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# SC Municipal Employees Benefit Fund

## RETIREE Options for the “No-Cost” Basic Retiree Plan, COBRA Coverage and “Self-Pay” Enhanced Retiree Plans Enrollment and Plan Rates 2016 - 2017



**For New Retirees** - All members who meet the Fund’s retirement qualifications (age 55, with ten (10) years of service with the Fund (or have an EMHP waiver) and/or in receipt of their pension regardless of age for their special retirement plan) will automatically be enrolled in the “No-Cost” Basic Retiree Plan when they leave employment. Remember, the SCME Benefit Fund only administers Ancillary Benefits which are separate from the employee Medical Plan. The “NO-COST” BASIC RETIREE BENEFIT PLAN Covers:

- 1) Dental - \$750 per calendar yr./family max., no more than \$500 per individual
- 2) Optical - \$80 per calendar yr./per eligible dependent
- 3) Hearing Aid - \$400 once/every 36 months/each eligible dependent

Spouses or eligible dependents of deceased Retiree members can maintain for life\*, BASIC RETIREE coverage for: *Individual - \$17.55 month Family - \$35.07 month*

*\*Rates subject to change*

### **COBRA Coverage Available for the First 18 Months after Leaving Employment**

**(29 months if on a Disability Retirement)**

COBRA enrollment forms are automatically sent to every member once the County/College or covering entity notifies the Fund of the separation from employment due to retirement or other. Enrollment begins immediately upon your last day of employment. COBRA premiums are due and payable monthly or can be paid in full.

#### **COBRA Continuation of Benefits Coverage Includes:**

- **General Dental** - \$2,750 per individual, per calendar year, including:
  - Implants - \$4,000 per individual, per lifetime, for implants and abutments reimbursable up to \$500 each. Participating Dental provider can bill usual and customary charges.
  - Orthodontia - \$1,995 per individual, per lifetime. In-network covered in full with at least a \$1,000 co-pay.
  - Periodontal - \$2,000 per individual, per calendar year, at the adopted fee schedule.
- **Prescription Drug Co-Payment Reimbursement** for expenses, up to \$20 per eligible prescription up to \$350 per family, per calendar year, **PLUS** \$1.00 each for every script over \$350 (payable in fill-date order only), *effective 1/1/2014*.
- **Hearing Aid** - \$400 per individual, for out-of-pocket expenses every 36 months.
  - **Optical** - \$80 per individual, per calendar year.

#### **New 2016 COBRA Rates:**

Individual - \$ 44.94      Individual + 1 - \$89.88      Family - \$123.00

#### **BENEFITS WHICH MAY BE EXTENDED AT FULL RETIREMENT**

with the purchase of one of the Fund’s “Self-Pay” Enhanced Retiree Plans

Full Dental ~ Prescription Drug Co-Pay Reimbursement ~ Legal ~ Tax Prep. Reimbursement, *see more on page 3.*

**BENEFITS THAT END AT RETIREMENT:** (and CANNOT be purchased on COBRA or the “Self-Pay” Enhanced Retiree Plans)

~\$10,000 Bereavement Benefit~      ~\$1,000 Surviving Spouse~

## RETIREE VESTED RIGHTS AND “SELF-PAY” ELIGIBILITY

### Before you retire, schedule an appointment to discuss plan options!

Learn more about COBRA and the Fund’s “Self-Pay” Enhanced Retiree Plans, by calling:

**Cheryl A. Felice, Fund Administrator at 631-319-4099, ext. 319**

**To ENROLL in COBRA or one of the “Self-Pay” Enhanced Retiree Plans, call Eligibility at 631-319-4099 ext. 321**

Free Notary Services are available at the Fund and “on-line” Credit Card payments can be made at:  
[www.scmebf.org](http://www.scmebf.org)

### **VESTED COBRA But Not Retired**

Members are **VESTED** and entitled to obtain retiree benefits when they are between the ages of 50-55, are within five (5) years of retirement, and have a minimum of ten (10) years of full-time participation with the Fund or are in receipt of a waiver from EMHP (part-timers, except for school crossing guards, will be pro-rated.)

Thereafter, **VESTED** members may remain on and pay for **COBRA** indefinitely and until such time as the member reaches age 55, **AND** is in receipt of their NYS or their employer-sponsored pension (regardless of age if in a special retirement plan.)

Once in receipt of a pension, the **VESTED** member **must notify** the Fund for **enrollment as a Retiree** in EITHER the:

“No-Cost” Basic Retiree Plan

or in one of the

“Self-Pay” Enhanced Retiree Plans

631-319-4099, ext. 321

### **Eligible Retirees Who Need Enhanced Coverage with a “Self-Pay” Enhanced Retiree Plan**

Enroll in one of the “Self-Pay” Enhanced Retiree Plans, and maintain Dental Benefits and more, at the **full Active Level** for individual or family coverage. Enrollment is available immediately upon retirement, upon conclusion of COBRA coverage and/or during the Fund’s Annual Open Enrollment period.

All “Self-Pay” Enhanced Retiree Plans are available to every qualified Retiree. Once enrolled, Retirees continue to enjoy the option of “moving-up” to another “Self-Pay” Enhanced Retiree Plan or may “drop-down” to the “No-Cost” Basic Retiree Plan, as long as they participated for two (2) consecutive years in any one of the “Self-Pay” Enhanced Retiree Plans. When a member “drops-down” to the basic retiree plan, they must remain in the “No-Cost” Basic Plan for two (2) years before becoming eligible to opt-back into another “Self-Pay” plan. (see more on page 4)

The **Board of Trustees** set the plan rates for annual, semi-annual or quarterly payment plans. These rates are kept the same for each year the two (2) year minimum enrollment requirement making the cost of enhanced coverage easily manageable. **Payments can also be made via credit card, in person, by telephone or on the Fund’s website.**

### **TRUSTEES FROM MANAGEMENT**

**JEFFREY L. TEMPERA**  
Chairperson

~

**DENNIS M. BROWN**  
**JENNIFER K. MCNAMARA**  
**FRANK NARDELLI**

### **TRUSTEES FROM LABOR**

**BRIAN MACRI**  
Vice Chairperson

~

**DANIEL C. LEVLER**  
**CONI LORENZEN**  
**MICHAEL J. FINLAND**

# “SELF-PAY” ENHANCED RETIREE PLANS - OPTIONS

All “Self-Pay” Enhanced Retiree Plans benefit packages for 2016 - 2017 include benefit options equal to the Active Members’ coverage levels (*Bereavement and Survivors benefits **end** at retirement and are **NOT** included*).

1. **Premium Plan** includes coverages up to the adopted fee schedule with some usual and customary charges:

- **Full Dental** -
  - General* - \$2,750 per individual, per calendar year.
  - Implants* - \$4,000 per individual, per lifetime, for implants and abutments reimbursed up to \$500 each. Dentist can bill usual and customary charges.
  - Orthodontia* - \$1,995 per individual, per lifetime. In-network covered in full with at least a \$1,000 co-pay.
  - Periodontal* - \$2,000 per individual, per calendar year, at the adopted fee schedule.
- **Hearing Aids** - \$400 per individual, for out-of-pocket expenses every 36 months.
- **Optical** - \$80 per individual, per calendar year.

*Premium Plan Rates -*

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 178.75	\$ 357.50	\$ 539.00	Quarterly (no discount)
\$ 341.25	\$ 682.50	\$ 1,029.00	Semi-Annual (at a 5% discount)
\$ 650.00	\$ 1,300.00	\$ 1,960.00	Annual (at a 10% discount)

2. **Premium Plus Plan** includes coverages up to the adopted fee schedule with some usual and customary charges:

- Includes **ALL** the benefits in the **Premium Plan** and:
- **Prescription Drug Co-Payment Reimbursement** for expenses, up to \$20 per eligible prescription up to \$350 per family, per calendar year, **PLUS** \$1.00 each for every script over \$350 (payable in fill-date order only), *effective 1/1/2014*.

*Premium Plus Plan Rates -*

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 220.00	\$ 415.25	\$ 613.25	Quarterly (no discount)
\$ 420.00	\$ 792.75	\$ 1,170.75	Semi-Annual (at a 5% discount)
\$ 800.00	\$ 1,510.00	\$ 2,230.00	Annual (at a 10% discount)

3. **Platinum Plan** includes coverages up to the adopted fee schedule with some usual and customary charges:

- Includes **ALL** the benefits in the **Premium PLUS Plan** and:
- **Tax Preparation** - \$30 short form or \$70 long form per member, per calendar year.
- **Legal Services** - up to \$1,000 per family, limited to the service fee schedule, per calendar year.

*Platinum Plan Rates -*

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>
\$ 242.00	\$ 442.75	\$ 649.00	Quarterly (no discount)
\$ 462.00	\$ 845.25	\$ 1,239.00	Semi-Annual (at a 5% discount)
\$ 880.00	\$ 1,610.00	\$ 2,360.00	Annual (at a 10% discount)

# **“SELF-PAY” ENHANCED RETIREE PLANS - RULES**

- 1) **Effective** date of Plan coverage is for two (2) consecutive years, regardless of enrollment month at the **Active Level** of benefit coverage.
- 2) **“Self-Pay” Enhanced Retiree Plans** are offered in three (3) benefit levels:
  - a. Premium; Dental, at the Active Level of coverage, Optical and Hearing Aid.
  - b. Premium Plus; add Prescription Co-Payment Reimbursement (same Coverage Level within COBRA.)
  - c. Platinum; add Legal and Tax Preparation.

**Retirees who opt for coverage in either the Premium or the Premium Plus Plans will be able to “move up” to greater coverage during any future open enrollment period, but must remain there for two (2) consecutive years before dropping-down to lesser coverage and only after submitting a notarized Enrollment form.**

- 3) **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.
- 4) **New** enrollees for a “Self-Pay” Enhanced Retiree Plan **must** enroll with a 2-year (24 months) commitment.
- 5) **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 completing and submitting a notarized Enrollment Form.

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

- 6) **Pay your** premium once annually, instead of on a quarterly payment plan, and you will enjoy a 10% savings or save 5% by paying semi-annually. Choose one (1) of three (3) payment options:
  - a. Quarterly (no Premium discount)
  - b. Semi-Annually (Premium discounted by 5%)
  - c. Annually (Premium discounted by 10%)
- 7) **Even if** previously terminated from the “No-Cost” Basic Retiree Plan, or if they were enrolled or re-enrolled in the “No-Cost” Basic Retiree Plan for at least two (2) consecutive years, enrollment is available in one of the “Self-Pay” Enhanced Retiree Plans.

**NOTE:** Failure to maintain timely payments for the two (2) year enrollment requirement will result in an immediate termination of benefits including coverage in the Fund’s “No-Cost” Basic Retiree Plan. A two (2) year waiting period, after the last day of the enrollment period previously selected, will be required before being permitted to re-enroll in another “Self-Pay” Enhanced Retiree Plan and only during the Open Enrollment period.

- 8) **“Self-Pay”** Enhanced Retiree Plans offer three (3) dependent coverage options:
  - a. Individual\*
  - b. Individual + 1
  - c. Family

**If a member** predeceases their dependents, the dependent or dependents, may remain in their enrolled “Self-Pay” Enhanced Retiree plan or on Post-Active COBRA, or on Retiree Basic COBRA indefinitely, as long as timely payments are made. **Once terminated for untimely payments, dependents will not be permitted to re-enroll in any other plan offered by the Fund.**

**\*If a member with dependents opts for a plan with individual coverage only**, neither their spouse nor dependents can remain on the member’s “No-Cost” Basic Retiree Plan. All dependents **will lose** coverage while the member is on an individual “Self-Pay” plan. Dependent coverage can only be restored after the member satisfies two (2) additional consecutive years on a “Self-Pay” Enhanced Retiree Plan which includes dependent coverage, before having their dependents become eligible for the “No-Cost” Basic Plan again, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child.)

# RETIREE "SELF-PAY" ENHANCED PLAN ENROLLMENT FORM



Name: \_\_\_\_\_ Benefit Fund ID#: BF00\_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**SELECT ONE OF THE FOLLOWING PLANS:**

"SELF-PAY" ENHANCED PLAN:     Premium     Premium Plus     Platinum

COVERAGE ELECTED\*:     Individual     Individual + 1     Family

PAYMENT OPTIONS:     Annual     Semi-Annual     Quarterly

AMOUNT ENCLOSED: \$ \_\_\_\_\_ CHECK/MONEY ORDER #: \_\_\_\_\_

"NO-COST" BASIC RETIREE PLAN – I wish to "drop down" from my "Self-Pay" Enhanced Retiree Plan and have completed my two (2) year enrollment requirement of this plan.

**COVERED DEPENDENTS:**

\_\_\_\_\_  
\_\_\_\_\_

*I have received and reviewed the Fund's explanation letter for coverage available under the three (3) "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 during the appropriate annual open enrollment period. 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 can remain on the member's "No-Cost" Basic Retiree Plan. All dependents will lose coverage while the member is on an individual "Self-Pay" plan. Dependent coverage can only be restored after the member satisfies two (2) additional consecutive years on a "Self-Pay" Enhanced Retiree Plan which includes dependent coverage, before having their dependents become eligible for the "No-Cost" Basic Plan again, unless the new dependent was due to a life event, (i.e., marriage, the birth or adoption of a child.)*

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