

Suffolk County Municipal Employees

BENEFIT FUND

Fall 2018 Volume 46, Issue 4



◆◆◆ 2018 FALL Issue ◆◆◆

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**Make an appointment
or call to discuss
retiree plan options
before or as you retire
or as you renew or
upgrade to SPERP!**

Call:

**631-319-4099
ext. 321 or 319 or email
Inquiry@scmebf.org**

**Free Notary Services.
Credit card payments
gladly accepted,
including payments
made on-line.**





Administrator's Report - November 2018

Call for your Legal Benefits TODAY!

Cheryl A. Felice,
Fund Administrator

Legal Services Plan Considerations for Fund Retirees and as Active Members as they plan for Retirement!

Retirees participating in the Suffolk County Municipal Employees Benefit Fund ("Fund") now have the option of purchasing a comprehensive Pre-Paid Legal Services Plan when or if, they are enrolled in one of the Fund's "Self-Pay" Enhanced Retiree Plans (SPERP). This new legal plan is a powerful tool that can help you and your family better manage the legal challenges which confront all of us in today's complex world – this new legal plan replaces the former legal voucher program. But, why wait until you retire to take advantage of this valuable benefit when it is available to you FREE as an Active employee.

If you wait until you retire to access the Legal Services Plan, you will be responsible to pay an additional \$108 on to your "Self-Pay" Enhanced Retiree Plan (SPERP) premium per year, (also with a minimum two-year enrollment; discounts for annual or semi-annual payments do not apply as this fee is passed through to the law firm providing the Legal Plan benefit). **SO WHY NOT TAKE ADVANTAGE OF THE PRE-PAID LEGAL SERVICES PLAN NOW?**

By calling **1-800-832-5182**, you can access benefits for Real Estate, Family Law, Personal Injury, Estates, Traffic Violations, etc. You can also receive a Will, Health Care Proxy, Durable Power of Attorney and a Living Will for you and your spouse or previously approved domestic partner, **all without cost to you!** You can also have any related questions answered **without cost**.

While most legal matters will be covered at no cost, for those where fees are payable, they are at sharply reduced rates. Please see the **Legal Services Plan Benefit Reference Guide** that can be found on our website at www.scmebf.org for complete details of the legal services benefits offered.

Log-on to the SCME Benefit Fund's Website at www.scmebf.org to learn more about the Pre-Paid Legal Services Plan or email the Fund and request that a Legal Services Plan Booklet be mailed to you at: Inquiry@scmebf.org. If you already know which legal services you want to access, call Feldman, Kramer and Monaco directly at **1-800-832-5182**.

Cheryl A. Felice
Fund Administrator

For Active employees, what is the "Legal Fringe Benefit" on my year-end paycheck?

The legal fringe benefit of \$111.58 that Active working members will see on their last paycheck in 2018, is a taxable value of the benefit provided to members of the Fund who are eligible for the legal benefits provided by Suffolk County Municipal Employees Benefit Fund. The fringe benefit is included in your annual gross wages on your W-2, because it is a benefit that the IRS considers taxable. (This dates back all the way to 1992 when section 120 of the Internal Revenue Service Code was not renewed, thus making the benefit taxable.)

An annual estimate is calculated by taking the total Legal Benefit claims paid, cost and processed, then prorating it by the number of active participants at the time of assessment. Given the fact that these figures must be calculated before the year-end payroll reports are filed; the total fringe benefit is determined by using the Fund's Income Statement totals from a fiscal period, November 1st through October 31st. Each year a copy of the Fund's Annual Financial Report is distributed to the members in the Fund Newsletter at some point mid-year.

Rx Co-Pay Reimbursement

CLAIM STATUS

Rx Co-Pay Reimbursement is a benefit that is offered **ONCE** annually. It takes between 6 - 8 weeks for processing because a majority of members submit this benefit at the beginning of the year. We appreciate your patience and will pay each claim as quickly as possible in the date order they are received.

Thank you!



What is the Benefit:

The Fund reimburses an eligible family **ONCE** annually for the out-of-pocket costs paid on behalf of eligible family members within the calendar year for drugs prescribed by a medical doctor, osteopath or dentist as follows:

- **Up to \$20 per script,**
- **Up to \$350 in reimbursement per family, and**
- **\$1.00 additional reimbursement per each eligible script over the \$350 reimbursement.**

Who is eligible:

Active Members, COBRA participants, "Self-Pay" Enhanced Retirees in either the Premium Plus or the Premium Plus Plan-T and their eligible dependents in each of the aforementioned categories, as defined by the Fund.

Who is NOT eligible:

"No-Cost" Basic Retirees, Retiree Dependent COBRA and "Self-Pay" Enhanced Retirees in the Premium Plan are not eligible for the Prescription Drug Co-Payment Reimbursement Benefit.

A Family, not an Individual Benefit:

This is a "Family Benefit." Prescription Drug Co-Payment Reimbursement can only be requested once annually per family, not separately by each individual of the family.

Covered expenses:

Any prescription drugs issued by a licensed pharmacist covered under your basic health plan's prescription drug plan. All rules and regulations governing your basic health plan's prescription drug plan apply to your Fund coverage of this benefit.

Filing for the Benefit:

Submit your claim only after each of your eligible family members has completed all of their prescription purchases for the entire calendar year. Claim forms can be downloaded from the Fund's website or picked-up from the Fund. *According to Fund guidelines, Rx Co-pay reimbursement claims can only be considered once per year. These claims **cannot** be reconsidered at a later date if you missed submitting some of your Rx scripts when you originally filed.*

The Fund does **NOT** administer the Prescription Drug Benefit (that's EMHP.)

The Fund administers the: **Prescription Drug Co-Payment Reimbursement Benefit.**

FILING REMINDER:

All **2017** Prescription Drug Co-Payment Reimbursement requests, must be submitted and **post-marked by no later than 12/31/18** to qualify for reimbursement.

You have until 12/31/19 to file a reimbursement claim for all **2018** Prescription Drug Co-Payment Reimbursement requests.

2018 OPTICAL BENEFIT - Eligibility



Who is eligible

Members and enrolled eligible dependents, as defined by the Fund, are entitled to an optical benefit **once** every calendar year.

What are the Benefits

Covered members and their eligible dependents can receive optical benefits either through a non-participating provider of their choice or through Participating Optical Centers.

Participating Optical Centers

The optical allowance of up to \$80 once every calendar year may be used at a Participating Optical Center selected by the Fund. The Centers agree to provide the discounted services listed on the back of the voucher.

When you use a panel practitioner and select from their collection of products and services, the Fund voucher will be accepted as payment for charges that are considered in-network. Reimbursement from the Fund will be made directly to the provider. Remember, the Fund has also arranged for discounted fees for certain extra services, that you may need and are listed on the back of each voucher.

How to receive the optical benefit

An optical voucher must be obtained from the Fund prior to receiving optical services. Allow a minimum of 10 days prior to your appointment for receipt of your voucher from the Fund. Submit the voucher directly to the provider of services if you utilize a participating optical center.

- The Fund has arranged with participating optical providers a set fee schedule for certain services which represent a greatly reduced cost to the member.
- If you are using a provider of your choice, send your completed voucher along with a paid itemized bill directly to the Fund. Reimbursement will be made directly to you.

To obtain your 2018 Optical Benefit

**You must ORDER your
glasses and/or contacts by
December 31, 2018**

Optical Vouchers for 2018 claims received after January 1, 2019 will be processed for up to the reimbursable rate for eligible members and dependents **only** if the order for your glasses or contacts was made **on or before December 31, 2018.**

Call for your Optical Voucher now at: 631-319-4099, ext. 1 or visit the Fund's website:

www.SCMEBF.org

**Indicate if you would like to pick-up
your voucher at the Fund, or if you want
it mailed to your home.**

2018 OPTICAL BENEFIT - Limitations & Allowances



Limitations

An additional fee may be charged for contact lenses, photosensitive lenses, hi-index and anti-reflective coating. For a fashion frame that is part of the program where the retail price exceeds \$140, the optical provider agrees that \$140 will be deducted from the retail price. Supplies for disposable lenses are not covered. The comprehensive examination fee is limited to \$20.

Optical Services - Non-participating

The Fund will pay up to \$80 per eligible person for specified optical services provided by any licensed optometrist, optician or physician* of your choice in accordance with the fee schedule. The fee schedule provides for a **maximum allowable amount for each service**, which may be claimed once in a calendar year for a total of \$80. **If an eye examination is provided by a physician for which you are covered by your medical plan, then you must submit an itemized receipt marked “paid”, showing the co-payment amount with the voucher when submitted to the Fund for payment of up to \$20. Your available benefit for lenses and frames will be limited to the remaining portion of your allowance. If you utilize the services of a physician for the exam, and then an optical center for the lenses and frames, you must insure that the voucher submitted by the center does not assert a claim for the exam. The Fund will only reimburse up to \$20 for one exam.*

The Benefit Fund DOES NOT cover VDT glasses or non-prescription glasses/sunglasses.
(Call 631-853-4701, if you qualify for VDT glasses)
Unused optical benefits in any calendar year will not be carried over for use in subsequent calendar years.

All benefits subject to be changed, modified, amended or terminated by the Trustees.

Optical Fee Schedule	
Eye Exam	\$20
With or Without exam, prescription lenses and frames*	\$80
With or Without exam, Standard Daily Wear Contacts*	\$80
With or Without exam, Extended Wear Contacts*	\$80
Contacts, Disposable*	\$80
* If the patient has exhausted the exam portion of their annual optical benefit, the reimbursement will be limited to the remaining portion of the benefit.	

(con’t. on page 6)

2018 OPTICAL BENEFIT - Services & Surcharges

Covered Optical Services

EYE EXAMINATION - Including glaucoma testing for patients over 35;

FRAMES - Any frame in the store with a retail value of up to \$140.

LENSES - All ranges of prescription lenses to be of first quality impact-resistant glass or plastic, standard or oversized. Polycarbonate lenses for children who have not reached their 13th birthday.

LENS TYPES - Single, Bifocal (including generic invisible or blended), Multifocal, Progressive (Silor Super/Progressive Elegance or equivalent), Daily, Extended and Disposable Contacts (\$80 maximum allowance for contact lenses). Cosmetically tinted contacts are not included in coverage.

LENS TREATMENT - Cosmetic and sun tinting, scratch resistance and UV protection.

Member Payment/Surcharges

The Participating Fund optical providers have also agreed to the following set fees, which are the patient's responsibility. Frames selected inside the plan frames, that have a retail value over \$140, will have a \$140 allowance subtracted from the retail value of the frame. (Example: Frame retail value is \$200, less the plan allowance of \$140 = \$60 + tax payable by the member)

Progressive (Varilux or Equal)	\$75.00
Ultra Thin Lenses (Hi-Index)	\$60.00
Progressive Photosensitive Lenses (Generic or Equivalent)	\$110.00
Anti-Reflective Coating	\$30.00
Contacts, Disposable*	Balance after \$80 Fund Payment
Sun-sensitized Plastic Single Vision Lenses (Including Transitions)	\$40.00
Sun-sensitized Plastic Bifocal lenses (Flat Top 28 – Including Transitions)	\$60.00

** You may not be denied your choice of disposable contact lenses if you choose not to agree to purchase further disposable lenses from the participating provider or the provider's recommended disposable lens supplier.*

BENEFIT FUND BENEFITS IN RETIREMENT

There are many items to consider when preparing for retirement. One of those things is to understand is how to maintain your ancillary coverage with the SC Municipal Employees Benefit Fund, which is separate from health insurance through EMHP. **Fund members must be “Vested” for Fund retiree benefits** which then also provides for Survivorship Benefits should the Fund member predecease the spouse/eligible dependents. **Unlike your Health Insurance through EMHP, your ancillary (dental, optical, etc.) benefits coverage changes because the employer no longer contributes to the Fund on behalf of you as a retiree.** Therefore a reduced benefit package is offered, but members can “buy” additional coverage.



Call 631-319-4099, ext. 321 or 319, to discuss or schedule an appointment on retirement plan options for the Benefit Fund's Ancillary benefits.

“VESTED” Rights before Fully Retired -

Members who are deemed VESTED and entitled to obtain Fund retiree benefits when they are; between the ages of 50-55; are within five (5) years of retirement; have a minimum of ten (10) cumulative years of full-time participation with the Fund, or have a waiver from EMHP. *(Years of service credits for part-time service will be prorated to a full-time equivalent position, except for school crossing guards, who earn year for year credit for ancillary benefits).*

Members who leave employment between ages 50 - 55, but prior to their actual retirement, **may remain on and pay for VESTED COBRA** (in an Individual, Ind.+1, or Family plan) until such time as the member reaches age 55, they qualify for retiree coverage in the “No-Cost” Basic Retiree Plan. **At age 55**, VESTED members are notified by the Fund of their **status change** from VESTED Member to a full RETIREE. Thereafter, retirees in the “No-Cost” **Basic Retiree Plan** may opt for one of the “Self-Pay” **Enhanced Retiree Plans**, now that eligibility requirements are met.

Survivorship Benefits -

If a member predeceases their spouse and dependents, the surviving spouse may remain on the plan they were enrolled in at the time of the member's death, as long as they make timely payments for the “Self-Pay” Enhanced Retiree Plan (SPERP) or COBRA (Active or Retiree). A surviving spouse cannot add dependents, move into any other plan or drop-down to a lesser plan.

Eligible dependents may remain on the plan with the surviving spouse as long as they are age-eligible. Domestic Partners may remain as an eligible dependent if eligibility was granted PRIOR to the member's retirement or death.

Domestic Partners **cannot** be added **after** the member retires. Thereafter, as a surviving eligible dependent ages-out of coverage, they will be offered COBRA coverage for the designated time-frame. If the surviving spouse or dependent is terminated from Fund coverage for untimely payments, or if the spouse remarries, no other benefits plan is available from the Fund.

FUND BENEFIT OPTIONS IN RETIREMENT

“No-Cost” Basic Retiree Plan - All members who meet the Fund’s retirement and vesting qualifications: age 55, ten (10) years of Fund membership (within 5 years of retirement) or have an EMHP waiver and/or are in receipt of their pension regardless of age for their 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 Ancillary Benefits (Dental, Optical, Legal Services, Rx Co-Pay Reimbursement, Tax Prep Reimbursement and Hearing Aid Co-Pay Reimbursement) which are separate from the employee medical plan.

(Bereavement and the Survivors Benefit are no longer available after retirement.)

The “No-Cost” Basic Retiree Plan Only Includes:

- 1) **Retiree Dental** - \$750 per calendar yr./family max., no more than \$500 per individual.
- 2) **Optical** - \$80 per member and enrolled eligible dependents, once per calendar year.
- 3) **Hearing Aid** - up to \$400 reimbursement per member and eligible dependents, for out-of-pocket expenses (after medical payment) once every 36 months.

COBRA Coverage - Can enroll immediately after Active employment and for up to 18 months (11 months additional, for a total of 29 months, if classified by SSI with a disability retirement.)

COBRA enrollment forms are automatically sent to Fund members once their employer acknowledges a separation from employment. COBRA begins the first day after the last day of employment and requires only a **monthly obligation**. Members may opt for an Individual, Individual +1, or Family plan. Members may opt for an Individual COBRA plan while they or their spouse or eligible dependents remain on the “No-Cost” Basic Retiree Plan. Retirees who **opt and pay** for COBRA coverage, will revert back to the “No-Cost” Basic Retiree Plan once COBRA concludes or they may choose to enroll in one of the **“Self-Pay” Enhanced Retiree Plans (SPERP)**. SPERP enrollment, must be taken immediately following COBRA, otherwise it can only be purchased at the end of each calendar year during the Fund’s Annual Open Enrollment, with an effective date of January 1st and for a 2-year minimum commitment.

COBRA—Consolidated Omnibus Budget Reconciliation Act

COBRA enrollment forms are automatically sent to Fund members once the County/ College or covering employer entity notifies the Fund of the employees' separation from employment due to retirement or for any other reason. Enrollment begins the first day after the last day of employment. **COBRA is also offered to a divorced spouse or a dependent who ages-out, for 36-months** (no other Fund coverage is available to non-eligible dependents once COBRA concludes). COBRA eligibility and notification responsibility for ex-spouses is the sole responsibility of the member/dependent themselves, not the Fund. The Fund must receive timely notification within 60 days of the qualifying event, to be eligible for COBRA. A member's eligible dependents who ages-out of coverage, will be notified by the Fund about COBRA options.

Benefits Available for Retiree COBRA Coverage

- **Active Level Dental** - (same coverage as when in Active employment)
 - General** - \$2,750 per member and eligible dependents, per calendar year.
 - Implants** - \$4,000 per member and eligible dependents, per lifetime, for implants and abutments reimbursed up to \$500 each. (Participating Dental providers can bill usual and customary charges.)
 - Orthodontia** - \$1,995 per member and eligible dependents, per lifetime. In-network covered in-full with at least a \$1,000 co-pay.
 - Periodontal** - \$2,000 per member and eligible dependents, per calendar year, at the fee schedule then in effect.
 - **Hearing Aids** - up to \$400 per member and eligible dependents, for reimbursement of your out-of-pocket expenses (after payment from medical coverage); once every 36 months.
 - **Optical** - \$80 per member and eligible dependents, once per calendar year.
 - **Prescription Drug Co-Payment Reimbursement** - up to \$20 per eligible prescription/up to \$350 per family, **PLUS** \$1.00 each for every script over \$350; per calendar year.
- (Bereavement and the Survivors Benefit are no longer available after leaving active employment.)**

COBRA Coverage Rates as of 1/1/2019 - 12/31/2019 (same as 2018)

Individual - \$46.76/per person/per month - (Member/ spouse/ eligible dependent)

Family - \$126.72/per family/per month - (Member + 2 or more eligible dependents)

Dependents who **fail** to pay the COBRA premiums may lose coverage permanently.

Retirees may change their COBRA coverage and revert back to the “No-Cost” Basic Retiree Plan, anytime after the first month of coverage by notifying the Fund in writing or email.

“Self-Pay” Enhanced Retiree Plan Options

The “Self-Pay” Enhanced Retiree Plans (SPERP) -

Retirees can enroll in one of the “Self-Pay” Enhanced Retiree Plans to maintain Dental Benefits and more, at the **full Active Level** for individual or family coverage. Enrollment is available immediately upon retirement, upon conclusion of COBRA coverage or during the Fund’s Annual Open Enrollment period. Eligible dependents **MUST** be enrolled with the member in SPERP or will lose all ancillary coverage.

“Self-Pay” Enhanced Retiree Plans are available to every qualified Retiree with a two-year (2) mandatory enrollment. Members may “drop-down” to the “No-Cost” Basic Retiree Plan after remaining in SPERP for two (2) consecutive years. Once back in the “No-Cost” Basic Retiree plan, Retirees may re-enroll in SPERP again after satisfying two (2) consecutive years in the “No-Cost” plan. **Plan rates are guaranteed for each 2-year enrollment.** SPERP rates are subject to change with each subsequent re-enrollment for the next two (2) year cycle.

Benefits Available in Retiree SPERP Coverage

1) Premium Plan Coverage -

•Active Level Dental - (same coverage as when in Active employment)

General - \$2,750 per member and eligible dependents, per calendar year.

Implants - \$4,000 per member and eligible dependents, per lifetime, for implants and abutments reimbursed up to \$500 each. (Will have out-of-pocket expenses. Participating Dental providers can balance bill usual and customary charges.)

Orthodontia - \$1,995 per member and eligible dependents, per lifetime. In-network covered in-full with at least a \$1,000 co-pay.

Periodontal - \$2,000 per member and eligible dependents, per calendar year, at the adopted fee schedule.

•Hearing Aids Reimbursement - up to \$400 per member and eligible dependents, for reimbursement for your out-of-pocket expenses (after payment from medical coverage); once every 36 months.

•Optical - \$80 per member and eligible dependents, once per calendar year.

2) Premium Plus Plan-T Coverage - dental, hearing aid, optical PLUS -

•Prescription Drug Co-Payment Reimbursement - up to \$20 per eligible prescription/up to \$350 per family, **PLUS** \$1.00 each for every script over \$350; per calendar year, processed in date order.

•Tax Preparation Reimbursement - \$30 short form or \$70 long form per member, per calendar year.

(Bereavement and the Survivors Benefit are no longer available after retirement.)

“Self-Pay” Enhanced Retiree Plan Rates & Discounts

The **Premium Plan** and the **Premium Plus Plan-T** require a two-year minimum enrollment in SPERP that comes with a 2-yr. rate guarantee for each of the two years of required premium payments. Prices subject to change with a new 2-year enrollment.

SPERP Rates & Plan Rates & Discounts

1. The **Premium Plan** includes Active Level Dental, Optical and Hearing Aid Reimbursement.
2. The **Premium Plus Plan-T** will include Active Level Dental, Optical, Hearing Aid Reimbursement, Rx Co-Pay Reimbursement, AND the Tax Preparation Reimbursement.

The “Self-Pay” Enhanced Retiree Plan Enrollment Form must be *notarized*. Members who remain in the “No-Cost” Basic Retiree Plan will have an opportunity to enroll in SPERP during the Annual Open Enrollment, providing eligibility is met.

Add-on the Pre-Paid Legal Services Plan to either one of the SPERP plans for \$108 annually

“No-Cost” Basic Retiree Plan enrollees are NOT eligible to add-on the Legal Services Plan, until they upgrade to SPERP.

<u>Enrollment</u>	<u>Premium Plan</u>	<u>Premium Plus Plan-T</u>	<u>Legal Plan Add-On</u>
	<u>Annual Rate (with a 10% savings)</u>		<u>Legal add-on (No discount)</u>
Single	\$700.00	\$950.00	\$108/per yr.
Individual + 1	\$1,400.00	\$1,700.00	\$108/per yr.
Family	\$2,100.00	\$2,450.00	\$108/per yr.
	<u>Semi-Annual Rate (with a 5% savings)</u>		<u>Legal add-on (No discount)</u>
Single	\$367.50	\$498.75	\$54/semi-annually
Individual + 1	\$735.00	\$892.50	\$54/semi-annually
Family	\$1,102.50	\$1,286.25	\$54/semi-annually
	<u>Quarterly Rate (no discount)</u>		<u>Legal add-on (No discount)</u>
Single	\$192.50	\$261.25	\$27/ Quarterly
Individual + 1	\$385.00	\$467.50	\$27/ Quarterly
Family	\$577.50	\$673.75	\$27/ Quarterly

You can view the Legal Services Plan description on the Fund’s Website at www.scmebf.org. But remember, Retirees can only enroll in the new Legal Services Plan in SPERP, providing all the eligibility requirements have been met. Call for more information; Wendy Z. at 631-319-4099, ext. 321, or Cheryl at ext. 319 or email us at Wendyz@scmebf.org OR Cheryl@scmebf.org.

(Bereavement and the Survivors Benefit are no longer available after retirement.)

WHERE SHOULD YOUR INQUIRIES GO?

The **Suffolk County Municipal Employees Benefit Fund (the SCME Benefit Fund or “Fund”)** enjoys providing ancillary benefits to our members for dental, optical, hearing aid reimbursement, Rx Co-pay reimbursement, tax preparation reimbursement and the pre-paid legal services plan. While we pride ourselves in being “only a phone call away” for all your needs, it’s important to understand what the Fund does, and more importantly what it doesn’t do. We strive to always do our best in referring you to the correct place. That’s why we provide you with a detailed phone/email/website list of those places on the last page of every Fund Newsletter we publish.

The Fund:

does NOT administer the Health Benefit Plans;
is NOT the Employee Benefits Unit;
does NOT administer the Prescription Benefits Plan;
does NOT administer the Mental Health/Substance Use Disorder Benefits;
does NOT distribute the Medicare Part B reimbursement checks;
is NOT the Union for any employee group; and
does NOT issue approval for VDT glasses.

The Fund is independent of the County, the College and each and every union. All of the Fund’s employees are employees of the Fund only and do not have access to transfer calls to other County/College offices.



es.

While the Fund staff is always here for you, take a look at the **Employee Benefits Unit Contact Information** (on page 13) and the **Quick Reference Guide of Phone Numbers & Websites** (on page 14) first when looking for who to contact. When the call is for the **SCME Benefit Fund**, call 631-319-4099 and we’ll be happy to help you!

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.

Inquiries regarding enrollment, eligibility and your **Health Benefit Plans** should be directed to the **Employee Benefits Unit (EBU)**. These calls are not handled by the SCME Benefit Fund; the telephone numbers are listed here for your information and convenience.

The Employee Benefits Unit (EBU) - Representatives are listed below. Please contact the representative who handles the first letter of the member's last name.

EBU Office Hours: Monday - Friday 9:00 a.m. - 5:00 p.m.

Employee Benefits Representatives

If your last name begins with the letters:	Telephone Number	EBU Representative Name	E-Mail Address
A thru B	631-853-4987	Susan Sheldrick	Susan.sheldrick@suffolkcountyny.gov
C thru D	631-853-5904	Lynn Neidecker	marilyn.neidecker@suffolkcountyny.gov
E thru G	631-853-5316	Grace Dugre	Grace.Dugre@suffolkcountyny.gov
H thru K	631-853-4852	Sherry Wilcox-Mills	Sherry.Wilcox-Mills@suffolkcountyny.gov
L thru M	631-853-4807	Maggie Brown	maggie.brown@suffolkcountyny.gov
N thru O	631-853-5493	Robin Vitalino	Robin.Vitalino@suffolkcountyny.gov
P thru R	631-853-5954	Sandy Daly	sandy.daly2@suffolkcountyny.gov
S thru Z	631-853-5310	Diane Bo	Diane.Bo@suffolkcountyny.gov

As a courtesy to Fund members, we are providing you with this contact list so that you may call your **Employee Benefits Representative** directly at **EBU**.

When calling **EBU**, if you get your representatives voicemail, please leave a message (*as the Benefit Fund is a separate office and does not handle these calls*). An **EBU** representative will return your call.

Please note: **EBU** handles the eligibility for approximately **48,000 covered lives**.

Please be patient and courteous with your inquiries.

For VDT Glasses, call Risk Management at 631-853-4701

PLEASE CHECK WHERE YOU SHOULD CALL BEFORE CALLING THE FUND

For Inquiries regarding enrollment, eligibility and Health Benefit Plans for:

Prescription Drugs
I.D. Cards -

Health Benefits Plan
Medicare Checks
Hospitalization
Lab Work
Behavioral Health/Substance Use Disorder
Medicare Part B
Reimbursement Checks

Please call the
Employee Benefits Unit
631-853-4866

or email:
ebu@suffolkcountyny.gov

For Active Members & Non-Medicare Eligible Retirees, the Prescription Drug Benefits are handled by WellDyneRx
Call:
1-855-799-6831

For Medicare Eligible Retirees, the Prescription Drug Benefits are handled by Express Script
Call:
1-800-987-5242

Phone Numbers & Websites



**Call the
SCME Benefit
Fund
for inquiries about
ANCILLARY
coverage for:**



***Dental
*Optical
*Hearing Aid
Reimbursement
*Rx Co-Pay
Reimbursement
*Tax Preparation
Reimbursement
*Pre-Paid Legal
Services Plan
*Bereavement and
*Survivors Benefits
OR
*Retiree Coverage**

**CALL THESE
NUMBERS FOR
HEALTH BENEFIT
PLANS
MATTERS**



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

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

Pre-Paid Legal Services Plan

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

S. C. EMHP (Health Benefits)

Enrollment/Eligibility/Medicare
Reimbursement Checks
Employee Benefit Unit Email & Phone

THIRD PARTY ADMINISTRATORS FOR EMHP

DOCTOR/HOSPITAL

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

PRESCRIPTION BENEFITS

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

MENTAL HEALTH BENEFITS/ SUBSTANCE USE DISORDER

Beacon Health Options (Mental Health)

LAB WORK

QUEST Diagnostics for all LI Sites
QUEST Diagnostics Automated
Appointment Scheduling
LAB CORP (certain locations)

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

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

Feldman, Kramer & Monaco

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

Employee Medical Health Plan

www.emhp.org
ebu@suffolkcountyny.gov

www.empireblue.com/emhp

www.bcbs.com

(Handled with your doctor and WellDyneRx)
emhp.welldynerx.com

www.express-scripts.com

www.achievesolutions.net

www.questdiagnostics.com
www.questdiagnostics.com/scheduling

CALL Empire Blue Cross Blue Shield

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

1-800-832-5182

1-800-626-5562

1-631-853-4866

1-800-939-7515

1-877-Talk2RN

1-800-810-BLUE

1-855-799-6831

1-800-987-5242

1-866-909-6472

1-800-877-7484

1-888-277-8772

1-800-939-7515

1-631-589-8400

1-631-289-1768

1-631-208-1301

♦ NYS RETIREMENT SYSTEMS

♦ SOCIAL SECURITY

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

Medicare Enrollment
(4-months prior to age 65)
Hearing Impaired Line

1-518-474-7736

1-800-772-1213

1-800-325-0778

Keep Enrollment Information Up-To-Date!

Fax, email or mail all changes in addresses, phone numbers and dependents. Also contact the Fund with any changes in your **marital status** by providing the Fund with a copy of your divorce decree.

Send all information to the:

SCME Benefit Fund "Attention: Eligibility"

If FAXED, our Fax line is private & confidential

631-218-7970

If mailed, send to:

SCMEBF

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

If e-mailed, send to:

Inquiry@scmebf.org



Enrollment Update



Date: _____ Benefit Fund ID: _____
(or last 4-digits of SSN)

Name: _____

Old Address: _____

New Address: _____

Forwarding Address: _____

Timeframe to Forward Mail: _____ to _____
month/day/year month/day/year

Old Phone: _____ New Phone: _____

Signature: _____

BOARD OF TRUSTEES

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Chairperson

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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



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