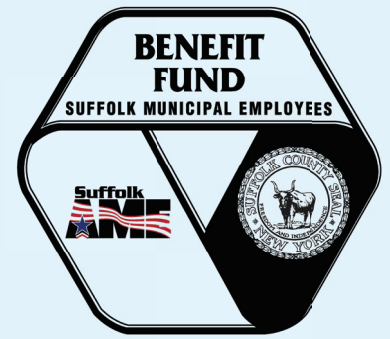


# Suffolk County Municipal Employees

Spring/Summer 2019 Volume 47, Issue 1



## BENEFIT FUND

◆◆◆ 2019 Spring/Summer Issue ◆◆◆

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

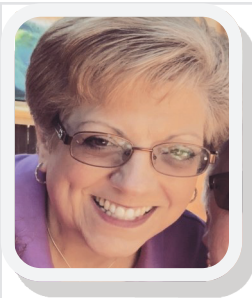
**Call:  
631-319-4099  
ext. 321 or 319 or email  
[Inquiry@scmebf.org](mailto:Inquiry@scmebf.org)**

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



**Includes the 2018 Annual Report, Opt-Out Provisions**

# ADMINISTRATOR'S REPORT



## **Administrator's Report - June 2019**

**Cheryl A. Felice,  
Fund Administrator**

The Year 2019 marks the 46th year of delivering ancillary benefits to over 13,000 Active and Retired members of the SC Municipal Employees Benefit Fund.

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-four (34) years!

The Fund enhanced many benefits offered to our members over the years and in 2007 provided Fund retirees with an opportunity to "purchase" active level coverage (*except for Bereavement and Survivors Benefits*) in individualized "Self-Pay" Enhanced Retiree Plans. Enrollment in those plans grew from just 135 retirees annually to over 1,100 retirees enrolled in these "self-pay" plans today.

By, 2017, a comprehensive Pre-Paid Legal Services Plan was added to provide much needed legal services to Fund members absolutely free. Legal services that have a cost for them are deeply discounted for Fund members and their families.

Now, in 2019, the most significant improvement to the Fund will be seen in changing its management from a joint labor-management Board of Trustees to a single, Union controlled Trust. The AME President, with the approval of the AME Executive Board, will now appoint the other five (5) Trustees to oversee the

Fund's supplemental benefits for all AME members, County management/exempt employees and elected officials, and for the Corrections Officer's, and the Deputy Sheriff's union members.

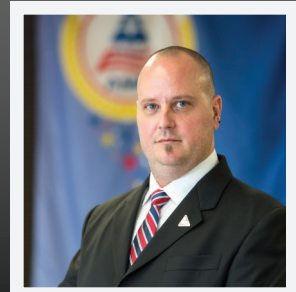
More on this significant achievement, which was met with overwhelming support from the AME membership, will be in the Fall Newsletter.

More on the Fund's administrative changes in the next edition. Have a pleasant summer!

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

## **Under the leadership of Dan Levler, AME President**

*"...in 2019, the most significant improvement to the Fund will be seen in changing its management from a joint labor-management*



*Board of Trustees to a single, Union controlled Trust. The AME President, with the approval of the AME Executive Board, will now appoint five (5) Trustees to oversee the Fund's supplemental benefits for all AME members, County management/exempt employees and elected officials, and for the Corrections Officer's, and the Deputy Sheriff's union members.*

*More on this significant achievement, which was met with overwhelming support from the AME membership, will be in the Fall Newsletter."*



# Cheryl A. Felice, Fund Administrator is Retiring!

## *Scott Mirabella will assume the Role of Fund Administrator*

### CHERYL IS RETIRING!

After over 28 years of serving the membership of AME, the Suffolk Association of Municipal Employees and the labor-management participants in the Fund, the Suffolk County Municipal Employees Benefit Fund respectively, I will be retiring in December 2019.

### IT WAS A GOOD RUN, THANK YOU!

During my career in local government, I was proud to work in DSS as a security guard where I enthusiastically cast my vote in **favor** of creating AME! I later moved on to lead the Bureau of Criminal Identification for the Suffolk County Sheriff's Office. My union activism came shortly thereafter as the Sheriff Civilian Unit, Unit President, now known as the Sheriff and Probation Civilian Unit. Most of all, I am humbled to have been elected by the union membership 7 times, providing me with the longest serving AME Executive Board tenure (12 years) and as President for 9 years. Through good times and bad, together we accomplished much!



Thank you to the Officers, Trustees, staff and members of both AME and the Fund who trusted me to work for them, protecting their ancillary benefits. As the SCMEB Fund's Annual Report demonstrates, I leave you with nearly \$30 million dollars in assets on behalf of our members.

***"Working for Suffolk County, AME and the Benefit Fund for a combined 35 years, was truly a "Labor of Love." While I'm moving to the next chapter of my life, I will fondly remember the wonderful memories this chapter gave me. I will always stay true to this membership and will remain just a phone call away! Thank you."***

***Scott Mirabella, retired from the Suffolk County Public and Environmental Health Laboratory as a Forensic Scientist III (Hazardous materials) after 31 years of exemplary service. In 2015, Scott became the Unit President of the Medical Examiners Unit of Association of Municipal Employees after serving several years as a delegate and unit officer.***

***From 2016- 2018, Scott served as Co-Chair of the PAC (Political Action Committee) Review committee which included reviewing and voting to approve political initiatives as well as administering official communication, and attending events as the official representative of the association.***

***Scott holds a BS degree in Biochemistry from NY College of Technology, Utica and has already attended and completed the prestigious Wharton School-Institute of Executive Education, Advanced Investment Management Program offered through the International Foundation of Employee Benefit Plans at the University of Pennsylvania. Welcome, Scott!***

# 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 Questionnaire's, 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 Active or SPERP 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 domestic 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.*

## REMEMBER to Use the Pre-Paid Legal Services Prior to Retirement, cost- free!

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 Service 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?

**Call Toll Free:  
1 (800) 832-5182**

## 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, 2019 – June 30, 2020, (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.***

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“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.

# NYS Department of Financial Services Annual Report

## The 2018 Annual Report for the SC Municipal Employees Benefit Fund *(as shown on pages, 7-9)*

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 2018 Annual Report. Thank you.

*Cheryl A. Felice*  
Fund Administrator





# FUND FILES 2018 NYS-DFS ANNUAL REPORT

## ANNUAL REPORTS

For the fiscal year ended December 31, 2018

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)                                        | 10,521,321       |                     |
| (b) Employee                                                     | 486,684          |                     |
| (c) Other (Specify) <u>Retired Members</u>                       | <u>1,158,687</u> |                     |
| (d) Total Contributions                                          |                  | 12,166,692          |
| Dividends and Experience Rating Refunds from Insurance Companies |                  |                     |
| Investment Income:                                               |                  |                     |
| (a) Interest                                                     | 222,550          |                     |
| (b) Dividends                                                    | 102,977          |                     |
| (c) Rents                                                        |                  |                     |
| (d) Other (Specify)                                              |                  |                     |
| (e) Total Income from Investments                                |                  | 325,527             |
| Profit on disposal of investments                                |                  | 1,518,628           |
| Increase by adjustment in asset values of investments            |                  |                     |
| Other Additions: (itemize)                                       |                  |                     |
| (a) See Schedule                                                 | 6,824,413        |                     |
| (b)                                                              |                  |                     |
| (c) Total Other Additions                                        |                  | <u>6,824,413</u>    |
| Total Additions                                                  |                  | <u>\$20,835,260</u> |

### DEDUCTIONS FROM FUND BALANCE

|                                                                                                                                        |                |                     |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------|
| Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)                    |                | 8,428,700           |
| Benefits Provided Directly by the Trust or Separately Maintained Fund                                                                  |                | 2,009,556           |
| 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                                                                                                                           | 668,815        |                     |
| (b) Allowances Expenses, etc.                                                                                                          | 57,203         |                     |
| (c) Taxes                                                                                                                              | 49,282         |                     |
| (d) Fees and Commissions                                                                                                               | 643,546        |                     |
| (e) Rent                                                                                                                               | 111,396        |                     |
| (f) Insurance Premiums                                                                                                                 | 286,849        |                     |
| (g) Fidelity Bond Premiums                                                                                                             | 455            |                     |
| (h) Other Administrative Expenses: (See Schedule)                                                                                      | <u>651,745</u> |                     |
| (i) Total Administrative Expenses                                                                                                      |                | 2,469,291           |
| Loss on disposal of Investments                                                                                                        |                | 1,599,435           |
| Decrease by adjustment in asset values of investments                                                                                  |                | 363,616             |
| Other Deductions: (itemize)                                                                                                            |                |                     |
| (a) (See Schedule)                                                                                                                     | 1,523,000      |                     |
| (b)                                                                                                                                    |                |                     |
| (c) Total Other Deductions                                                                                                             |                | <u>1,523,000</u>    |
| Total Deductions                                                                                                                       |                | <u>\$16,393,598</u> |

### RECONCILEMENT OF FUND BALANCE

|                                                                                                          |                     |                     |
|----------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| Fund Balance (Reserve for Future Benefits) at Beginning of year                                          |                     | \$(20,814,816)      |
| Total Additions During Year (Item 7)                                                                     | 20,835,260          |                     |
| Total Deductions During Year (Item 16)                                                                   | <u>(16,393,598)</u> |                     |
| Total Net Increase (Decrease)                                                                            |                     | <u>4,441,662</u>    |
| Fund Balance (Reserve for Future Benefits) at End of year (Item 14, Statement of assets and Liabilities) |                     | <u>\$16,373,154</u> |

# FUND FILES 2018 NYS-DFS ANNUAL REPORT

## - BENEFIT FUND - STATEMENT OF ASSETS AND LIABILITIES

### ASSETS

|                                                                                       | End of Reporting Year   |
|---------------------------------------------------------------------------------------|-------------------------|
| Cash                                                                                  | 3,684,158               |
| Receivables                                                                           |                         |
| (a) Contributions:                                                                    |                         |
| (1) Employer                                                                          | 6,816,270               |
| (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 | 1,370,188               |
| (b) Stocks:                                                                           |                         |
| (1) Preferred                                                                         |                         |
| (2) Common                                                                            | 4,451,376               |
| (c) Bonds and Debentures:                                                             |                         |
| (1) Government Obligation                                                             |                         |
| (a) Federal                                                                           | 11,189,194              |
| (b) State and Municipal                                                               |                         |
| (2) Foreign Government Obligations                                                    |                         |
| (3) Non-Government Obligations                                                        | 1,193,704               |
| (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                                                                    | 64,523                  |
| (b) Prepaid Expenses                                                                  | 17,483                  |
| (c) See Schedule                                                                      | 392,270                 |
| <br>Total Assets                                                                      | <br><u>\$29,179,166</u> |

### LIABILITIES

|                                            |                     |
|--------------------------------------------|---------------------|
| Insurance and Annuity Premiums Payable     |                     |
| Unpaid Claims (Not Covered by Insurance)   |                     |
| Accounts Payable                           | 127,892             |
| Other Liabilities - See Schedule           | 45,424,428          |
| Reserve for Future Benefits (Fund Balance) | <u>(16,373,154)</u> |
| Total Liabilities and Reserves             | <u>\$29,179,166</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 2018 NYS-DFS ANNUAL REPORT

## SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

Attachment to Annual Report - December 31, 2018

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

|                                                         |                    |
|---------------------------------------------------------|--------------------|
| Other Additions:                                        |                    |
| Claims Payable                                          | 21,790             |
| Post-Retirement:                                        |                    |
| Benefits paid (Estimated)                               | 1,600,000          |
| Benefits earned and other charges                       | 4,890,000          |
| Obligations for current benefit coverage:               |                    |
| Benefit claims incurred but not reported                | 65,210             |
| Pension adjustment other than net periodic pension cost | 247,413            |
| Total Other Additions                                   | <u>\$6,824,413</u> |

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

|                                         |                  |
|-----------------------------------------|------------------|
| Other Administrative expenses:          |                  |
| Pension expense                         | 308,004          |
| Provision for sick and vacation         | 22,671           |
| Computer                                | 118,905          |
| Stationery, printing and office expense | 48,495           |
| Postage                                 | 28,708           |
| Depreciation and Amortization           | 46,293           |
| Members' benefit information            | 51,335           |
| Telephone                               | 9,063            |
| Bank Charges                            | 10,957           |
| Dues and Subscriptions                  | 2,083            |
| Meeting Expense                         | 5,231            |
| Miscellaneous expense                   |                  |
| Total Administrative expenses:          | <u>\$651,745</u> |

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

|                         |                    |
|-------------------------|--------------------|
| Other deductions:       |                    |
| Postretirement:         |                    |
| Interest                | 1,523,000          |
| Total other Deductions: | <u>\$1,523,000</u> |

### Statement of Assets and Liabilities

|                                                 |                  |
|-------------------------------------------------|------------------|
| Other Assets:                                   |                  |
| Leasehold Improvements                          | 436,152          |
| Furniture and Fixtures                          | 76,054           |
| Computer Equipment                              | <u>304,901</u>   |
| Subtotal                                        | 817,107          |
| Less: Accumulated Depreciation and Amortization | (440,197)        |
| Net:                                            | 376,910          |
| Security Deposit                                | <u>15,360</u>    |
| Total Other Assets:                             | <u>\$392,270</u> |

### Statement of Assets and Liabilities

|                                                                                               |                     |
|-----------------------------------------------------------------------------------------------|---------------------|
| Other Liabilities:                                                                            |                     |
| Prepaid Retiree Contributions                                                                 | 763,462             |
| Due to broker for securities purchased                                                        | 394,722             |
| Pension Liability                                                                             | 2,454,761           |
| Employees accumulated vacation and sick pay                                                   | 70,483              |
| Claims Payable                                                                                | 800,092             |
| Estimated Liability for claims incurred but not reported                                      | 1,086,908           |
| Estimated Liability for future payments of benefits based on participants' accum. Eligibility | 1,000               |
| Post retirement benefits for current retirees                                                 | 19,644,000          |
| Post retirement benefits for other participants fully eligible for benefits                   | 10,548,000          |
| Post retirement benefits for other participants not fully eligible for benefits               | <u>9,661,000</u>    |
| Total other Liabilities:                                                                      | <u>\$45,424,428</u> |

# MORE OF WHAT TO EXPECT WITH “ACA”



## REQUIREMENTS UNDER the ACA-The Affordable Care Act

### SOCIAL SECURITY NUMBERS MUST BE PROVIDED for Eligibility

Same as last year, the reporting mandates of the ACA and the Internal Revenue Code Section 6055, require that ALL Taxpayer Identification Numbers (TIN's) or Social Security Numbers (SSN's) for **you and each of your dependents**, **MUST** be on file with the Fund in order to become eligible for Fund benefits. This is to accurately “match” the information provided to the IRS with the information provided on your tax return; your name as it appears on your social security card!

As a result of the ACA, Social Security Cards must be presented to the Fund to be eligible for Fund Benefits. Members or their eligible dependents who do not supply the Fund with a copy of their SS Card, will not be eligible for Fund Benefit until they do. As always, your privacy and confidentiality was and will be maintained at all times according to HIPAA.

### IRS EXTENDS THE FILING DEADLINE

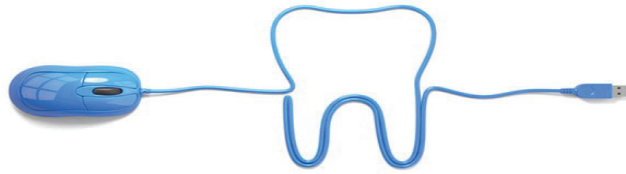
The date the Fund must provide the IRS Form 1095-B to covered members is January 31, 2019, however this date was extended to March 3, 2019. As in the past, the IRS permits individuals who receive a Form 1095-B from plans *after* they have already filed their 2018 income tax returns, **will not** be required to correct or amend their returns, however they **MUST** keep the Form 1095-B with their 2018 tax records once they are received.

For 2019, the SCME Benefit Fund will continue to comply with ACA and IRS guidelines accordingly.

**Names on Social Security Cards and Fund Enrollment Records must match exactly!**

**The Fund always recommends consulting with your tax advisor who can give you more information on your individual circumstances.**

# BENEFIT UPDATES MADE IN 2018 & 2019



*Here are the benefits and eligibility updates to the Fund's plan effective in 2018 & 2019 to date.*

## Dental ADA Code Changes, Effective 1/1/18

**Code D1206** – Topical application of fluoride, *excluding varnish* - allowance, \$14/per treatment for individuals over age 13

**Code D2940** – Protective restoration, at the same allowance as code D9110 palliative (emergency) treatment of dental pain – *minor procedure* - \$25/per treatment.

**Code D2161** – Amalgam – four or more surfaces, *primary or permanent*, allowance, \$70/per treatment.

**Code D2394** – resin-based composite – four or more *surfaces, posterior*, allowance of \$90/per treatment.

## Dental ADA Code Changes, Effective 1/1/18

**Code D1515 to 1517** – space maintainer - fixed, bilateral, and mandibular. **remove:** any conventional clasps/  
**add:** retentive/clasping materials

**Code D5211** – maxillary partial denture-resin base (including retentive/clasping materials, rests, and teeth)  
**remove:** any conventional clasp.

**Code D5212** – mandibular partial denture-resin base (including retentive/clasping materials, rests, and teeth) **remove:** any conventional clasps/ **add:** retentive/clasping materials.

**Code D5630** – repair or replace broken retentive/clasping materials - per tooth. **remove:** clasp - each clasp; per tooth/ **add:** retentive/clasping materials - per tooth

**Code D9940 to 9944** – occlusal guard - hard appliance, full arch.

**Code D9940 to 9945** – occlusal guard - soft appliance, full arch.

---

## Invisalign, Effective 1/1/19

The Board of Trustees of the SCMEBF approved providing payment of up to \$1,995 toward Invisalign Treatment for General Dentists, **regardless** if they are participating in the Fund's network so long as they are certified on the Invisalign equipment from which they treat. A certificate of authorization must be provided to the Fund.

The Fund members would still be responsible for any out-of-pocket expenses and must remain compliant with the approval process for Orthodontic treatment through a pre-determination and clinical necessity. All other limitation apply.



# BENEFIT UPDATES MADE IN 2019

## Tax Preparation Benefit, Effective 1/1/19

The Board of Trustees of the SCMEBF **AMENDED** its recently approved language change to the Tax Preparation Reimbursement Benefit due to the changes in the IRS code making all tax returns reportable on one form, the 1040, and eliminating the “short-form” previously known as the 1040A or the 1040EZ.

The Fund will NO LONGER pay \$30 for the preparation of IRS form 1040A or 1040EZ. **It will instead pay \$70 for the preparation of ALL IRS Filings on form 1040.** Members may use any tax preparer, enrolled agent or accountant of their choice. For reimbursement, eligible members should return their filing with their voucher and the required documentation requested on the front of the voucher.



## Participating Tax Panel Providers

The Fund has compiled a panel of Participating Tax Preparers who have agreed to accept \$75 for the preparation of form 1040, including preparation of the related New York State return. The member is responsible for paying \$5 of the 1040 preparation charge. The Fund will continue to remit the balance to the preparer.

*This benefit is only available to Active Members or Retirees on the Premium Plus-T “Self-Pay” Enhanced Retiree Plan.*

---

## Dental Fee Improvements, Effective 7/1/2019

**Code D0330** – PANORAMIC FILM, increased from \$35 to \$60 for all providers.

**Code D7220** – REMOVAL-SOFT TISSUE IMPACTED increased from \$157 to \$175 for specialists.

**Code D7230** – REMOVAL-PARTIAL BONY IMPACTED increased from \$203 to \$250 for specialists.

**Code D7240** – REMOVAL-COMPLETE BONY IMPACTED increased from \$234 to \$300 for specialists.

**Code D7241** – COMPLETE BONY IMPACT-W/COMP increased from \$280 to \$325 for specialists.

**Code D7283** – DEVICE TO AID ERUPTION OF IMPACTED increased from \$28 to \$175 for specialists.

**Code D9222** – DEEP SEDATION/GENERAL ANESTHESIA – FIRST 15 MINUTES increased from \$60 to \$100.

**Code D9223** – DEEP SEDATION/GENERAL ANESTHESIA – EACH ADD 15 MINUTES

reduced, from \$60 to \$50 for the 2<sup>nd</sup> 15 minutes and increased from \$40 to \$50 for the 3<sup>rd</sup> and 4<sup>th</sup> 15 minutes, (with a maximum of 45 additional minutes for sedation and an increase of fees from \$200 to 250.)

**Code – D9239** – INTRAVENOUS MODERATE (CONSCIOUS)- FIRST 15 MINUTES from \$60 to 100.

**Code – D9243** – INTRAVENOUS MODERATE (CONSCIOUS)- EACH ADD 15 MINUTES

reduced, from \$60 to \$50 for the 2<sup>nd</sup> 15 minutes and increased from \$40 to \$50 for the 3<sup>rd</sup> and 4<sup>th</sup> 15 minutes, (with a maximum of 45 additional minutes for sedation and an increase of fees from \$200 to \$250.)

**Code – D9310** – CONSULTATION FOR SPECIALIST, added reimbursement of \$50. GP remains at a fee of \$35.



# BENEFIT UPDATES MADE IN 2019

## General Anesthesia/IV Sedation, Effective 7/1/19

Please note, the current Plan Design allows for General Anesthesia/IV Sedation at \$60 per 15 minutes for the first 30 minutes then \$40 per each additional 15 minutes with a maximum allowance of 30 additional minutes. Maximum allowed presently is one-hour for \$200.

In adopting these fee changes, the Fund's Plan Design now allows for General Anesthesia/IV Sedation, according to the CDT procedure code/description changes made in 2018, which was D9222/D9239 for the first 15 minutes and then code D9223/D9242 each additional 15 minutes. With this change, the Fund's Plan Design increased the first 15 minutes allowance to \$100 and each additional 15 minutes to \$50, with a maximum of 45 additional minutes. Maximum allowed under these new fees is one-hour at \$250.

## Continuous Enrollment NOW Available for "Self-Pay" Enhanced Retiree Plans, (SPERP), Effective 7/1/2019

Beginning July 1st, the Fund is eliminating its annual Open Enrollment so that Fund members no longer have to wait until January 1st to upgrade their ancillary Fund Coverage.

With **Continuous Enrollment**, an eligible Fund Retiree may enroll in one of the SPERP coverages, anytime throughout the year, as long as the minimum enrollment requirements are met. The 2-years minimum enrollment in SPERP, which include a 2-year rate guarantee, is still required and provided. Fund members risks losing their Fund benefits should they default on this requirement.

**A separate mailing on the program's details will follow in July, 2019.**

## And More Good News for Out-of-State Fund Members. A Florida Dental Network, Effective 9/1/2019

*A New Dental Network called MetroDent, will be available in Florida, offering discount Dental Rates for SC Municipal Employees Benefit Fund members and their eligible dependents.*

The Board of Trustees of the SCMEBF approved providing the members of the SCME Benefit Fund with access to a network of dentists that are outside of the New York, Long Island area. The fees reimbursable by the Fund, may differ from the fees those dentist may charge.

Fund members would be responsible for any out-of-pocket expenses for the difference between the Network Fees and the Fund's Fee schedule and must still comply with all approval processes for treatment through a pre-determination. However, these dentists cannot charge you more than the agreed upon **MetroDent** schedule, so your savings could be significant.

**Additional States may be added at a future date. A separate mailing on the program's details will follow in August, 2019.**



# VIEW YOUR DENTAL BENEFITS USAGE

**Logging-on to asonet.com to view  
your dental benefit usage is as simple  
as 1, 2, 3!**

## ***1) 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".

## ***2) 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!

## ***3) 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 additional 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)**

***Should you have any other questions on your dental  
benefit plan coverage and eligibility,  
please contact the Fund directly at:  
631-319-4099***



# COLLEGE VERIFICATION & ELIGIBILITY

## 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 1<sup>st</sup> through January 31<sup>st</sup>**

### Spring Semester:

**January 1<sup>st</sup> through September 30<sup>th</sup>**

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. 322**

**Annual Renewal are now required for Domestic Partners & Statement of Dependency. Renewal notifications will be mailed.**

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

Fund members must notify the Fund immediately of the date their spouse/domestic 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 use benefits after they are no longer eligible, puts YOUR BENEFITS at risk.

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 the member and their 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. When relationships end, immediately supply the Fund with the first and last page of the divorce decree or the Domestic Partner Termination Form.

### **Keep Eligibility 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**

~~~~~

### **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**



## 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 what other health related entities 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.



**EMHP**, through the Employee Benefits Unit (EBU), administers the Health Benefit Plan, through third-party provider, Empire Blue Cross/Blue Shield.

**WellDyne Rx** (or Express Scripts for Medicare Retirees) administers the Prescription Benefits Plan.

**Beacon Health Options**, administers the Mental Health/Substance Use Disorder Benefits.

**Quest Labs or Lab Corp** is where you go for laboratory tests.

**The Comptroller’s Office**, through EBU, distributes the Medicare Part B reimbursement checks; and

**Risk Management** issues approval for VDT glasses.

**The Fund is independent** of the County, the College and each and every union employee group and does not have access to transfer calls to any other office.

While the Fund staff is always here for you, take a look at the **Employee Benefits Unit Contact Information** (on page 17) and the **Quick Reference Guide of Phone Numbers & Websites** (on page 18) 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 Benefits Plan** should be directed to the **Employee Benefits Unit (EBU)**. These calls are not handled by the SCME Benefit Fund, but 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 C	631-853-4987	Susan Sheldrick	Susan.sheldrick@suffolkcountyny.gov
D 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 Scripts**

**Call:**

**1-800-987-5242**

# Phone Numbers & Websites

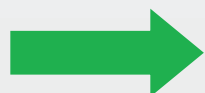


**Call the  
SCME Benefit  
Fund  
for inquiries about  
ANCILLARY  
coverage for:**



**\*Dental  
\*Optical  
\*Hearing Aid  
Co-Pay  
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  
College proof/address chgs./alt coverage

**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  
Doreen@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.welldynernx.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. #322**

**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](mailto:Inquiry@scmebf.org)**

For our members who travel!  
The Fund will forward all Fund correspondence to your temporary address as you travel or snowbird! Just send in the form below for:  
**Temporary forwarding addresses, address/phone number changes or any other status changes.**



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

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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.

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

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



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