

# SUFFOLK COUNTY MUNICIPAL EMPLOYEES BENEFIT FUND

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## Benefit Reference Guide Update

July 7, 2015

As you have been made aware of over the years, via newsletter and general correspondence, the Board of Trustees of the SCME Benefit Fund have instituted several enhancements and/or revisions to your Benefit Fund coverage since the publication of the 2008 Benefit Reference Guide (“booklet”) and 2008 Legal Reference Guide. The following is a summary of those revisions since the last updated in January and July of 2013. All other terms and conditions set forth in the 2008 Booklet remain effective and applicable.

### **RETIREE ELIGIBILITY**

Effective January 1, 2012: SCMEBF Retiree Eligibility,

#### **1. When you retire, you must meet the following eligibility requirements in order for your coverage to continue:**

- Be at least age fifty-five (55); and
- Have ten (10) *cumulative years of service as a **full time Suffolk County employee or a contributing agency of the Fund***, of which no fewer than five (5) years\* of continuous service time must be contiguous to the date of retirement within the applicable retirement system; or have been granted an EMHP Waiver and have ten (10) years of credited service in the appropriate NYS public employees for contributing agency retirement system; and be eligible to retire under the Tier in which you are registered; or
- Or be covered under one of the special plans whereby you are eligible for retirement benefits **regardless of age** after completion of a specified number of years (i.e., twenty (20) or twenty-five (25) years)\*.

*\*You must also have a minimum of ten (10) cumulative years of service as a full time employee of Suffolk County or a contributing agency, of which no fewer than five (5) years of continuous service time must be contiguous to date of retirement within the applicable retirement system, is required. Except for School Crossing Guards, if the service was in a less than full-time position, the employee’s service time will be prorated based on the numbers of hours worked per week to a comparable full time equivalent position. **These service requirements will be waived in the event of a disability retirement as defined below in paragraph 2.***

*\*If age 70 at retirement, service requirement is reduced to five (5) years, however service time with Suffolk County or a contributing agency remains as ten (10) cumulative years of service of which no fewer than five (5) years of continuous service time must be contiguous to date of retirement.*

## 2. Disability Retirement

If the employee has been approved by the retirement system or social security for a disability retirement, the employee and eligible dependents are eligible for Fund coverage regardless of age or service time, as a Fund retiree. To be certain of remaining eligible for Fund coverage, the employee must continue his/her Fund coverage with timely premium payments while he/she waits for the decision on the disability retirement.

If the employee does not continue coverage or if he/she fails to make the required payments while awaiting the disability retirement determination, coverage for the former employee and his/her dependents will end. Coverage may end permanently.

**If the disability retirement is not granted**, then Fund benefits are not available and/or will be terminated. The former employee will not be eligible to re-enroll in the Fund.

**If the disability retirement is granted**, then continued coverage under the Fund is dependent upon two things:

- Whether or not the former employee made the required payments to maintain Fund coverage upon termination of employment (e.g., continued paying COBRA self-pay premiums and/or post-COBRA period self-pay premiums); **and**
- If the effective date of the disability retirement is a date on which the former employee was not otherwise terminated from employment.

If the former employee did not continue his/her Fund coverage by making the required interim, Post-COBRA self-pay premium payments, then to continue coverage as a retiree, all retroactive premiums must be paid in full. Coverage will be effective the first day of the month following receipt by the Fund of the disability retirement decision, all retroactive self-pay premiums and all completed documents required for enrollment, subject to the effective date of disability retirement being a date on which the former employee was not otherwise terminated from employment.

**Members must apply in writing within thirty (30) days of the date of the written decision from the retirement system**, requesting reinstatement of Fund coverage. In such a case, if reinstatement is granted, coverage will be effective on the first day of the month following the receipt by the Fund of the disability retirement determination, all retroactive self-pay premiums, if applicable, and all completed documents required for enrollment.

## 3. Continuing Coverage for Vested Participants

The following rules for "Continuing Coverage for Vested Participants" will apply for eligibility as a vested participant upon separation from employment.

Employees who meet all of the eligibility criteria set forth above for the continuation for benefits into retirement, other than age, but who are within 5 years of retirement age (55), will be notified that they may continue their Benefit Fund coverage as a vested participant by continuously paying premiums. The vested participant must directly pay the self-pay "premium" to the Fund for continued coverage. Third party checks/payment will not be accepted. If the vested participant continuously pays premiums until age fifty-five (55), the Fund would then cover him/her as a retiree; if premiums are not paid at any time during this interim period, coverage cannot be reinstated. A vested participant who has family coverage may change to individual coverage during this period, but may not reinstate family coverage at any time thereafter. **(This entire amendment replaces the section entitled "Who is eligible" starting on page 16 of the Fund's Benefit Reference Guide, 2008)**

## **DENTAL BENEFITS**

### **Effective 1/1/13: Annual Maximums under the Fund's Dental Benefits**

The Annual Dental Fee Maximum schedules were increased as previously reported. All providers may charge their usual and customary fees. You will be responsible for the difference between that fee and the fee schedule allowance below:

### **DENTAL BENEFITS, continued**

- **General:** \$2750 per eligible participant/per calendar year
- **Implants and Abutments:** the lifetime maximum \$4000 for Implants and Abutments per eligible participant, 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.
- Removal of the coverage exclusion for dental treatment, resulting from attrition, abrasion and/or bruxism (teeth grinding).

<b>NEW DENTAL PROCEDURE CODES ADDED SINCE JULY 2013</b>							
<b>ADA Code</b>	<b>Description</b>	<b>GP Fee</b>	<b>Specialist Fee</b>	<b>Frequency</b>	<b>Date Added</b>	<b>UCR*</b>	<b>Remarks</b>
0180	Perio-evaluation Comprehensive	\$25	\$35	1/calendar yr.	1/1/13	No	from perio max
0273	3 Bitewing x-rays	\$18	\$18	2/12 months	1/1/14	No	from general max
0277	7-8 Bitewing x-rays	\$35	\$35	2/12 months	1/1/14	No	from general max
4249	Crown Lengthening	\$325	\$325	1/L per tooth	2/5/15	No	from perio max
4265	Emdogain	\$0	\$400	1/4 years	1/1/14	Yes	from perio max
4277	Free soft tissue graft procedure	\$150	\$190	1/4 years	1/1/14	No	from perio max
4278	Free soft tissue graft; addtl. teeth	\$100	\$140	1/4 years	1/1/14	No	from perio max
6053	Implant/Sup Full Denture	\$650	\$650	1/60 mos.	1/1/13	Yes	from general max
6054	Implant/Sup Removable Partial Denture	\$695	\$695	1/60 mos.	1/1/13	Yes	from general max
6080	Implant Maintenance	\$0	\$75	1/6 mos. per quad; 1-8 teeth	6/1/15	Yes	from perio max
6090	Implant Repair	\$0	\$150	1/3 years	6/1/15	Yes	from general max
6104	Bone Graft/Implant	\$0	\$225	1/L per tooth	1/1/14	Yes	from general max
7260	Oroantral Fistula Closure	\$0	\$395	none	2/1/13	Yes	from general max
7261	Primary Closure of a sinus perforation	\$0	\$375	if clinically approved by Admin Dec.	1/1/13	Yes	from general max

**\*UCR- In-Network Providers may charge additional Usual and Customary Rates on certain procedures.**

## **NEW EMPLOYEE ELIGIBILITY**

Effective 7/25/13: Eligibility rules now enable new employees to purchase Fund benefits during their waiting period at the COBRA rate in effect at time of purchase, effective for any employees currently in a waiting period and in the future.

## **DEPENDENT SURVIVORS ELIGIBILITY**

Effective 5/21/14: Dependent Survivors Continuation of Coverage extended to dependent survivors of Fund members for as long as dependent survivor remits self-pay premium for this coverage in their enrolled plan established at the time of the member's death.

## **PRESCRIPTION DRUG CO-PAY REIMBURSEMENT BENEFIT**

Effective 7/24/14: Prescription Copayment Reimbursement benefit claim effective for 2014 will be reimbursed at no more than \$20 per script up to a \$350 maximum for the member/family PLUS, \$1 for each eligible prescription thereafter. All scripts will be reimbursed pursuant to plan guidelines in date order in which script was filed (pp. 17-19)

## **LEGAL SERVICE BENEFITS**

Effective January 1, 2015: *SCMEBF Legal Services Residency Requirements*

Covered members must reside in Suffolk County in order to be eligible for legal services plan benefits, unless the following occurs: you are an out of area retiree who enrolled in and paid for the "Self-Pay" Enhanced Retiree – Platinum Plan; you received a residency waiver or you have been accepted in a position that is excepted from the Suffolk County Charter, Article VI, section C6-3.

### ***NOTE: BRG = Benefit Reference Guide, LRG = Legal Reference Guide***

To the extent that this 2008 Benefit Reference Guide Update describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Benefit Reference Guide, or as amended in subsequent writings by the Fund, or a policy of insurance, the language of the 2008 Benefit 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 2008 Benefit Reference Guide

Update. As of July 7, 2015