher is submitted along with the supporting documentation. Member and claim, must be eligible for benefits at the time the matter is completed and the claim is submitted through December 31, 2018.

LOG ON TO VIEW YOUR DENTAL BENEFITS USAGE

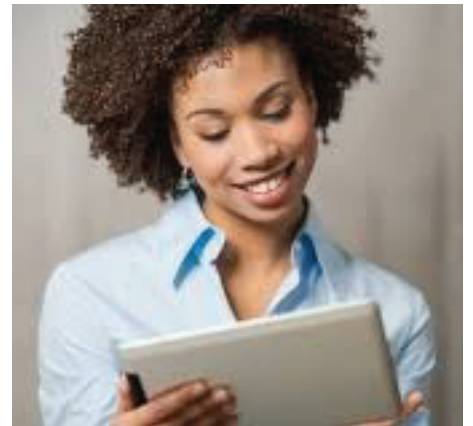
Remember to log-on to asonet.com to view your dental benefit usage.

SIGN IN!

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".

CREATE 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!



VIEW YOUR CLAIMS!

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

Should you have any other questions on your dental benefit plan, please contact the Fund directly.

BENEFIT UPDATES MADE IN 2017

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. Here are the benefits and eligibility updates to the Fund's plan effective in 2017.

**Suffolk County Municipal
Employees Benefit Fund**



Adopted on February 10, 2017

New Application – Annual Renewal for all Domestic Partnerships

The Fund will perform an annual re-enrollment and eligibility verification for domestic partners, with newly revised application forms, beginning July 15, 2017 and thereafter, annually each July.

Adopted on May 12, 2017

Pre-Paid Legal Services Plan

Effective August 1, 2017, the SCME Benefit Fund replaced the Legal Voucher program with a pre-paid legal services plan.

Adopted on June 28, 2017

Extension of “Pre-Paid” Legal Services Plan

Effective with the enrollee's current plan or renewal of their “Self-Pay” Enhanced Retire Plan (SPERP), Retirees may add, at their option, the “Pre-Paid” Legal Services Plan to their SPERP plan for \$108/year for a minimum of 2 years.

All “Self-Pay” Enhanced Retirees plan enrollees will be given the option of purchasing the Legal Services Benefit, at an annual cost of \$108 provided they agree to remain enrolled in the “Pre-Paid” Legal Services Plan for two (2) years.

All members with pending legal services matters that commenced while the voucher program was in place and prior to the effective date of the “Pre-Paid” Legal Services Plan, August 1, 2017, can complete their legal matters with their retained attorney and will be eligible for reimbursement under the voucher plan, subject to plan guidelines including eligibility at the time the claim is filed.

For all other legal matters commenced on or after August 1, 2017 outside of the Legal Services Benefits will not be eligible for reimbursement under the voucher plan, other than for Platinum Plan “Self-Pay” Enhanced Retirees who elect to remain in that plan prior to December 31, 2017 and for the remainder of their 2-year obligation.

“No-Cost” Basic Retiree Plan Enrollees **are not** eligible to participate in the “Pre-Paid” Legal Services Plan.

BENEFIT UPDATES MADE IN 2017

Effective January 1, 2018, the voucher plan will no longer be available to any “Self-Pay” Enhanced Retiree Plan new enrollees.

Note: *A Notarized SPERP application is required to be submitted upon EVERY 2 years renewal and when a member concludes their 2-year obligation and requests to “drop-back” to the “No-Cost” Basic Retiree Plan.*

Adopted on October 5 2017

Revised “Self-Pay” Enhanced Retiree Plans: The Platinum Plan and the Premium Plus Plan were replaced with the Premium Plus Plan-T (includes Dental, Optical, Hearing Aid Co-Pay Reimbursement, the Rx Co-Pay Reimbursement and the Tax Preparation Reimbursement.) An enrollee in either the Premium or Premium Plus-T plans can purchase the pre-paid legal plan at the current rate of \$108.

Adopted on June 28, 2017

Dental Plan Fee Revisions;

Increase allowance for D2161 by \$10.

Added to procedure D2393 the aggregate limit of \$90 per tooth in a twelve month period and added procedure D2940 as a covered service for palliative (emergency) treatment of dental pain – minor procedure – with an allowance of up to \$25.

Adopted December 8, 2017

OLD/NEW ADA Code Changes – effective January, 1 2018

1206	n/a	\$ 14.00	2 in a calendar year
2160	n/a	\$ 60.00	1/ 12 months
2161	n/a	\$ 70.00	each surface once per a 12 month period
2393	n/a	\$ 85.00	each surface once per a 12 month period
2394	n/a	\$ 90.00	each surface once per a 12 month period
2940	n/a	\$ 25.00	no frequency
5500	5511	\$ 65.00	once per 12 months
5500	5512	\$ 65.00	once per 12 months
5610	5611	\$ 65.00	once per 12 months
5610	5612	\$ 65.00	once per 12 months
5620	5621	\$100.00	once per 12 months
5620	5622	\$100.00	once per 12 months
9223	9222	\$ 60.00	one per session/1st 15 min.
9243	9239	\$ 60.00	one per session/1st 15 min

NYS Department of Financial Services Annual Report

The 2017 Annual Report for the Suffolk County Municipal Employees Benefit Fund *(as shown on pages, 9-11)*

The Fund is subject to periodic examination by the **New York State Department of Financial Services (NYS-DFS)**. Annually, the Fund's Auditor prepares a report of the Fund's financial conditions.

The Fund is required to distribute the report to the plan participants. 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 by the Trustees and staff members on behalf of all Fund participants.

On behalf of all of us here at the Fund, thank you for allowing us to deliver these benefits and services to you.

If you need any further information, please call the Fund Administrator at 319-4099, extension #319. We are happy to answer any questions you may have about the Benefit Fund or the 2017 Annual Report. Thank you.

Cheryl A. Felice
Fund Administrator



FUND FILES 2017 NYS-DFS ANNUAL REPORT

ANNUAL REPORTS

For the fiscal year ended December 31, 2017

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 (Schedule 1)	\$10,655,857	
(b) Employee	404,974	
(c) Other (Specify) <u>Retired Members</u>	<u>1,090,303</u>	
(d) Total Contributions		\$ 12,151,134
Dividends and Experience Rating Refunds from Insurance Companies		
Investment Income:		
(a) Interest	204,243	
(b) Dividends	122,194	
(c) Rents		
(d) Other (Specify)		
(e) Total Income from Investments		326,437
Profit on disposal of investments		640,837
Increase by adjustment in asset values of investments		873,254
Other Additions: (itemize)		
(a) See Schedule	<u>1,745,292</u>	
(c) Total Other Additions		<u>1,745,292</u>
Total Additions		\$ <u>15,736,954</u>

DEDUCTIONS FROM FUND BALANCE

Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)		\$ 10,670,181
Benefits Provided Directly by the Trust or Separately Maintained Fund		
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 (Schedule 2)	650,869	
(b) Allowances Expenses, etc. (Schedule 2)	35,738	
(c) Taxes	49,449	
(d) Fees and Commissions	648,958	
(e) Rent	113,720	
(f) Insurance Premiums	255,343	
(g) Fidelity Bond Premiums	443	
(h) Other Administrative Expenses: (See Schedule)	<u>618,366</u>	
(i) Total Administrative Expenses		2,372,886
Loss on disposal of Investments		159,143
Decrease by adjustment in asset values of investments		
Other Deductions: (itemize)		
(a) (See Schedule)	2,386,512	
(b) Contributions allocated to SCME Legal Services Fund		
(c) Total Other Deductions		<u>2,386,512</u>
Total Deductions		\$ <u>15,588,722</u>

RECONCILEMENT OF FUND BALANCE

Fund Balance (Reserve for Future Benefits) at Beginning of year		\$(20,963,048)
Total Additions During Year (Item 7)	15,736,954	
Total Deductions During Year (Item 16)	<u>(15,588,722)</u>	
Total Net Increase (Decrease)		<u>148,232</u>
Fund Balance (Reserve for Future Benefits) at End of year		\$ <u>(20,814,816)</u>
(Item 14, Statement of assets and Liabilities)		

FUND FILES 2017 NYS-DFS ANNUAL REPORT

- BENEFIT FUND - STATEMENT OF ASSETS AND LIABILITIES

ASSETS

	End of Reporting Year
Cash	1,443,655
Receivables	
(a) Contributions:	
(1) Employer	9,058,396
(2) Other	
(b) Dividends or Experience Rating Refunds	
(c) Other (Specify): Due from Staff Retirement Plan	
Investments (Other than Real Estate)	
(a) Bank Deposits At Interest and Deposits or Shares In Savings and Loan Associations	382,498
(b) Stocks:	
(1) Preferred	
(2) Common	7,271,089
(c) Bonds and Debentures:	
(1) Government Obligation	
(a) Federal	9,246,414
(b) State and Municipal	
(2) Foreign Government Obligations	
(3) Non-Government Obligations	1,328,850
(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	53,130
(b) Prepaid Expenses	77,614
(c) See Schedule	420,925
 Total Assets	 <u>\$29,282,571</u>

LIABILITIES

Insurance and Annuity Premiums Payable	
Unpaid Claims (Not Covered by Insurance)	
Accounts Payable	128,766
Other Liabilities - See Schedule	49,968,621
Reserve for Future Benefits (Fund Balance)	<u>(20,814,816)</u>
Total Liabilities and Reserves	<u>\$ 29,282,571</u>

ADDITIONAL INFORMATION IS AVAILABLE

REPORT ON EXAMINATION: This fund is subject to periodic examination by the Department of Financial Services. 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 Department of Financial Services, Life Insurance Companies Bureau, 25 Beaver Street, New York, NY 10004 - Telephone (212) 480-5038

FUND FILES 2017 NYS-DFS ANNUAL REPORT

SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND Attachment to Annual Report - December 31, 2017

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

Other Additions:	
Claims Payable	\$236,512
Post-Retirement:	
Benefits paid (Estimated)	1,500,000
Post-Retirement:	
Pension adjustment other than net periodic pension cost	8,780

Total Other Additions	<u>\$ 1,745,292</u>
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Statement of Changes in Fund Balance (Reserve for Future Benefits)

Other Administrative expenses:

Pension expense	340,475
Provision for sick and vacation	3,928
Computer	58,060
Stationery, printing and office expense	51,582
Postage	26,245
Depreciation and Amortization	43,179
Members' benefit information	65,461
Telephone	10,650
Bank Charges	11,629
Dues and Subscriptions	2,313
Meeting Expense	4,844
Miscellaneous expense	

Total Administrative expenses:	<u>618,366</u>
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Statement of Changes in Fund Balance (Reserve for Future Benefits)

Other Deductions:

Obligations for current benefit coverage:	
Benefit claims incurred but not reported	80,512
Postretirement:	
Interest	606,000
	1,700,000

Total other Deductions:	<u>2,386,512</u>
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Statement of Assets and Liabilities

Other Assets:

Leasehold Improvements	436,152
Furniture and Fixtures	76,054
Computer Equipment	302,682
Subtotal	814,888
Less: Accumulated Depreciation and Amortization	(409,323)
Net:	405,565
Security Deposit	15,360

Total Other Assets:	<u>420,925</u>
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Statement of Assets and Liabilities

Other Liabilities:

Prepaid Retiree Contributions	461,597
Pension Liability	2,664,212
Employees accumulated vacation and sick pay	47,812
Claims Payable	821,882
Estimated Liability for claims incurred but not reported	1,152,118
Estimated Liability for future payments of benefits based on participants' accum. Eligibility	1,000
Post retirement benefits for current retirees	20,658,000
Post retirement benefits for other participants fully eligible for benefits	12,455,000
Post retirement benefits for other participants not fully eligible for benefits	11,707,000

Total other Liabilities:	<u>49,968,621</u>
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COLLEGE VERIFICATION & ENROLLMENT

REMEMBER College Verification & COBRA Continuation of Coverage

College Verification for your dependents ages 19 to 25 are mailed to you each semester. Return them promptly!

Fall Semester:

September 1st through January 31st

Spring Semester:

January 1st through September 30th

Dependent children are eligible for Fund benefits up through their 19th birthday or their 25th birthday, if continuing their education as a full-time student. Eligible dependents who age-out and are no longer eligible may continue certain benefits for 36 months under COBRA, *(provided the Fund receives timely notification from you)* after graduation or completion of their last college semester.

631-319-4099 EXT. 311

Confidential FAX Line-631-218-7970

Keep Enrollment Information Up-To-Date!

Fax or mail all changes in addresses, phone numbers, dependents, and changes in **marital status**, (include the divorce decree) 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

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Original Beneficiary Forms  
should be sent to your  
Employer/Department or  
Payroll/Personnel or  
Human Resource Division,  
with a copy sent to the Fund.

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



## DIVORCE DECREES AND TERMINATION OF DOMESTIC PARTNERSHIPS ARE NEEDED AT THE FUND TOO!

When dealing with the hardship of a divorce or the end of a Domestic Partnership, you must notify the Fund immediately of the date your spouse/partner should no longer be covered under your supplemental benefit fund plan. Failing to notify the Fund of a change in your marital status or partnership and permitting your former dependent to claim benefits after they are no longer eligible, puts **YOUR BENEFITS** at risk.

Remember, it is the member's responsibility to reimburse the Fund on claims paid for an ineligible former dependent. Failure to repay any overpayment may result in suspension of benefits for you and your eligible dependents, until the repayment is satisfied. So don't delay, contact the Fund with any changes in the status of your dependents. Domestic Partnerships require annual renewal in July and cannot be added once retired or terminated.



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

*\*(Does Not Apply to those in the “Self-Pay” Enhanced Retiree Plans)*

To comply with the mandates of the Patient Protection Affordable Care Act (PPACA), the Fund must offer new members an opportunity upon enrollment to “Elect” or “Opt-Out” of the Fund’s Dental and/or Optical Benefits. Current **active members** also have the Right to “**Opt-Out of or Opt-back into** Dental and/or Optical coverage **annually in July**.”



***Take NO action at all if you do not wish to “Opt-Out” of any Benefit Fund Coverage!***

Active members who **only** wish to discontinue **Dental and/or Optical Benefits** from July 1, 2018 – June 30, 2019, (**not** retirees in the “Self-Pay” Enhanced Retiree Plans) will simply need to advise the Fund of their decision to “opt-out” no later than **July 31<sup>st</sup>** by writing a letter or an email to the Fund at:

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

or

**[Inquiry@SCMEBF.org](mailto:Inquiry@SCMEBF.org)**



***Please note if you wish to “Opt-Out” of or “Opt-Back Into” Dental, Optical or both in the memo line of your letter and/or email.***

“Opt-Out” **DOES NOT** apply to those in the “Self-Pay” Enhanced Retiree Plans. Members in those plans must still fulfill their 2-year minimum enrollment requirement.

# HIPAA Privacy Form Needed to Release Information

The federal law, the Health Insurance Portability and Accountability Act, ("HIPAA"), requires the Fund protect the confidentiality of your private health information. To access information on your spouse's claims or **adult dependent's claims (over 18 yrs. of age)**, we must have their written authorization on file with the Fund. This can be done by completing the **Authorization for Release of Information Form**, (also available on our Website.) **Mail, email or fax it to the Fund at [Inquiry@scmebf.org](mailto:Inquiry@scmebf.org) or 631-218-7970.** The Fund **will not** release personal health information without this authorization. Thank you.

## FUND 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: \_\_\_\_\_

# Quick Reference Guide of Phone Numbers & Websites



## BENEFIT FUND CONTACTS

SC Municipal Employees Benefit Fund  
**Fund Email Contact**

**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**

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

## WEBSITES/EMAILS/FAXS

www.scmebf.org  
**Inquiry@scmebf.org**  
(list type of inquiry in the memo line)

Cheryl@scmebf.org

Inquiry@scmebf.org  
(list type of inquiry in the memo line)

Tom@scmebf.org

Wendyz@scmebf.org  
Stephanie@scmebf.org

**Fax number**

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

## PHONE

1-631-319-4099

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

1-631-319-4099  
**Ext. #0**

1-631-319-4099  
**Ext. #320**

1-631-319-4099  
**Ext. #321**

**Ext. #311**

**1-631-218-7970**

1-800-626-5562

**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@suffolkcountyny.gov

**For Prescriptions  
information call:  
WellDyneRx**

**1-855-799-6831**

## **EMHP (Health Benefits)**

Enrollment and Eligibility

Employee Benefit Unit Email & Phone

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

1-800-939-7515

1-877-Talk2RN

www.bcbs.com

1-800-810-BLUE

## **PRESCRIPTION BENEFITS**

Express Scripts (for Medicare Retirees)

Prescription Waiver Forms

WellDyneRx

(ID# on Card begins **after** "SC")

www.express-scripts.com

**(Handled with your doctor and WellDyneRx)**

emhp.welldynex.com

1-800-950-2662

1-855-799-6831

## **MENTAL HEALTH BENEFITS**

Beacon Health (Mental Health)

www.achievesolutions.net

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 Deputy Sheriff's PBA

SC Correction Officer's Association

www.scame.org

1-631-589-8400

www.scdspba.net

1-631-289-1768

www.scco.net

1-631-208-1301

## **♦ NYS RETIREMENT SYSTEM**

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

1-518-474-7736

## **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 website

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

# BOARD OF TRUSTEES

## TRUSTEES

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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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