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SC Municipal Employees Benefit Fund

Retiree Options - “No-Cost” Basic Retiree Plan

COBRA (Consolidated Omnibus Budget Reconciliation Act)

“Self-Pay” Enhanced Retiree Plans and Vesting Rights (7/1/19)

1) **“No-Cost” Basic Retiree Plan** - All members who meet the Fund’s retirement qualifications: age 55, ten (10) years of Fund membership (within 5 years of retirement) or have an EMHP waiver and/or are 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.

Dental - \$750 per calendar yr./family max., no more than \$500 per individual.

Optical - \$100 per member and eligible dependents, once per calendar year.

Hearing Aid - \$400 co-pay reimbursement per member and eligible dependents, for out-of-pocket expenses (after medical payment) once every 36 months.

When enrolled in the “No-Cost” BASIC RETIREE Plan, Spouses & eligible dependents of deceased Retiree members can maintain this coverage for:

2021 Rates - Individual - \$18.20/month, Family - \$36.38/month

Rates subject to change annually

2020 - 2021

**Make an appointment
or call, to discuss
retiree plan options
before or as you retire!**

**Scott Mirabella,
Fund Administrator
631-319-4099,**

or email

inquiry@scmebf.org

**Free Notary Services
Credit Card and on-line
payments gladly accepted.**

2) **COBRA Coverage** - enroll for up to 18 months after Active employment (29 months if classified Disabled by SSI)

COBRA enrollment forms are automatically sent to Fund members once their employer acknowledges a separation from employment. COBRA begins the first day after the last day of employment and requires only a **monthly obligation**. Members may opt for an Individual plan for either the member, the member’s eligible dependent or both, or a Family plan. Members may opt for an Individual COBRA plan while they or their spouse or eligible dependents remains on the “No-Cost” Basic Retiree Plan. Retirees who opt and pay for COBRA, will automatically revert back to the “No-Cost” Basic Retiree Plan once COBRA concludes or they may choose to enroll in one of the “Self-Pay” Enhanced Retiree Plans.

3) **The “Self-Pay” Enhanced Retiree Plans (SPERP)**

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. Selecting SPERP coverage may be done upon retirement, or at any time after COBRA enrollment. All eligible dependents **MUST** be enrolled with the member in SPERP or **will lose all ancillary coverage**.

“Self-Pay” Enhanced Retiree Plans are available to every qualified Retiree with a two-year (2) **mandatory enrollment**. Members may “drop-down” to the “No-Cost” Basic Retiree Plan after remaining in SPERP for two (2) consecutive years. Once back in the “No-Cost” Basic Retiree plan, Retirees may re-enroll in SPERP again after satisfying two (2) consecutive years in the “No-Cost” plan. **Plan rates are guaranteed for each 2-year enrollment**. Rates are subject to change with a subsequent reenrollment for the next two (2) year cycle.

(Please see page 4 for plan rules.)

COBRA COVERAGE AND VESTING RIGHTS FOR RETIREE BENEFITS

COBRA Coverage available for the first 18 months after leaving employment *

***Enrollment can only begin on the first day after the last day of employment.**

(an extra 11 months of COBRA coverage (total of 29 months) is available to those who retire with a SSI Disability)

COBRA enrollment forms are automatically sent to Fund members once the County/College or covering entity notifies the Fund of their separation from employment due to retirement or for any other reason. COBRA is also offered to a divorced spouse or a dependent who ages-out for 36 months. In these cases the member or spouse/dependent must timely notify the Fund of the event, within 60 days, to be eligible for COBRA.

- **General Dental** - Unlimited per member and eligible dependents, per calendar year.
Implants - Two implants included in dental a year.
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 Aids** - \$400 per member and eligible dependents, for co-pay reimbursement of your out-of-pocket expenses (after payment from medical coverage); once every 36 months.
- **Optical** - \$100 per member and eligible dependents, once per calendar year.
- **Prescription Drug Co-Payment Reimbursement** - up to \$25 per eligible prescription/up to \$400 per family, **PLUS** \$1.00 each for every script over \$400; per calendar year.

1/1/2019- Individual - \$46.76/month

Ind. for 2 - \$93.52/month

Family - \$126.72/month

The \$25,000 Bereavement Benefit and the \$1,000 Surviving Spouse **END** at Retirement and are not available.

“VESTED” Rights for Benefits before Fully Retired -

Members who are deemed **VESTED** are entitled to obtain retiree benefits when they are, between the ages of 50-55, within five (5) years of retirement, and have a minimum of ten (10) cumulative years of full-time participation with the Fund, or have a waiver from EMHP.

(Years of service credits for part-time service, except for school crossing guards, will be pro-rated to a full-time equivalent position).

Members who leave employment between ages 50 - 55, but prior to their actual retirement, **may remain** on and pay for **VESTED COBRA** (in an Individual, Ind.+1, or Family plan) until such time as the member reaches age 55 when they will qualify for retiree coverage in the Fund.

At age 55, **VESTED** members will be notified by the Fund of their **status change** from **VESTED COBRA** to **RETIREE**. Thereafter, you may opt for the **“No-Cost” Basic Retiree Plan** or one of the **“Self-Pay” Enhanced Retiree Plans**.

SURVIVORSHIP BENEFITS: If a member predeceases their spouse and dependents The surviving spouse or otherwise eligible dependent (does not include domestic partners) may remain on the plan they were enrolled in at the time of the member’s death, as long as they make timely payments for their “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 or deemed permanently disabled. Domestic Partners or dependents who ages-out of coverage, will be offered COBRA coverage for 36 months. If the surviving spouse or eligible dependent fails to make timely or non-payments, coverage will cease and no other plan will be offered by the Fund.

(Bereavement or Surviving benefits **END with employment and **CANNOT** be purchased on COBRA or the “Self-Pay” Enhanced Retiree Plans)**

“SELF-PAY” ENHANCED RETIREE PLANS 2020 - 2021 RATES

All “Self-Pay” Enhanced Retiree Plans benefit packages for 2020 - 2021 include benefit options equal to the Active Members’ coverage levels

Eligible dependent coverage is available only if the retiree enrolls in and pays for family coverage (Bereavement and Survivors benefits *end* at retirement and are NOT included in SPERP coverage)

ADD-ON BENEFIT - PRE-PAID LEGAL SERVICES PLAN WITH SPERP ENROLLMENT!

As a retiree participating in the Suffolk County Municipal Employee Benefit Fund (“Fund”) you have the option of purchasing a comprehensive **Pre-Paid Legal Services Plan** when you enroll in one of the Fund’s “**Self-Pay” Enhanced Retiree Plans-2019-2020** (SPERP). The 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 current legal voucher program, which is no longer available.

“No-Cost” Basic Retiree Plan enrollees are NOT eligible to add-on the Legal Services Plan

CHOOSE BETWEEN TWO “SELF-PAY” ENHANCED RETIREE PLANS

& “ADD-ON” THE PRE-PAID LEGAL SERVICE PLAN AT YOUR OPTION

The **Premium Plan** will remain the same and will include Dental, Optical and Hearing Aid Reimbursement.

The **Premium Plus Plan** is discontinued and will be replaced with the **Premium Plus-T Plan** which will include Dental, Optical, Hearing Aid Reimbursement, Rx Co-Pay Reimbursement, and will now also include the Tax Reimbursement Benefit.

The **Pre-Paid Legal Services Plan**, can be an add-on to either SPERP plans for an additional \$108/yr. (No discount is applied for the Legal Service Plan as this is a pass-through cost.)

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

- **Full Dental** - same as listed in COBRA Coverage on page 2 and;
- **Hearing Aids** - same as listed in COBRA Coverage on page 2 and;
- **Optical** - same as listed in COBRA Coverage on page 2 and.

Premium Plan-Rates - PER YEAR (minimum 2yr. Enrollment)

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>	<u>Add-on Legal</u>
\$ 192.50	\$ 385.00	\$ 577.50	Quarterly (no savings)	\$27 (no discount)
\$ 367.50	\$ 735.00	\$ 1,102.50	Semi-Annual (5% savings)	\$54 (no discount)
\$ 700.00	\$ 1,400.00	\$ 2,100.00	Annual (10% savings)	\$108 (no discount)

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

- Includes **ALL** the benefits in the **Premium Plan** and;
- **Prescription Drug Co-Payment Reimbursement** same as listed in COBRA Coverage on pg. 2 and;
- **Tax Preparation** - \$70 for the 1040 form per member, per calendar year.

Premium Plus-T Rates - PER YEAR (minimum 2yr. Enrollment)

<u>Individual</u>	<u>Individual + 1</u>	<u>Family</u>	<u>Frequency of Payment</u>	<u>Add-on Legal</u>
\$ 261.25	\$ 467.50	\$ 673.75	Quarterly (no savings)	\$27 (no discount)
\$ 498.75	\$ 892.50	\$ 1,286.25	Semi-Annual (5% savings)	\$54 (no discount)
\$ 950.00	\$ 1,700.00	\$ 2,450.00	Annual (10% savings)	\$108 (no discount)

“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 can 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). Each 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 eligible again for 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; Dental, Optical and Hearing Aid.
 2. Premium Plus-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-T, after one-year in SPERP, but they must remain there for another 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.

- 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 as this is a pass-through cost.

The Legal Services Plan cannot be added-on 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, may re-enroll in SPERP at any time on or after enrollment in the “No-Cost” Basic Retiree Plan is met.

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. 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.