

# S.C.M. EMPLOYEE BENEFIT FUND



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

*Located within the  
AME Union Complex*

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

[facebook.com/scmebf](https://facebook.com/scmebf)

**631- 319- 4099**

***Fax- 631-218-7970***

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

***Scott Mirabella, Fund Administrator***  
***Linda L. Brown, Assistant Fund Administrator***

SC Municipal Employees Benefit Fund – NEW Employee Orientation 2023 ©



# Benefit Coverage

## *Administered by the Fund*

- Optical
- Prescription Drug Co-pay Reimbursement
- Hearing Aid
- Bereavement Benefit
- Survivor's Benefit
- Tax Preparation
- Specialist Co-Pay Reimbursement
- Health Plan Premium Assistance Reimbursement

## *Telehealth Behavioral Program*

- Medical providers, Therapists, Treatment plans

## *Benefit Fund in partnership with Lincoln Financial Group*

- Life Insurance

## *Benefit Fund In partnership with Healthplex*

- Platinum Dental Program

## *Administered by Feldman, Kramer & Monaco*

- Pre-Paid Legal Services Plan

## *Administered by JB Greco & Associates*

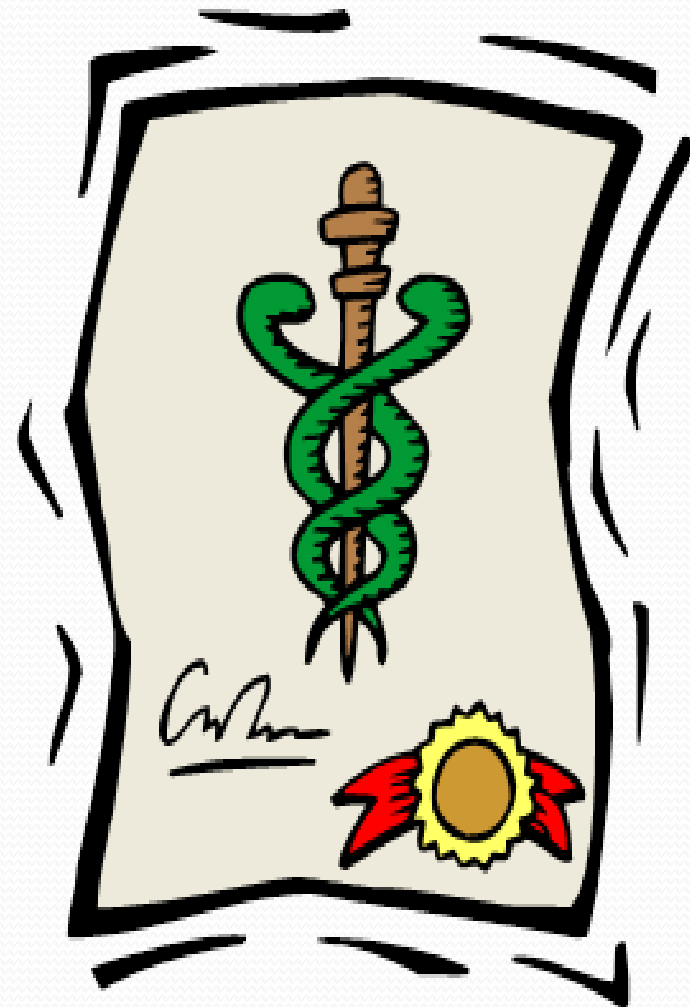
- Financial Planning

## *Administered by Bob Draffin of Dynamic Retirement Solutions*

- Retirement Planning

## *Aura by MetLife*

- Identity Theft & Fraud Protection Benefit
- Disability Insurance



# Who is Eligible For **Free** Ancillary Benefits?



- Suffolk County & SCCC Municipal Employees,  
(**Regardless of Health Insurance enrollment**)
  - Others as approved by the Board of Trustees
- Spouse/Domestic Partner and eligible dependents, including step-children who reside with a member.  
must derive more than **50%** support from covered member

**Confidential Fax**  
**631-218-7970**

# What you will need to enroll in your **FREE** Ancillary Benefits?

You must send documents separately to the Benefit Fund as we do not have access to Workday. Documents must be **mailed** and received **two months** prior to your eligibility date.

## What is needed

- Benefit Fund Enrollment card completed and signed. The original must be returned along with:
  - Copy of Social Security Card for the member and each eligible dependent.
  - Marriage Certificate
  - Birth Certificate (under the age 26)



# Important Information to Remember!

It is very important to notify the Fund of any changes, such as:

- Marital status change (divorce decree is required)
- A death (death certificate required)
- Birth or Adoption of a child  
(birth certificate required or court papers approving adoption)
- Change of address (new enrollment is required)
- Adding or removing a Domestic Partner  
(you must request an application to add a domestic)

# Additional Eligibility Requirements

**Dependents are covered until their 26<sup>th</sup> birthday, regardless of marriage.**

## **Statement of Dependency applications are required for a Step-child or Custodial Custody and Disabled Dependent**

- Step-Children are required to reside with the member, with proof of more than 50% support for that child.
  - Proof of residential custody from the school, driver's license, court documentation of custodial award or divorce decree must be submitted
  - Renewals are needed annually.
- Disabled dependents who are *unable* to support themselves, **prior to the age of 26**, as approved by EMHP, are eligible to remain covered for life as long as the member remains eligible.
  - Renewals are needed annually for dependents deemed temporarily handicapped.
  - Renewals are needed every five years for dependents deemed permanently handicapped.

# Eligibility Waiting Period/Pre-Enrollment

- **Waiting Period** – Coverage begins on the first of month after two (2) full months of employment.
  - *(ie: hired, July 15<sup>th</sup>, coverage begins, October 1<sup>st</sup>.)*
- **Pre-Enrollment**– Members may begin FULL coverage immediately by “pre-paying” for enrollment during the waiting period at the COBRA rate currently in effect.
  - \$ 46.76/month for an Individual or \$93.52 for Individual + 1
  - \$ 126.72/month for Family or 3 or more
  - ***Must pay upfront for months of selected coverage, two-month (2) minimum.***

# The Right to OPT-OUT of Dental or Optical Coverage

- Patient Protection Affordable Care Act (PPACA), new members, upon enrollment, may “Elect” or “Opt-Out” of the Fund’s either:
  - Dental and/or Optical Benefits.
  - All Benefits
- “Opt-Out” or “Opt-In” rights offered **annually in July** for all members.
- **These benefits are at no cost to the member**





# Optical Benefit

## *Needs a Voucher*

### \$100 per calendar year - includes

- One eye examination and
- One pair of eyeglasses or contact lenses based upon the fee schedule.
- To obtain a Voucher:
  - Call the Fund office or visit the Fund's website to request a voucher.
  - Check participating optical centers **prior** to making your appointment.
  - If you are using a out of network provider, there will be out of pocket expenses. You will be reimbursed \$100 toward your out-of-pocket costs.
- Providers offer a discount Fee schedule which is printed on the back of the voucher.
  - ***The member must be eligible on the date the services are provided to receive the optical benefit.***
  - ***You can go out of network, but there will be out of pocket costs.***



# Hearing Aid Co-Pay Reimbursement

## *Needs a Voucher*

- **\$400 once every 36 months** for out-of-pocket costs towards the purchase of a hearing aid.
- Call the Fund office or visit the Fund's website to request a **voucher**.
- Submit:
  - Your completed voucher
  - The Explanation of Benefits (EOB) from your major medical carrier
  - An invoice marked "paid in full"
- Benefit is secondary to the member's medical health plan coverage.
- ***The member must be eligible on the date the services are completed to receive reimbursement.***



# Prescription Drug Co-Pay Reimbursement

## Claim Form



- Up to **\$25** per prescription co-pay up to **\$400** per family, per calendar year, plus \$1.00 per script over \$400, processed in date order.
- **To receive reimbursement for co-payment, medications must be covered under the EMHP.**
- Claim Forms available at the Fund, Payroll Reps or the Fund Website.
- You will still be entitled to reimbursement if you are not taking the County's Health Insurance. If the prescription would have been covered under the County's plan you will still be entitled to the reimbursement.



# Specialist Co-Pay Reimbursement

## Claim Form



- Up to **\$20** per specialist co-pay, no maximum, per calendar year.
- If your co-payment is more than \$50, you must supply the explanation of benefits from the Health Insurance to show the break down.
- January 1<sup>st</sup> – December 31<sup>st</sup> co-payments may be submitted starting June 1<sup>st</sup> – May 31<sup>st</sup> for the prior year.

Example: co-payments for the year 2022 will be submitted starting June 1<sup>st</sup> of 2023 until May 31<sup>st</sup>, 2024.
- **To receive reimbursement for co-payment made to a specialist doctor, under the EMHP.**
- Claim Forms available at the Benefit Fund or visit the website.



# Tax Preparation

## *Needs a Voucher*

- **\$100 for IRS 1040 return** – and related New York State return.
  - Member will be responsible for payment for additional forms, if necessary.
  - In-Network Providers offer members discounts
- *Return the voucher signed by you and your provider with an invoice marked PAID.*
- *Include a copy of the first and second page of your return.*
- *Financial information may be blocked out.*
- *Tax voucher can only be requested for the current year.*
- **Dual members** are eligible for up to \$100 reimbursement to each member.



# JB Greco & Associates

## Financial Planning & Credit Card Dispute



**JB Greco & Associates**  
**631-617-5710**

- The Union trustees are pleased to announce a new Financial Planning Benefit provided by the firm JB Greco & Associates.
- The plan participants will now have a personal financial advisor available at no cost and can now receive assistance with:
  - Retirement
  - Investment strategies
  - Debt consolidation
  - All financial matters.
  - Challenge the negative items on your report that are lowering your score



**MetLife**

| Identity & Fraud Protection

Powered by **ĀURA**

Make the internet a safe place for you and your loved ones.

Aura provides you and your loved ones with a benefit that is simple and easy to stay safe.

Included **at no cost to you** is the Protection Family Plan, which covers you and 10 additional adults (need not live at the same address) as well as 10 minors (under the age of 18)

Provides superior identity theft and financial fraud protection

Keep your online accounts and identity secure.

Get near-real time fraud alerts.

Prevent criminal damages from fraud.

Monitor your credit profile.

Get personalized support and \$5 million in ID theft insurance.

**Visit <https://my.aura.com/start/scmebf> or call Aura at 833-552-2123.**

# Health Plan Premium Assistance



- The Union Trustees have created a sustainable new Health Plan Premium Assistance benefit. The benefit is used to *assist active members who are currently paying more than 2% of their annual base salary towards one of the County Health Plan premium cost shares.*
- This benefit is to offset the **overage (more than 2%)** you have paid for your health coverage each year..
- If your annual base salary is *less than \$75,000, you would be eligible for this benefit.*
- *Members must be enrolled* in either the EMHP or a County-offered HMO *and paying the cost share to be eligible for this benefit.*
- You must submit with the claim form; the last paystub of the calendar year and may be submitted starting June 1<sup>st</sup> – May 31<sup>st</sup> the prior year.

Example: paystub for the year 2022 will be submitted starting June 1<sup>st</sup> of 2023 until May 31<sup>st</sup>, 2024.
- You can contact the Fund or visit our website to obtain a Claim form.



# Behavioral Telehealth Program

The Trustees are excited to expand your current telemedicine benefit through Access Discount Healthcare. (Access Plus, through your medical coverage with EMHP).

The Trustees have added a new Behavioral Telehealth Program, also administered through Access Discount Healthcare.

You and your family (aged 18 and over) now have access to Licensed, Board-Certified Mental Health providers and Therapists. They can help with many issues, such as:

- Addiction
- Anger Management
- Anxiety
- Bipolar Disorder
- Depression, grief/loss
- Eating disorders
- PTSD
- Stress Management
- And more



Speak with a therapist by video or phone when its most convenient for you.

Create an account  
[www.memd.me/scmebf](http://www.memd.me/scmebf)

Or

Call 1-844-636-3668

# Lincoln Life Insurance



The Trustee's are proud to announce a new partnership with Lincoln Financial Group.

With this exciting new partnership, the Benefit Fund member will now have access to additional benefits for Life Insurance at no cost to the member.

- Flat 50K Life Insurance for all Active Members
- Flat 5K Life Insurance for all Retirees Members

<https://lincolnfinancial.com/public/microsite/SCAME/home>

**Lincoln Financial 1-800-423-2765**

**You can download the Lincoln Beneficiary form through our website (under forms) or contact Lincoln Financial for a Beneficiary form to put on file.**



# MetLife Disability Insurance

The Trustee's are proud to announce a new partnership with MetLife

With this exciting new partnership, the Benefit Fund member will now have access to additional benefits for Disability Insurance at no cost to the member. Both plans will not reduce your benefit if you are out on disability and receiving sick pay or worker's compensation.

- Up to \$500 per week of Short-Term Disability Coverage for all Active Members. Waiting period reduced to 7 days.
- Up to 10K per month of Long-Term Disability Coverage for all Active Members. Waiting period reduced to 90 days.
- Online: [mybenefits.metlife.com](https://mybenefits.metlife.com)
- Fax: 877-840-9166
- Call: 866-264-5144

# Legal Services Plan



- **FREE or discounted Legal Services Plan**
- Certain benefits are available to your spouse, Domestic Partner eligible dependents and for Elder Law, your immediate family (as defined in the Legal Services Plan Benefit Reference Guide).
- ***You and/or your eligible dependents must be eligible to receive legal services requested and at the time of service. (Certain REQUIREMENTS apply).***
- *The legal fringe benefit is **considered a taxable benefit** by the IRS. The value of this benefit, will be included in your annual gross wages on your W-2 and will be shown individually on the **last paystub of the calendar year**.*
- *An annual estimate is calculated by taking the total Legal Benefit claims paid and processed, then prorating it by the number of active participants at the time of assessment; from a fiscal period, November 1st through October 31st.*

**Just Call 1 (800) 832-5182**



# Legal Services Plan *Benefits*



## ■ Preventative Services

- FREE Consultations
  - *Three (3) 1 hr. session/calendar yr.*
- 24 Hr. **Emergency** Hotline
  - *Accident, Injury, Arrest, etc.*

## ■ Retained Legal Services

- FREE Last Will & Testament\*
- FREE Health Care Proxy\*
- FREE Living Will\*
- FREE Durable Power of Attorney\*

- *\*Must complete a "Confidential Will Questionnaire" prior to receiving legal services*
- *Obtain form on-line at [FKMLAW.com](http://FKMLAW.com) or call 1 (800) 832-5182*
- *Fax completed form to: (631) 231-4732 OR*
- *Mail to: FKM, 330 Vanderbilt Motor Pkwy., Hauppauge, NY 11788*

# Bereavement Benefit

***Not available to Retirees***

- **\$25,000 benefit** is payable upon the death of an Active Member to:
  - Your designated beneficiary who is on file with your payroll department or a legal spouse, if no beneficiary is named.
- The beneficiary form must be submitted together with:
  - A **certified** copy of the member's death certificate, which must include the cause of death.
- The member must be in Active Payroll Status at the time of death for the beneficiary to receive this benefit.

# Survivor's Benefit

*Not available to Retirees*

- **\$1,000 Survivor's benefit** is payable upon the death of either, the member, the member's spouse to the named beneficiary.
- A designated beneficiary form **must** be on file with your payroll department.
- The beneficiary form must be submitted together with:
  - a **copy** of the member's, spouse's death certificate, which **must** include the cause of death.
- All beneficiary information is kept confidential.
- The member must be in Active Status at the time of death or the survivor to receive this benefit.

# Dental Administered by Healthplex



## Active Level of Benefits

- **Unlimited per year** for each eligible individual for General Dentistry. *Procedures over \$1000 Must be pre-approved.*
- **Unlimited per year** for each eligible individual for Periodontal.
- **2 Implants a year** *No cost to the member or dependents (in network)*
- **\$2000 1/Lifetime** for adult and adolescent Orthodontia. *Includes payments towards Invisalign (out-of-pocket costs will occur.)*

**RAPID RESPONSE EMAIL SERVICE FOR DENTAL QUESTION**  
**[MEMBERINFOSCMEBF@HEALTHPLEX.COM](mailto:MEMBERINFOSCMEBF@HEALTHPLEX.COM)**



# COBRA Coverage\*

**when separating from employment, divorce or for children aging-out**

- Up to 18 months for member, or 36 months for a divorced spouse, or children aging-out, may keep:
  - **Active Dental, Optical, Hearing Aid and Prescription Drug Co-Pay Reimbursement with COBRA.**
- **Must elect in writing** within **60 days** of separation of employment. Payable monthly, from date of separation, no minimum requirement.
- Payments must be received prior to due date to ensure no out of pocket expenses.
- **2023 Rates- per month**
  - \$ 46.76 Individual (\$ 561.12/yr.)
  - \$ 93.52 Ind. +1 (\$1,122.24/yr.)
  - \$ 126.72 Family (\$1,502.64/yr.)



**\*If member deceases, the surviving spouse (unless remarries) and legal eligible dependents may remain on COBRA for life) Rates subject to change in subsequent years.**

# Appeals Procedure

- A member has the right to appeal any claim which has been denied, in whole or in part, **within 180 days** after receipt of denial notice.
- All Appeals for Vision, Tax and Retiree Basic Plan must be in writing addressed to:
  - The Board of Trustees  
SCME Benefit Fund  
30 Orville Drive, Suite D  
Bohemia, NY 11716-2513



All Dental Appeals must be in writing addressed to:  
Healthplex  
333 Earle Ovington Blvd., Suite 300  
Uniondale, NY 11553-3608

Since the Fund is no longer self-insured, the Board no longer has the ability to grant appeals to anyone on the Fully-Insured Plans (Excludes No-Cost Basic Retirees & Basic Retiree Cobra Members). All appeals must be made directly to Healthplex pursuant to their procedures, which are listed on the denial letter received by the member. The member should immediately check the date of their denial letter and file within the required 180 days.

# S.C.M. EMPLOYEE BENEFIT FUND



**Congratulations and Good Luck!**

**Fund Emergency Telephone Contact**

**631-319-4099 ext. 323**

## **SC Municipal Employees Benefit Fund - Benefits 2022 ©**

To the extent this benefits presentation describes any benefit provided by this Fund, which is already described in the Fund's comprehensive Benefit Reference Guides, or as amended in subsequent writings by the Fund, or a policy of insurance (e.g., life insurance), the language of the 2008 Benefit Reference Guide, as amended, the 2017 Legal Service Plan Benefit Reference Guide 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.