

Suffolk County Municipal Employees BENEFIT FUND

2020 Volume 48, Issue 1



◆◆◆ 2020 Annual Issue ◆◆◆

A message from Chairman Levler on the current status of your Fund:



The AME Contract ratified in 2019 resulted in the ability for the Board of Trustees to make some exciting changes at your Suffolk County Municipal Employees Benefit Fund. The Fund went from a joint Labor/Management Board of Trustees, to a unilaterally Union Trusteed Fund. Along with this came an increase in contributions from Suffolk County, the first increase in contributions since 2012. As a result of both these actions, the Union Trustees diligently reviewed the finances and benefits structure of the Fund in an effort to not

only continue to deliver the current benefits, but to enhance them as well.

We are proud to share what the Union Board of Trustees unanimously adopted as Fund benefit improvements and additions:

Starting January 1st, 2021

Dependents

All eligible, enrolled dependents will have ancillary health benefit coverage up to the date they turn 26, regardless of student status. This is a great expansion that will allow all dependents younger than 26 to enjoy benefit coverage for dental, eyeglass, hearing aid and prescription drug copayment reimbursement.

Dental Benefits

We have returned to Healthplex (1-866-717-1869) as our dental plan provider and while we worked hard to ensure that no-cost basic retirees saw no reduction in their current benefits, no-cost basic retiree benefits remained unchanged—claims will be administered by Healthplex. We were able to greatly enhance dental benefits for active plan participants, members on COBRA and retirees in one of our low self-pay Enhanced Retiree SPERP plans. This will allow the Fund to increase the size of our dental provider network greatly, with over 3000 new dentists added in Suffolk and Nassau Counties alone. It also includes one of our most requested items in dental; implants. Starting January 1, 2021 up to 2 implants a year will be available at no cost to the member or dependents, and with no lifetime maximum on implant procedures. Also there is no longer an annual limit on individual or family annual dental maximums.

Prescription Drug Copayment Reimbursement Benefit

The Prescription Drug Copayment Reimbursement benefit has been increased to cover copayments up to \$25 per prescription. This benefit threshold remains as previous-

Inside this Issue:

Chairpersons Report	1-2
Administrator's Report	3
Healthcare Assistance	3
Dependent Coverage	4
Annual Financial Report	4-7
Enrollment Update	8
Annual Opt-Out	9
EBU Directory	10
Phone Numbers to Know	11
Fund Trustees & Administration	12

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 email
Inquiry@scmebf.org**

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

ly available for prescription drugs covered by your health plan's prescription drug plan. Also, we have increased the family yearly maximum to \$400 which continues to reimburse at \$1 per qualified prescription over the \$400 threshold. This is in immediate effect and applies to all 2020 prescriptions. We were able to offer this increase while keeping all other rules of the program for this benefit unchanged.

Health Plan Premium Assistance

The Fund Union Trustees are very pleased to announce that it has created a sustainable new Health Plan Premium Assistance benefit for all plan participants who are paying more than the current set percentage of Employee Medical Health Plan (EMHP) premium contribution rate as a percentage of base salary. This applies to base salary only as it was important to the Union Trustees to craft this benefit at no penalty for overtime compensation or any other additional form of compensation you may earn outside of your employment in Suffolk. The Benefit Fund will reimburse 15% of the difference between the percentage of base salary and the EMHP required minimum contribution then in effect, which is currently \$1,500. It is worth noting that this is for plan participants enrolled in EMHP only. Members will be provided a claim form on request to which the EMHP premium cost payment data should also be attached (e.g., your paystubs). We will provide detailed information on this benefit and how to apply for reimbursement at the beginning of 2021. Due to the complicated nature of this benefit, The Benefit Fund does not anticipate members receiving this benefit before mid-year, June 2021. The Benefit Fund will be advising members of documents necessary to accompany a claim at a later date .

* See explanation on the Fund Administrator's report on page 3.

Optical Benefit

The Fund's Optical Benefits program has been increased to cover up to \$100 annually for members or eligible, enrolled dependents receiving an eye exam and purchasing eyeglasses or contact lenses. Participating providers are now offering the following enhancements for members using our Vision Voucher:

- Examination only (with Tonometry) \$20 - Fund reimbursement increased to \$30
- Any frame in the store with a retail value of up to \$140 - increased to \$155
- Anti-Reflective Coating \$30 - reduced member copay to \$25
- Ultra-Thin Hi Index Lenses \$60 - reduced member copay to \$55
- Transition Bifocal Lenses \$60 - reduced member copay to \$50
- Progressive Sun-Sensitive Lenses \$110 - reduced member copay to \$80

New Financial Planning Benefit

The Union trustees are pleased to announce a new Financial Planning Benefit provided by the firm JB Greco & Associates, (631) 617-5710. Our plan participants will now have a personal financial advisor available at no cost and can now receive assistance on retirement investment strategies, debt consolidation and other financial matters. We believe financial health is an important component to mental and physical health.

Enhanced Elder Law Benefits in Legal Services Plan

We are also excited to announce that the Trustees have negotiated an expansion of the Legal Services plan to provide additional Elder Law benefits. This includes:

- Free Estate Planning consultation and certain documents for parents and parents-in-law who reside in NY State.
- Will and Testament, Durable Power of Attorney, Health Care Proxy and Living Will (Maximum of 4 sets per year).
- Free Elder consultation in New York State- up to 2 hours.
- Capped fees for Elder Law Services not covered.

Call Feldman, Kramer and Monaco at (800) 832-5182 for details.

Bereavement Benefit

The Union Trustees provided a necessary benefit enhancement to ensure that current costs associated with end of life are adequately covered. Our Bereavement program for all active employees has increased from a \$10,000 to \$25,000 self-insured benefit. This benefit now more accurately reflects the anticipated costs of funeral services and other related expenses.

ADMINISTRATOR'S REPORT



I hope this letter finds you and your family healthy and safe. As you well know it has been an unprecedented year! Although the Benefit Fund did close in March due to New York State guidelines, we never stopped working. We were processing claims from home, printing and sending out checks weekly. We have been open to members since July. Due to social distancing rules, we allow only one member into our lobby at a time. So, you may have to wait outside or in your car during inclement weather. Please have patience during this difficult time.

Our new Lobby Hours are 8:00 am to 4:00 pm

In order to limit face to face contact almost all your Fund business can be accomplished via our website or over the phone. I would encourage you to visit our website **SCMEBF.org**, where you can find complete details about all your ancillary benefits and all our forms to download. The Fund is moving to a digital platform, in addition to our website **SCMEBF.org**, we have our Facebook page **SCME Benefit Fund** to keep members apprised of important information. As always if you have any questions don't hesitate to call us at **(631) 319-4099**.

The AME Contract ratified in 2019 made some exciting changes at your Suffolk County Municipal Employees Benefit Fund. The fund went from a Labor – Management Board of Trustees, to a strictly Labor Board. Along with this came an increase in contributions from Suffolk County, the first increase since 2012. With these increased contributions....

The Suffolk County Municipal Employees Benefit Fund is excited to announce upcoming benefit upgrades. We have enhanced some familiar benefits and added some totally new benefits. Please see the Fund website and our Facebook page to keep informed about these changes that will be starting January 1st, 2021.

COBRA & SPERP rates will remain the same for 2021!

Scott Mirabella
Fund Administrator

Explanation of the Health Care Assistance Benefit

The Health Care Assistance benefit will be used to assist active members who are currently paying more than 2% of their base salary towards the County Health insurance copay. The County minimum copay is currently \$1500, therefore If a member's base salary is less than \$75,000, they would be eligible for this benefit. Members must be enrolled in EMHP and paying the copayment to apply.

Employees who qualify will be required to request, fill out and send back a Health Care Assistance Benefit form and the necessary documentation. Please be patient. Due to the complicated nature of this benefit, The Benefit Fund anticipates members receiving this benefit by mid-year, June 2021. The Benefit Fund will be advising members of necessary documents at a later date.

The Benefit will be calculated here at the Benefit Fund. Members must mail in the requested form with the necessary information and documentation.

The Benefit will be calculated by subtracting 2% of your salary from \$1500. This equates to the amount over 2% a member pays into Health Care. Then that number is multiplied by 0.15 (15%) to calculate the amount the Benefit Fund will reimburse the member.

Dependent Children now covered until the age of 26

With the new enhancements to your Benefit Fund, your dependent children are now covered until the age of 26 years old regardless of student status. If you have a dependent child under 26 that was not covered by the Benefit Fund, they are now entitled to coverage.

If your dependent was never listed as a covered dependent with the Benefit Fund, and they are under the age of 26, please send all documents listed below to the Benefit Fund to add your dependent to your coverage.

- New enrollment card listing the dependent(s) (from your payroll office)
- Copy of Birth Certificate
- Copy of Social Security Card

Documents can be mailed or dropped off at the Fund Monday thru Friday 8am to 4pm.

NYS Department of Financial Services Annual Report

The 2019 Annual Report for the SC Municipal Employees Benefit Fund *(as shown on pages, 5-7)*

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 (631) 319-4099, extension #323. We are happy to answer any questions you may have about the Benefit Fund or the 2019 Annual Report. Thank you.

Scott Mirabella

Fund Administrator

FUND FILES 2019 NYS-DFS ANNUAL REPORT

ANNUAL REPORTS

For the fiscal year ended December 31, 2019

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)	\$10,153,293	
(b) Employee	463,859	
(c) Other (Specify) <u>Retired Members</u>	<u>1,547,622</u>	
(d) Total Contributions		\$ 12,164,774
Dividends and Experience Rating Refunds from Insurance Companies		
Investment Income:		
(a) Interest	288,325	
(b) Dividends	90,425	
(c) Rents		
(d) Other (Specify)		
(e) Total Income from Investments		378,750
Profit on disposal of investments		315,002
Increase by adjustment in asset values of investments		1,706,882
Other Additions: (itemize)		
(a) See Schedule	1,500,000	
(c) Total Other Additions		1,500,000
Total Additions		\$ <u>16,065,408</u>

DEDUCTIONS FROM FUND BALANCE

Insurance and Annuity Premiums to Insurance Carriers and to Service Organizations (Including Prepaid Medical Plans)		\$ 8,379,509
Benefits Provided Directly by the Trust or Separately Maintained Fund		\$1,924,875
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	776,851	
(b) Allowances Expenses, etc.	98,876	
(c) Taxes	58,907	
(d) Fees and Commissions	685,243	
(e) Rent	132,457	
(f) Insurance Premiums	274,107	
(g) Fidelity Bond Premiums	367	
(h) Other Administrative Expenses: (See Schedule)	<u>616,486</u>	
(i) Total Administrative Expenses		2,643,294
Loss on disposal of Investments		167,183
Decrease by adjustment in asset values of investments		
Other Deductions: (itemize)		
(a) (See Schedule)	7,784,163	
(b) Contributions allocated to SCME Legal Services Fund		
(c) Total Other Deductions		<u>7,784,163</u>
Total Deductions		\$ <u>20,899,024</u>

RECONCILEMENT OF FUND BALANCE

Fund Balance (Reserve for Future Benefits) at Beginning of year		\$(16,373,154)
Total Additions During Year (Item 7)	16,065,408	
Total Deductions During Year (Item 16)	<u>(20,899,024)</u>	
Total Net Increase (Decrease)		<u>(4,833,616)</u>
Fund Balance (Reserve for Future Benefits) at End of year		\$ <u>(21,206,770)</u>
(Item 14, Statement of assets and Liabilities)		

FUND FILES 2019 NYS-DFS ANNUAL REPORT

- BENEFIT FUND - STATEMENT OF ASSETS AND LIABILITIES

ASSETS

	End of Reporting Year
Cash	2,256,745
Receivables	
(a) Contributions:	
(1) Employer	7,765,422
(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	171,242
(b) Stocks:	
(1) Preferred	
(2) Common	6,247,010
(c) Bonds and Debentures:	
(1) Government Obligation	
(a) Federal	11,685,889
(b) State and Municipal	
(2) Foreign Government Obligations	
(3) Non-Government Obligations	1,612,144
(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	71,863
(b) Prepaid Expenses	17,544
(c) See Schedule	415,730
 Total Assets	 \$30,243,589

LIABILITIES

Insurance and Annuity Premiums Payable	
Unpaid Claims (Not Covered by Insurance)	
Accounts Payable	148,423
Other Liabilities - See Schedule	51,301,936
Reserve for Future Benefits (Fund Balance)	(21,206,770)
Total Liabilities and Reserves	\$ 30,243,589

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 2019 NYS-DFS ANNUAL REPORT

SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND Attachment to Annual Report - December 31, 2019

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

Other Additions:

Claims Payable

Post-Retirement:

Benefits paid (Estimated)	1,500,000
---------------------------	-----------

Benefits earned and other charges	
-----------------------------------	--

Obligations for current benefit coverage:

Benefit claims incurred but not reported	
--	--

Pension adjustment other than net periodic pension cost	
---	--

Total Other Additions

<u>\$ 1,500,000</u>

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

Other Administrative expenses:

Pension expense	272,094
-----------------	---------

Provision for sick and vacation	16,142
---------------------------------	--------

Computer	89,665
----------	--------

Stationery, printing and office expense	61,494
---	--------

Postage	26,635
---------	--------

Depreciation and Amortization	55,961
-------------------------------	--------

Members' benefit information	52,958
------------------------------	--------

Telephone	10,473
-----------	--------

Bank Charges	13,592
--------------	--------

Dues and Subscriptions	2,300
------------------------	-------

Meeting Expense	15,172
-----------------	--------

Miscellaneous expense	
-----------------------	--

Total Administrative expenses:	<u>616,486</u>
--------------------------------	----------------

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

Other deductions:

Claims payable	112,766
----------------	---------

Postretirement:

Benefits earned and other charges	5,609,000
-----------------------------------	-----------

Interest	1,599,000
----------	-----------

Obligations for current benefit coverage:

Benefit claims incurred but not reported	115,234
--	---------

Pension adjustment other than net periodic pension cost	348,163
---	---------

Total other Deductions:

<u>7,784,163</u>

Statement of Assets and Liabilities

Other Assets:

Leasehold Improvements	467,432
------------------------	---------

Furniture and Fixtures	71,263
------------------------	--------

Computer Equipment	<u>346,435</u>
--------------------	----------------

Subtotal	885,130
----------	---------

Less: Accumulated Depreciation and Amortization	(488,310)
---	-----------

Net:	396,820
------	---------

Security Deposit	<u>18,910</u>
------------------	---------------

Total Other Assets:	<u>415,730</u>
---------------------	----------------

Statement of Assets and Liabilities

Other Liabilities:

Prepaid Retiree Contributions	763,293
-------------------------------	---------

Due to broker for securities purchased	
--	--

Pension Liability	2,775,018
-------------------	-----------

Employees accumulated vacation and sick pay	86,625
---	--------

Claims Payable	912,858
----------------	---------

Estimated Liability for claims incurred but not reported	1,202,142
--	-----------

Estimated Liability for future payments of benefits based on participants' accum. Eligibility	1,000
---	-------

Post retirement benefits for current retirees	21,550,000
---	------------

Post retirement benefits for other participants fully eligible for benefits	12,023,000
---	------------

Post retirement benefits for other participants not fully eligible for benefits	<u>11,988,000</u>
---	-------------------

Total other Liabilities:

<u>51,301,936</u>

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

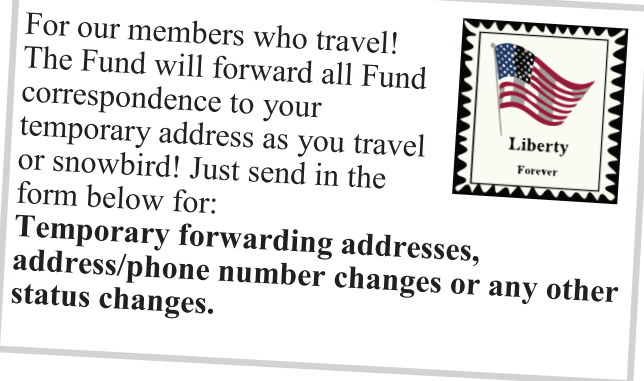
If mailed, send to:

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: _____

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**.”



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**, (not retirees in the “Self-Pay” Enhanced Retiree Plans) will simply need to advise the Fund of their decision to “opt-out” 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



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

~~~~~

“Opt-Out” **DOES NOT** apply to those in the “Self-Pay” Enhanced Retiree Plans.

Members in those plans must still fulfill their 2-year minimum enrollment requirement.

## 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 Prepara-  
tion Reimburse-  
ment \*Pre-Paid  
Legal Services  
Plan  
\*Bereavement  
and \*Survivors  
Benefits OR  
\*Retiree Cover-  
age**

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



## Benefit Fund Office Hours

**Monday - Friday  
8:00 a.m. - 4:00 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**

**Financial Planning**

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

As of 1/1/2021—Healthplex  
Fully-insured plan (Active, COBRA &  
Enhanced Retirees)  
No Cost Basic Retirees

### **S. C. EMHP (Health Benefits)**

Enrollment/Eligibility/Medicare  
Reimbursement Checks

### **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 Appt Scheduling  
LAB CORP (certain locations)

### WEBSITE/EMAIL/FAX

www.scmebf.org  
**Inquiry@scmebf.org**

Scott@scmebf.org

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

Tom@scmebf.org

Wendyz@scmebf.org  
Doreen@scmebf.org

Feldman, Kramer & Monaco

JB Greco & Associates, Inc.

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

www.healthplex.com

Employee Medical Health Plan  
www.emhp.org  
ebu@suffolkcountyny.gov

www.empireblue.com/emhp

www.bcbs.com

(Handled with your doctor and  
WellDyneRx)

emhp.welldynrx.com

www.express-scripts.com

www.achievesolutions.net

www.questdiagnostics.com  
www.questdiagnostics.com/scheduling  
CALL Empire BCBS

### PHONE

1-631-319-4099

**Ext. #323**

**Ext. #0**

**Ext. #320**

**Ext. #321**

**Ext. #322**

**1-631-218-7970**

**1-800-832-5182**

**1-631-617-5710**

1-800-626-5562

1-866-717-1869

1-866-935-9047

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

### PARTICIPATING UNIONS

SC Association of Municipal Employees  
SC Deputy Sheriff's PBA  
SC Correction Officer's Association

www.suffolkame.org

www.scdspba.net

www.scco.net

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**

# BOARD OF TRUSTEES

## Trustees

**Daniel C. Levler**  
Chairperson

Michele A. O'Connell  
Christina A. Maher  
Stanley J. Humin, III  
Thomas P. Moran



## County Observer

Jennifer K. McNamara, Esq.  
Director of Labor Relations

## Union Observers

Louis R. Viscusi, President, SCCOA  
John Becker, President, DSBA

## Scott Mirabella, Fund Administrator

Emergency Voice Mail 631-319-4099 ext. 323

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.

**2020 Issue  
Annual Report**

**RETURN SERVICE REQUESTED**



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

**Suffolk County Municipal Employees Benefit Fund**

PRSR STD  
U.S. POSTAGE  
PAID  
CENTEREACH, NY  
PERMIT NO. 52