

Suffolk County Municipal Employees

BENEFIT FUND

◆CONTINUOUS ENROLLMENT in SPERP◆



The SCME Board of Trustees continues to offer our Retirees both, a rate-guarantee and early payment savings options for the mandatory two (2) year enrollment in the 2019 - 2021 "Self-Pay" Enhanced Retiree Plans as well as maintaining the option to "drop-down" to the "No-Cost" Basic Retiree Plan after fully satisfying two (2) consecutive years of participation in their last SPERP enrollment.

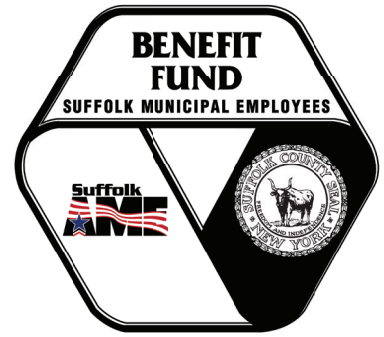
Beginning July 1, 2019, enrollment in either one of the "Self-Pay" Enhanced Retiree Plans (SPERP) offered by the SCME Benefit Fund is now available year-round. Coverage is expanded

throughout the year and no longer limited to Open Enrollment periods.

Yes, you read that right! To serve Fund members better, Open Enrollment is eliminated! You and your family now have the opportunity to purchase dental benefits and more at the Active level of coverage, up to plan guidelines, maximums and eligibility, **anytime during the year**, providing you meet the Fund's enrollment eligibility.

Enrollment in any one of the "Self-Pay" Enhanced Retiree Plans is available to all retirees even if previously dropped from the "No-Cost" Basic Retiree Plan, upon completing the 2-year waiting period. Fund Retirees also continue to enjoy the option to "move-up" to a higher "Self-Pay" Enhanced Retiree Plan with another two (2) year commitment which includes a rate guarantee. Plan details and requirements are found on pages 4 - 7.

2019 Volume 47, Issue 2



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**Make an appointment
or call to discuss
retiree plan options
before, or as you re-
tire, or as you renew or
upgrade to SPERP!**

**Call:
631-319-4099
or email
Inquiry@scmebf.org**

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

New SCME Benefit Fund Trust Document

Effective upon the complete ratification and approval of the 2017-2024 Agreement and the action of the former joint labor-management Board of Trustees, the operation and administration of the Benefit Fund shall be the responsibility of a Board of Trustees comprised of five (5) Union Trustees, one (1) of whom shall be the duly-elected and sitting President of the Association or his/her designee, and four (4) of whom shall be bona fide beneficiaries of the Benefit Fund appointed by the Executive Board of the Suffolk Association of Municipal Employees (Suffolk AME.)

The sitting President of the Association will appoint the labor trustees, with the approval of the Association Executive Board, and serve as an Association Trustee for the term of his or her presidency. Except for the current Trustees, whose terms shall be defined below, each Trustee shall serve for a term of four (4) years, or until his/her death, incapacity, resignation or removal by the President of the Association, with the approval of the Association Executive Board.

The current Trustees and terms of office are:

Daniel C. Levler, Trustee/Chairperson
Trustees

Michele A. O'Connell, thru June 30, 2021;
Stanley J. Humin III, thru June 30, 2022;
Christina A. Maher, thru June 30, 2023;
Thomas P. Moran, thru June 30, 2024;

A County representative of its choosing will be invited to and may be present at all Benefit Fund Board of Trustee meetings and have access and be permitted to inspect upon request all Benefit Fund correspondence, records, documents, financial receipts, audits, minutes, and other Benefit Fund-related information as the County deems appropriate, and act in an advisory capacity to the Board of Trustees. That Observer will be **Jennifer Mc Namara, Esq., Director of Labor Relations and former Management Trustee.** The Board of Trustees will also maintain their policy to have the **President of the Suffolk County Corrections Officers Benevolent Association, Louis Viscusi** serve as an Observer.

Meeting of Trustees - Meetings of the Trustees shall be held at such place or places designated

by the Chairperson and may be called by the said office upon five (5) days written notice to the other Trustees and may be held at any time without such notice if all the Trustees consent thereto in writing. Any meeting at which all Trustees are present in person, by telephone or by proxy or concerning which all Trustees have waived in writing, shall be a valid meeting without the giving of any notice. The Chairperson shall preside at all meetings of the Trustees and, in his or her absence, the Trustees then in attendance shall select among them the Chairperson-pro temp who shall act in his or her place and stead.

Quorum - In all meetings of the Trustees, three (3) Trustees shall constitute a quorum for the transaction of business, by telephone or by proxy; and all Trustees shall have equal voting strength.



Majority Vote of Trustees - All actions by the Trustees at a meeting in which a quorum is present and acting throughout shall be by majority decision.

In the event a Trustee is expected to be unavailable for a meeting, either in person or by telephone, such Trustee may designate in advance by written proxy one of his or her co-Association Trustees, as applicable, to cast his or her vote on his or her behalf with the same force and effect as if such absent Trustee were present. The vote of any Trustee who is not present at the meeting, either in person or

by telephone, and who has not provided a proxy, shall be cast by his or her co-Association Trustees present, in the same manner as cast by the majority of his or her co-Association Trustees present, with the same force and effect as if such absent Trustee were present.

If any matter presented for decision cannot be decided because of a tie vote, or because of the lack of a quorum, after three duly called meetings of the Trustees, the matter shall then be submitted to the American Arbitration Association pursuant to its rules and the determination of its designated arbitrator shall be final and binding.

In Conclusion - Having a union administered Benefit Plan is an exciting new chapter for the SCME Benefit Fund. Only one other union in Suffolk has this same advantage and has been doing so successfully for over 20 years. It's already producing great results as this new agreement will provide additional monies into the Fund that will help to address additional benefit needs. The last time the Fund received any increase in revenues was in 2012. The contribution rate for the employer to the Fund is currently \$1,455.98.

Benefit Fund Increases

Effective 1/1/2020 -

The Fund will receive an additional \$375,000

Effective 1/1/2021 -

The Fund will receive an additional \$475,000

Effective 1/1/2022 -

The Fund will receive an additional \$575,000

Effective 1/1/2023 -

The Fund will receive an additional \$675,000

Effective 1/1/2024 -

The Fund will receive an additional \$775,000

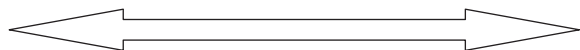
THANK YOU, for your past service to
the SCME Benefit Fund, Management Trustees:

Jeffrey L. Tempera, from 2002-2019

Frank Nardelli, from 2008-2019

Dennis M. Brown, from 2013-2019

*MORE on their significant contributions
to the Fund in the next issue.*



Quick Benefits Reference Guide - for Active Membership (see Retiree Coverage on page 4)

• **Dental**

Full coverage for Active, the General Dentistry Annual Maximum \$2750 per eligible participant/per calendar year.

Lifetime maximum \$4000 for Implants and Abutments per eligible participant.*

*Eligible participants can be reimbursed for up to four (4) Abutments at \$500 per Abutment/per lifetime, in addition to the previously covered four (4) Implants, also covered at \$500 per implant/per lifetime. *(Please note: Eligible members are responsible for remaining out-of-pocket costs.)*

Implant-Supported Crowns will continue to be covered individually, once per lifetime/per tooth, under the separate General Dentistry \$2750 annual maximum.

Periodontal coverage \$2000 per eligible participant/per calendar year.

Orthodontic coverage \$1995 In-network (with a \$1000 co-pay payable over two (2) years) per member/eligible dependent/lifetime.

• **Hearing Aid**

For out-of-pocket expenses towards hearing aids, per eligible member/dependent, up to \$400 once every 36 months, voucher required.

• **Optical**

For up to \$80/once per calendar year, per eligible member and dependent, voucher required.

• **Prescription Co-Pay Reimbursement**

Up to \$20 per script up to \$350, PLUS \$1 additional for each eligible script over \$350/per family, once per calendar year. Rx claim form and print-out of prescriptions required. Reimbursed in date-filled order.

• **Pre-Paid Legal Services Plan**

• **Tax Preparation**

Voucher required, up to \$70/1040 Form, once per calendar year per member only.

• **Bereavement Benefit**

*\$10,000 for named beneficiary of **Active Members ONLY**.*

• **Survivors Benefit**

*\$1,000 for Active Member, Spouse, Domestic Partner or beneficiary of **Active Members Only**.*

See www.scmebf.org for details.

Compare the “No-Cost” Basic Retiree Plan Coverage To the “Self-Pay” Enhanced Retiree Plans Coverage

“No-Cost” Basic Retiree Plan:

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

Retirees in the “No-Cost” Basic Retiree Plan would have to upgrade to a “Self-Pay” Enhanced Retiree Plan if they wish to add-on the Pre-Paid Legal Services Plan, for \$108 annually. Minimum eligibility requirements are listed on page 6.



L-R Cheryl A. Felice, Administrator, with soon-to-be Administrator, Scott Mirabella and past Administrator, Sondra Palmer Randall.

SPERP (“Self-Pay”) Coverage Maximums

Coverage in the Premium Plan -

•**Active Level Dental** -

General - \$2,750 per member and eligible dependents, per calendar year, at the adopted fee schedule.

Implants/Abutments - \$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 Aid Co-Pay Reimbursement** - \$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.

Additional Coverage for the Premium Plus-T:

•**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-filled order.

•**Tax Preparation** - \$70 for the 1040 form per member, per calendar year. Network Providers available in Suffolk and Nassau County only.

Ability to “Add-On” the Pre-Paid Legal Services Plan to any SPERP selection for an additional \$108/yr.

"SELF-PAY" ENHANCED RETIREE PLAN ENROLLMENT/RE-ENROLLMENT FORM



Name: _____ Benefit Fund ID#: BF00 _____

Address: _____ Cell Phone: (____) _____

Email Address: _____ Home Phone: (____) _____

SELECT ONE OF THE FOLLOWING PLANS:

- ☐ "Self-Pay" Enhanced Retiree Plan (SPERP) – If chosen please fill out the options below.
- ☐ "No-Cost" Basic Retiree Plan – I wish to "drop down" from my "Self-Pay" Enhanced Retiree Plan. I confirm that I have completed the two (2) year enrollment requirement.

IF SELECTING A SPERP PLAN, SELECT THE FOLLOWING OPTIONS:

- Plan Options (Select 1): ☐ Premium ☐ Premium Plus-T
- Coverage Options* (Select 1): ☐ Individual ☐ Individual + 1 ☐ Family
- Payment Options (Select 1): ☐ Annual ☐ Semi-Annual ☐ Quarterly
- Add-on the Pre-paid Legal Services Plan (Select 1): ☐ Yes ☐ No
- Payment (Select 1): ☐ Credit/Debit ☐ Check/Money Order Check #: _____ Amount: \$ _____

Administrative Use Only

Start Date

End Date

Old Plan

New Plan

Notes

LIST DEPENDENTS TO BE COVERED:

I have received and reviewed the Fund's explanation letter for coverage available under the two (2) "Self-Pay" Enhanced Retiree Plans and the "No-Cost" Basic Retiree Plan. I elect to enroll in either the "Self-Pay" Enhanced Retiree Plan or the "No-Cost" Basic Retiree Plan as indicated above. I understand this election is a commitment for two (2) full consecutive years in my selected plan. I understand after participating in my selected retiree plan for two (2) full consecutive years I may either upgrade to one of the "Self-Pay" Enhanced Retiree Plans or "drop down" to the "No-Cost" Basic Retiree Plan, however, I must remain in the selected plan for two (2) full consecutive years before I am again eligible to enroll in one of the above Retiree Plans.

Signature

Date

Sworn to before me this _____

day of _____, 201__

NOTARY PUBLIC

**If a member with dependents opts for a plan with individual coverage only, neither their spouse nor dependents will have any Fund benefit coverage (i.e., they cannot remain on the member's "No-Cost" Basic Retiree Plan). Dependent coverage can only be restored after the member completes two (2) consecutive years on a "Self-Pay" Enhanced Retiree Plan with those dependents, before being able to re-enroll their dependents in the "No-Cost" Basic Retiree Plan again, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child), in which case the Plan selected can be adjusted to enroll that dependent.*

Return Completed Form and Payment to SCME Benefit Fund at 30 Orville Dr., Ste D, Bohemia, NY 11716-2513

“SELF-PAY” ENHANCED RETIREE PLANS – RULES

1) Plan coverage is for two (2) consecutive years. Benefit coverage is at the **Active** level according to Fund plan guidelines. Enrollment Form **MUST** be notarized.

2) “Self-Pay” Enhanced Retiree Plans (SPERP) offer three (3) types of coverage options:

1. Individual*
2. Individual + 1
3. Family

*If a member with dependents opts for SPERP with individual coverage only, neither their spouse nor dependents can remain on the member’s “No-Cost” Basic Retiree Plan. Dependents **will lose all coverage** while the member is on an individual “Self-Pay” Plan (even if both retirees are Fund members). Each retired member must elect a SPERP coverage option which includes their eligible dependents. Dependent coverage, if dropped, can only be restored after the member satisfies **two (2) consecutive years** on a “Self-Pay” Enhanced Retiree Plan **which includes dependent coverage**, before their dependents can become eligible again for the “No-Cost” Basic Retiree Plan, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child.) **Dependents must be enrolled in the same plan as the member and cannot be enrolled in the “No-Cost” Basic Retiree Plan while the retiree opts for Individual coverage in SPERP. Domestic Partners may remain as an eligible dependent if approval was granted PRIOR to retirement but, cannot be added after the member retires.**

3) “Self-Pay” Enhanced Retiree Plans are offered in two (2) benefit levels at the Active level of coverage:

1. Premium; Dental, Optical and Hearing Aid.
2. Premium Plus-T; add Prescription Co-Payment Reimbursement and Tax Preparation.

Retirees who opt for coverage in the Premium Plan, will be able to “move-up” to the Premium Plus-T, after one-year in SPERP, but they must remain there for another two (2) consecutive years before they may “drop-down” to lesser coverage and only after submitting another new, notarized Enrollment Form.

4) **Retirees** are permitted to “drop-down” to the “**No-Cost**” Basic Retiree Plan **after** enrolling in and paying for one of the “Self-Pay” Enhanced Retiree Plans for two (2) consecutive years, and only after completing another new, notarized Enrollment Form.

5) **All SPERP enrollees must remain** in SPERP for a **full 24 months of their 2-year commitment**.

6) **A Retiree** may only “drop-down” to a reduced coverage plan **after** they remain in and pay for the selected “Self-Pay” Enhanced Retiree Plan for **two (2) consecutive years** and by satisfying and submitting another new, notarized Enrollment Form.

NOTE: When a retiree “drops-down” to the “No-Cost” Basic Retiree Plan, they must remain in the “No-Cost” Basic Retiree Plan for at least two (2) consecutive years before being given the opportunity to re-enroll in one of the “Self-Pay” Enhanced Retiree Plans.

7) Add-on the Pre-Paid Legal Services Plan to either one of the two (2) SPERP plans for an additional \$108 annually. No discount is offered for the Legal Services Plan as this is a pass-through cost.

The Legal Services Plan cannot be added-on to the “No-Cost” Basic Retiree Plan.

Choose one (1) of three (3) payment options:

- | | |
|------------------|--|
| 1. Quarterly | Legal Plan Add-on \$27/quarterly (no discount, as this is a pass-through cost) |
| 2. Semi-Annually | Legal Plan Add-on \$54/semi-annually (no discount, as this is a pass-through cost) |
| 3. Annually | Legal Plan Add-on \$108/annually (no discount, as this is a pass-through cost) |

8) **Even if** previously terminated from the “No-Cost” Basic Retiree Plan, or if members were enrolled or re-enrolled in the “No-Cost” Basic Retiree Plan for at least two (2) consecutive years, may re-enroll in SPERP at any time on or after enrollment in the “No-Cost” Basic Retiree Plan is met.

NOTE: Failure to maintain timely payments for the two (2) year enrollment requirement will result in an immediate termination of benefits including the opportunity to “drop-down” to the Fund’s “No-Cost” Basic Retiree Plan. A two (2) year waiting period, after the last day of coverage previously selected, will be required before being permitted to re-enroll in another “Self-Pay” Enhanced Retiree Plan. Enrollment in the “No-Cost” Basic Retiree Plan is not permitted after failing to pay for any portion of the two (2) year enrollment commitment.

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, until remarried, as long as they make timely payments for the “Self-Pay” Enhanced Retiree Plan or COBRA (Active or Retiree). A surviving spouse cannot add dependents, move into any other plan or drop-down to the “No-Cost” Basic Retiree 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 determined PRIOR to retirement. Domestic Partners cannot be added *after* the member retires. Once a dependent ages-out of coverage, they will be offered COBRA coverage. If the surviving spouse or dependent is terminated for untimely or non-payments, or if the spouse remarries, **no other** plan will be offered by the Fund. (rev.7/01/2019)

CONTINUOUS ENROLLMENT NOTICE

for selecting a “Self-Pay” Enhanced Retiree Plan

Enrollment for 2019-2021 Self-Pay Enhanced Retirement Plans is now offered through CONTINUOUS ENROLLMENT, in the **Premium Plan** or the **Premium Plus-T**.

(Both require a two-year minimum enrollment in SPERP; includes a 2-yr. rate guarantee. Once enrolled in SPERP for 2 years, members can drop-back to the No-Cost Basic Retiree Plan, but must remain in the “No-Cost” Plan for another 2-years before becoming eligible to re-enroll in SPERP.)

SPERP Rates & Plan Design for 2019 - 2021, rates are due and payable each year, and offer a 2-year rate guarantee.

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

The **Pre-Paid Legal Services Plan** option allows you to add-on the Pre-Paid Legal Services Plan, for \$108 annually, to either one of the SPERP plans.

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

| <u>Enrollment</u> | <u>Premium Plan</u> | <u>Premium Plus-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/yr. | \$950.00/yr. | \$108/per yr. |
| Individual + 1 | \$1,400.00/yr. | \$1,700.00/yr. | \$108/per yr. |
| Family | \$2,100.00/yr. | \$2,450.00/yr. | \$108/per yr. |
| | <u>Semi-Annual Rate (with a 5% savings)</u> | | <u>Legal add-on. (No discount)</u> |
| Single | \$367.50/2x yr. | \$498.75/2x yr. | \$54/semi-annually/2x yr. |
| Individual + 1 | \$735.00/2x yr. | \$892.50/2x yr. | \$54/semi-annually/2x yr. |
| Family | \$1,102.50/2x yr. | \$1,286.25/2x yr. | \$54/semi-annually/2x yr. |
| | <u>Quarterly Rate (no discount)</u> | | <u>Legal add-on. (No discount)</u> |
| Single | \$192.50/4x yr. | \$261.25/4x yr. | \$27/ Quarterly/4x yr. |
| Individual + 1 | \$385.00/4x yr. | \$467.50/4x yr. | \$27/ Quarterly/4x yr. |
| Family | \$577.50/4x yr. | \$673.75/4x yr. | \$27/ Quarterly/4x yr. |

To select either the **Premium Plan** or the **Premium Plus-T**, please complete and have NOTARIZED, the “Self-Pay” Enhanced Retiree Plan Enrollment Form, on page 5.

The Fund offers free Notary services.

You can view the Pre-Paid Legal Services Plan description on the Fund’s Website at www.scmebf.org. But remember, retirees can only enroll in the **Pre-Paid Legal Services Plan** when enrolling in SPERP, provided all the eligibility requirements as listed on page 6 have been met.

Call the Fund for more information; Wendy Z. at 631-319-4099, ext. 321, or Scott at ext. 323 or email us at Wendyz@scmebf.org OR Scott@scmebf.org.

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.

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**, because EBU and the Benefit Fund are separate entities.

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

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

Please be patient and courteous with your inquiries.

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 |

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

Please contact the Employee Benefits Unit (EBU) representative according to the first letter of the member's last name.

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

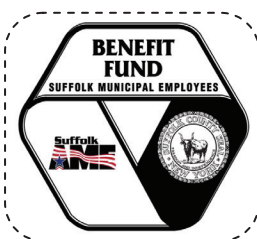
or email:
ebu@suffolkcountyny.gov

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

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

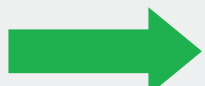
Quick Reference Guide of Phone Numbers & Websites



**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
cbu@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

www.suffolkame.org

www.scdspba.net
www.sccoa.net

www.osc.state.ny.us/retire/
Medicare Enrollment
(4-months prior to age 65)
Hearing Impaired Line

PHONE

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Ext. #319

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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

1-518-474-7736

1-800-772-1213

1-800-325-0778

Learn about the NEW Out-of-State Dental Network

On behalf of the SCMEBF Board of Trustees, we are happy to provide you with the following workshops about our

NEW Out-of-State Dental Network **MetrodentCHOICE**

2 Sessions Each Day, Morning or Afternoon

Tuesday, August 13, 2019

or

Thursday, September 26, 2019

A) 10:00 AM - 11:30 AM

or

B) 1:30 PM - 3:00 PM



at the

Suffolk County Municipal Employees Benefit Fund
30 Orville Dr. Suite D & E
Bohemia, NY 11716

Call: 631-319-4099, ext. 0, to reserve a seat

*Evening Appointments can be arranged
once a request of 5 or more people are received and confirmed.*



***** New Dental Out-of-State Dental Network Option *****
METRODENT CHOICE, effective 9/1/19

The **Board of Trustees** of the Suffolk County Municipal Employees Benefit Fund are pleased to inform you of the implementation of **METRODENT CHOICE, effective 9/1/19**. METRODENT CHOICE layers a new network tier - the **Tier II - MetrodentMax Dental Network, for members who reside and/or are traveling outside New York State. MetrodentMax Dental** providers, while not accepting the Plan's Allowance as payment in full, will limit their charges to a published set of discounted fees "maximum charge." You simply pay the difference between the Plan's Payment and the Discounted Maximum Charge. As always, you will continue to have the option of also using a **Tier I - SCMEBF Participating Dentist** and receiving your care with essentially no out of pocket expense, by using a participating provider.

FREQUENTLY ASKED QUESTIONS:

HOW DO I LOCATE A PROVIDER? - By logging into **asonet.com** you can access: **Tier I - SCMEBF Participating Dentists** - by selecting "Best Savings" or expand the search to include **Tier II - MetrodentMax Dentists**, by selecting "Moderate Savings."

HOW WILL I KNOW WHICH NETWORK THE PROVIDER IS PARTICIPATING IN? - The providers will be distinguished by the **Savings Level Indicator** (Color and Level) appearing under their name.

HOW WILL I KNOW WHAT MY ESTIMATED OUT-OF-POCKET EXPENSE WILL BE? - You will have the opportunity to view, for each service, the provider discount, the plan allowance and your estimated out of pocket expense.

SCHEDULING AN APPOINTMENT - After selecting a dentist from the directory, call the dental office for an appointment. Identify yourself as a member of the network that you have selected when scheduling your appointment and at the time of your visit.

VERIFYING COVERAGE - Due to the fact that there are occasional additions and deletions, please verify that the dentist is still participating when scheduling your appointment and at the time of your visit. If you have any questions, please contact **Administrative Services Only, Inc. at 1-800-626-5562 or 516-396-5500**.

FIND YOUR DENTIST - Our Dental Plan Administrator, ASO, constantly solicits dentists for both the **SCMEBF participating Dentist Plan** and the new **MetrodentMax Network**. On the **"Find Your Dentist"** page of **asonet.com** you will see a **"Nominate A Dentist"** link and form.

NOMINATE A DENTIST - Please use this form if you do not have access to a dentist on either tier and/or you would like us to contact your provider.

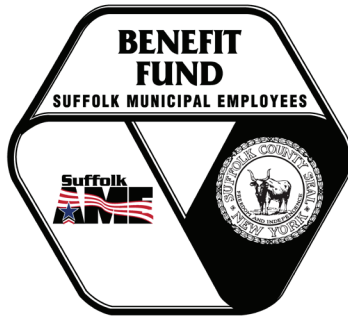
If you have any questions regarding your dental network options or the dental benefit program, please contact Administrative Services Only, Inc. at:

1-800-626-5562

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www.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

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TO UPGRADE RETIREE COVERAGE**