

Suffolk County Municipal Employees Benefit Fund

30 Orville Drive, Suite D
Bohemia, NY 11716-2513
Located within the
AME Union Complex
www.scmebf.org
631- 319- 4099
Fax- 631-218-7970
Email- Inquiry@scmebf.org

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

SC Municipal Employees Benefit Fund – RETIREE ORIENTATION

1

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.

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

2

Three (3) Retirement Options & Requirements

1- "No-Cost" Basic Retiree Plan benefits

2- COBRA Coverage
At the Active Level for 18 months only, and if enrolled within 60 days from the date of retirement

3 - Retirement Options & Requirements

3- Choice of 2-"Self-Pay" Enhanced Retiree Plans; all require a 2-year enrollment minimum commitment

Members may re-enroll in the "No-Cost" Basic Retiree Plan anytime after COBRA; or after 2-years in a "Self-Pay" Retiree Enhanced Plan

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

3

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**
 - * **Aging-out**
 - * **Cost:**
 - * **102% of the cost to the plan.**

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

4

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 \$400/family, up to \$25/script, plus \$1 for each script over \$400. 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.
- * **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.)

Spouse may remain on plan if member deceases, at COBRA rate in effect, and until remarries.

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

5

"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)
 - * \$100 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 you choose to remain on the No-Cost basic plan upon retirement, you will have the option to move to a Self-Pay Plan at any time.

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)

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

6

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 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.**

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

7

"Self-Pay" Enhanced Retiree Plans

Plan Benefits remain at the **Active Level** maximums for covered benefits.
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.
 - * 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 two payment options:**
 - * 2. Semi-Annually Legal Plan Add-on \$54/semi-annually
 - * 3. Annually Legal Plan Add-on \$108/annually

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

8



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 5K Life Insurance for all Retirees Members

<https://lincolnfinancial.com/public/microsite/SCAME/home>
Lincoln Financial 1-800-423-2765

SC Municipal Employees Benefit Fund - Orientation for Retirees, 2022

9



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

Effective 6/1/23

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.

SCME Benefit Fund Orientation Presentation 2023

10

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.

SC Municipal Employees Benefit Fund - Orientation for SCMEBF, 2023

11

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®

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 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.

SC Municipal Employees Benefit Fund - Orientation for SCMEBF Retirees

12