

# Suffolk County Municipal Employees Benefit Fund



30 Orville Drive, Suite D  
Bohemia, NY 11716-2513

Located within the  
AME Union Complex

[www.scmebf.org](http://www.scmebf.org)

**631- 319- 4099**

**Fax- 631-218-7970**

**Email- [Inquiry@scmebf.org](mailto:Inquiry@scmebf.org)**

**Scott Mirabella**  
**Fund Administrator**

**SC Municipal Employees Benefit Fund – RETIREE ORIENTATION 2019 ©**

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## Retiree Eligibility ~ coverage requirements

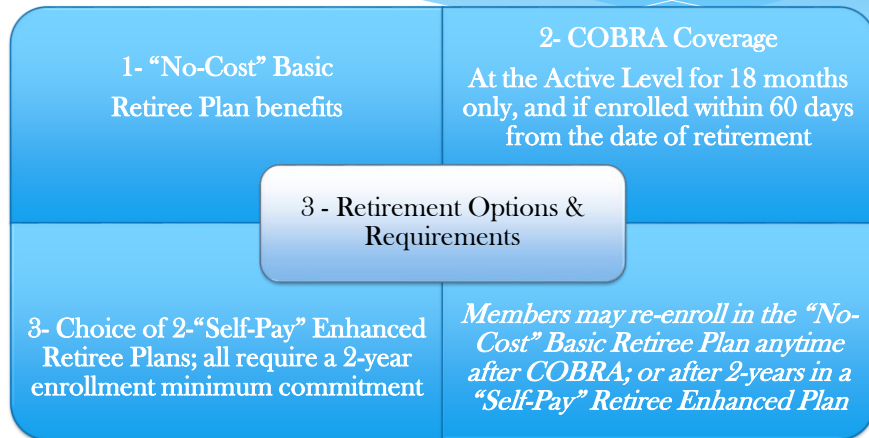
Eligibility at 631-319-4099 ext 321

- \* **At least 55 years of age –**
  - \* In receipt of a retirement benefit from the NYS Retirement System.
  - \* Have at least **10** years of combined coverage (p/t pro-rated) with the County/Agency, **or**
    - \* Are granted a waiver from the EMHP Waiver Committee, **OR**
    - \* **Regardless of age**, in receipt of a NYS Pension because of a special plan, ie: Correction Officers and Deputy Sheriff's.
    - \* **Regardless of age or service credit**, in receipt of a NYS Disability Retirement and SSI Disability.
- \* **VESTED MEMBERS –**
  - \* As of January 1, 2012, when a member separates from the County between the ages of **50-55** and has at least **10** years of combined credited service, they **may remain on "Post" COBRA** until age **55 and** until pension eligible, to qualify as a retiree in the "No-Cost" Basic Retiree Benefits or to purchase one of the "Self-Pay" Enhanced Retiree Plans.

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## Three (3) Retirement Options & Requirements



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## COBRA - Consolidated Omnibus Budget Reconciliation Act

- \* Gives workers and their families who lose their health benefits:
  - \* the right to **continue group benefits** provided by their group health/supplemental plan.
  - \* for **limited** periods of time under certain circumstances such as:

- \* **Resignation or Retirement**
- \* **Involuntary job loss**
- \* **Reduction in work hours**
- \* **Transition between:**
  - \* **Jobs/Retirement**
  - \* **Death**
  - \* **Divorce**
  - \* **Ageing-out**
- \* **Cost:**
  - \* **102% of the cost to the plan.**

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## COBRA Coverage

when separating from employment for any reason or children who age-out

- \* **Coverage up to 18 months** (36 months for divorced spouses, domestic partner survivors or children who age-out)
- \* **Includes: Dental, Optical, Hearing Aid and Prescription Drug Co-Pay Reimbursement.**  
Reimbursement, up to \$350/family, up to \$20/script, plus \$1 for each script over \$350. Scripts must be covered in EMHP.
- \* **Must elect in writing and pay within 60 days** from the date of retirement. Payable monthly, with **no minimum** enrollment requirement.
- \* **2019 – 2020 Rates - per month**
  - \* \$ 46.76/ Individual (\$ 561.12/yr.)
  - \* \$ 93.52/ Ind. +1 (\$1,122.24/yr.)
  - \* \$ 126.72/ Family (\$1,502.64/yr.)



Spouse may remain on plan if member deceases, at COBRA rate in effect, and until remarries. If Active, first 3 months are free

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## “NO-COST” Basic Retiree Benefits ~

County DOES NOT contribute to the Fund on behalf of Retirees

- \* **Dental**
  - \* Annual maximum of \$750 per calendar year per family.
  - \* Annual maximum of \$500 per calendar year per individual.
- \* **Optical** (same as active members)
  - \* \$80 per calendar year per covered person
- \* **Hearing Aid Co-Pay Reimbursement** (same as active members)
  - \* \$400 every 36 months per covered person for any out-of-pocket costs, after payment by EMHP, must submit EOB



If member deceases, spouse may remain on plan for \$18.20/ month for individual coverage, \$36.38/month family coverage indefinitely. Domestic Partners, if approved prior to retirement only eligible for 36 months of COBRA Coverage upon the death of the member.

(Unless remarries. Rates subject to change in subsequent years, if Active first three (3) months are free)

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## More on Retiree Plans

### “Self-Pay” Enhanced Retiree Plans

- \* Flexibility to choose from two (2) separate plans all at the **Active** level of coverage according to individual needs.
- \* *Must maintain plan selection for a **2-consecutive year minimum**, before opting back to a “No-Cost” Basic Retiree Plan.*
- \* **If member deceases, Spouses (until remarried) and eligible dependents (until aged-out) may remain on whichever plan they are in at time of the member’s death by paying the premium rate in effect for that plan.** (Rates subject to change in subsequent years)
- \* **Domestic Partners, if approved prior to retirement only eligible for 36 months of COBRA Coverage upon the death of the member.**

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### “Self-Pay” Enhanced Retiree Plans

Plan Benefits remain at the **Active Level** maximums for covered benefits.  
(5% savings for semi-annual; 10% savings for annually, with a 2-year minimum commitment.)

- \* **Premium-** \$700-Ind.; \$1,400-Ind. +1; \$2,100-Family
  - \* Dental, Hearing Aid and Optical.
- \* **Premium Plus T-** \$950-Ind.; \$1,700-Ind. +1; \$2,450- Family
  - \* Dental, Hearing Aid, Optical Prescription Drug Co-pay Reimbursement and Tax Preparation Reimbursement.
- \* **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.**
  - \* You may add-on the Pre-Paid Legal Services Plan to either one of the two (2) SPERP plans for \$108 annually. No discount is offered for the Legal Services Plan on Annual or Semi-Annual payments.
- \* **Choose one (1) of three (2) payment options:**
  - \* 1. Quarterly (no discount)      Legal Plan Add-on \$27/quarterly (no discount)
  - \* 2. Semi-Annually (savings of 5%) Legal Plan Add-on \$54/semi-annually (no discount)
  - \* 3. Annually (savings of 10%)      Legal Plan Add-on \$108/annually (no discount)

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## Appeals Procedure & Contact

- \* A member has the right to appeal any claim which has been denied, in whole or in part, **within 180 days** after receipt of last denial notice. (60 days to Appeal a Legal claim, 1<sup>st</sup> step to the Legal Plan Provider)
- \* All **Appeal Requests** must be in writing addressed to:  
**The Board of Trustees**  
**SCME Benefit Fund**  
**30 Orville Drive, Suite D**  
**Bohemia, NY 11716-2513**
- \* **Emergency Contact** –  
Cheryl A. Felice, Fund Administrator  
**Phone:** 631-319-4099 ext 319 **email:** cheryl@scmebf.org

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## Congratulations and Good Luck!



*Please remember to keep the Benefit Fund up-to-date with all information changes including, change of address, phone numbers, and dependent status, and beneficiaries.*

### **SC Municipal Employees Benefit Fund - Retiree Benefits 2019©**

*To the extent this retiree benefit presentation describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Legal Service Plan Guide, 2017, or the Benefit Reference Guides, 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 presentation.*

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