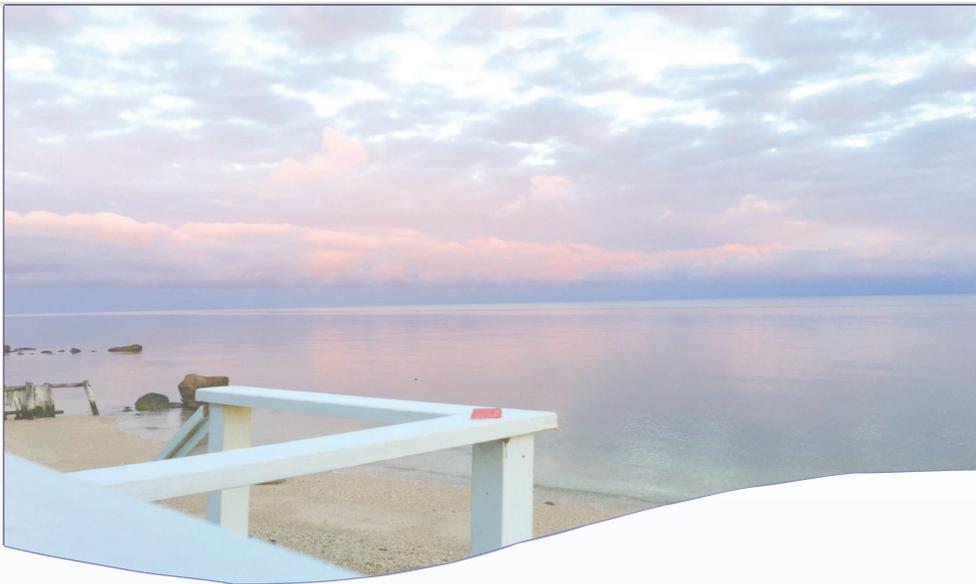


Suffolk County Municipal Employees

BENEFIT FUND

◆ 2019 OPEN ENROLLMENT Issue ◆



Dear SCME Benefit Fund Retirees:

November 15, 2018 through December 28, 2018 is Open Enrollment to select one of the "Self-Pay" Enhanced Retiree Plans (SPERP) offered by the SCME Benefit Fund. Coverage will be effective 1/1/2019. During Open Enrollment, you and your family have an opportunity to purchase dental benefits and more at the Active level of coverage, up to plan guidelines, maximums and eligibility.

Annual 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.

The 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 - 2020 "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.

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**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
or email
Inquiry@scmebf.org**

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

ANNUAL OPEN ENROLLMENT NOTICE

for selecting a “Self-Pay” Enhanced Retiree Plan



Cheryl A. Felice
Fund Administrator

For 2019-2020 SPERP Open Enrollment, two (2) “Self-Pay” Enhanced Retiree Plans (SPERP) are offered, the **Premium Plan** and the **Premium Plus Plan-T**.

(Both require a two-year minimum enrollment in SPERP; includes a 2-yr. rate guarantee.)

SPERP Rates & Plan Design for 2019 - 2020

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

All selections during Open Enrollment MUST be postmarked and NOTARIZED by 12/28/18, for an effective date of coverage of 1/1/2019.

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

To select either the **Premium Plan** or the **Premium Plus Plan-T** plan, 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** during Open Enrollment and 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 Cheryl at ext. 319 or email us at Wendyz@scmebf.org OR Cheryl@scmebf.org.

Cheryl A. Felice, Fund Administrator

Secure Your Future - Add-on the Pre-Paid Legal Services Plan to the “Self-Pay” Retiree Enhanced Plans

As a retiree participating in the Suffolk County Municipal Employees Benefit Fund (“Fund”) you have the **option of purchasing** a comprehensive **Pre-Paid Legal Services Plan** when or if, you 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.

With the **Pre-Paid Legal Services Plan**, the Trustees of the Fund have provided you with access to a competent group of attorneys who are available to assist you with most personal legal problems. In the event of a legal emergency, like an accident or arrest, your attorneys are available 24/7 to answer your call. For Legal Services Plan coverage outside of this plan, the hourly or fixed attorneys’ rates will be offered at a significantly reduced rate.



For an additional \$108 added to your 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)* you can call about Real Estate, Family Law, Personal Injury, Estates, Wills, Traffic Violations, Powers of Attorney, Health Care Proxies, etc. You can have any related questions answered **without cost**. You can also receive a **Will, Health Care Proxy, Durable Power of Attorney and a Living Will for you and your spouse or previously approved domestic partner, all without cost to you**. While most legal matters will be covered at no cost, for those where fees are payable, they are at sharply reduced rates. Please see the **Legal Services Plan Benefit Reference Guide** that can be found on the Fund’s website at www.scmebf.org for complete details of the legal services benefits offered by the Fund.

NOTE: Retirees may add-on the Pre-Paid Legal Services Plan to any SPERP plan, but cannot add it to the “No-Cost” Basic Retiree Plan.

Log-on to the SCME Benefit Fund’s Website at www.scmebf.org to learn more about the Pre-Paid Legal Services Plan or email or call for a Legal Services Plan Booklet at:

**Inquiry@scmebf.org
631-319-4099**

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

(premiums for these plans are listed on page 2)

if they wish to add-on the Pre-Paid Legal Services Plan, for a cost of \$108 annually.

Upgrade to a “Self-Pay” Enhanced Retiree Plan during Open Enrollment, between 11/15/18 - 12/28/18 with an effective date of January 1, 2019!

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 - \$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 Plan-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** - \$30 short form or \$70 long 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.

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

Name: _____ Benefit Fund ID#: BF00 _____

Address: _____

Email Address: _____

Home Phone : (_____) _____ Cell Phone : (_____) _____

SELECT ONE OF THE FOLLOWING PLANS: Two Year Plan: 2019-2020 (Open Enrollment)

"SELF-PAY" ENHANCED PLAN (Select 1): Premium Premium Plus-T

COVERAGE ELECTED* (Select 1): Individual Individual + 1 Family

PAYMENT OPTIONS (Select 1): Annual Semi-Annual Quarterly

PRE-PAID LEGAL SERVICES PLAN ADD-ON (Select 1): Yes No

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

"NO-COST" BASIC RETIREE PLAN – I wish to remain in the "No-Cost" Basic Retiree Plan, or "drop down" from my "Self-Pay" Enhanced Retiree Plan. I confirm that I have completed the two (2) year enrollment requirement of the SPERP.

COVERED DEPENDENTS:

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 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 will have any Fund benefit coverage (i.e., they cannot remain on the member's "No-Cost" Basic Retiree Plan). Dependents will lose coverage while the member is on an individual "Self-Pay" plan. Dependent coverage can only be restored after the member completes two (2) consecutive years on a "Self-Pay" Enhanced Retiree Plan, before being able to re-enroll their dependents in any 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 will have any Fund benefit coverage (i.e.: they cannot 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. If you want your dependent covered, then you, the 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 covered again under 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 Plan**; Dental, Optical and Hearing Aid.
2. **Premium Plus Plan-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 Plan-T** during any future Open Enrollment, but they must remain there for 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 and only during the next Annual Open Enrollment period.

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 on Annual or Semi-Annual payments because you pay exactly what the Fund pays for this benefit. **The Legal Services Plan cannot be added 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, enrollment is available each year in one of the “Self-Pay” Enhanced Retiree Plans during the Annual Open Enrollment period.

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 and only during the next available Open Enrollment period. 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.10/09/2018)

Quick Reference Guide of Phone Numbers & Websites



BENEFIT FUND CONTACTS

WEBSITES/EMAILS/FAXS

PHONE

SC Municipal Employees Benefit Fund
Fund Email Contact

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

1-631-319-4099

Fund Administrator
Urgent Message/Voice Mail

Cheryl@scmebf.org

1-631-319-4099
Ext. #319

Claims Supervisor (Questions re: Dental, benefits offered, to make a payment)

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

1-631-319-4099
Ext. #0

Controller (Payment History)

Tom@scmebf.org

1-631-319-4099
Ext. #320

Eligibility

Enrollment/COBRA/SPERP
Student Verification

Wendyz@scmebf.org
Stephanie@scmebf.org

1-631-319-4099
Ext. #321
Ext. #311

SCMEBF Confidential FAX

Fax number

1-631-218-7970

Pre-Paid Legal Services Plan

Feldman, Kramer, Monaco, P.C.

1-800-832-5182

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

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

1-800-626-5562

EMHP (Health Benefits)

Enrollment, Eligibility & Medicare Checks
Employee Benefit Unit Email & Phone

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

1-631-853-4866

DOCTOR/HOSPITAL

Empire Blue Cross Blue Shield
24-Hour Nurse Talk Line
Out-of-State Network Providers

www.empireblue.com/emhp
www.bcbs.com

1-800-939-7515
1-877-Talk2RN
1-800-810-BLUE

PRESCRIPTION BENEFITS

Express Scripts (for Medicare Retirees)
Prescription Waiver Forms
WellDyneRx
(ID# on Card begins **after** "SC")

www.express-scripts.com
(Handled with your doctor and WellDyneRx)
emhp.welldynrx.com

1-800-950-2662
1-855-799-6831

MENTAL HEALTH BENEFITS

Beacon Health Options (Mental Health)

www.achievesolutions.net

1-866-909-6472

LAB WORK

QUEST Diagnostics for all LI Sites
QUEST Diagnostics Automated
Appointment Scheduling
LAB CORP (certain locations)

www.questdiagnostics.com
www.questdiagnostics.com/scheduling

1-800-877-7484
1-888-277-8772

CALL Empire Blue Cross Blue Shield

1-800-929-7515

PARTICIPATING UNIONS

SC Association of Municipal Employees
(Suffolk County Community College and
Westhampton Village Highway)

www.suffolkame.org

1-631-589-8400

SC Probation Officer's Association

www.scpoa.org

1-631-654-2080

SC Deputy Sheriff's PBA

www.scdspba.net

1-631-289-1768

SC Correction Officer's Association

www.sccoa.net

1-631-208-1301

♦ NYS RETIREMENT SYSTEM

www.osc.state.ny.us/retire/

1-518-474-7736

Call the
SCME Benefit
Fund

For questions
regarding your
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.

PLEASE REFER TO
THIS LIST FOR ALL
OTHER CALLS THAT
ARE NOT FUND
RELATED



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

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PHONE (631) 319-4099 FAX (631) 218-7970

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 Joint Labor - Management Trust

30 Orville Drive, Suite D
Bohemia, New York 11716-2513
November 2018 - 2019 Open Enrollment Issue



RETURN SERVICE REQUESTED

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

**2019 OPEN ENROLLMENT ISSUE
UPGRADE YOUR RETIREE COVERAGE
FROM 11/15/18 - 12/28/18**