

**SUFFOLK COUNTY  
COURT EMPLOYEES ASSOCIATION**

**1363-24 Veterans Memorial Highway  
Hauppauge, NY 11788**

**(631)231-3983 • FAX: (631)231-3986**

**RETIREE PLAN**

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**REVISED 12/18/17**

January 1, 2018

Dear Retiree Member,

This booklet contains very important information concerning benefits you enjoy as a retiree participant in the Suffolk County Court Employees Association Welfare Fund.

Since all our benefits are self-administered, the Trustees have worked consistently to maintain the benefits on a regular basis.

The Fund contribution levels are established through collective bargaining. We have always made improvements in our benefits a priority in our contract negotiations. We hope to continue to provide our members with these benefits and to continue plan improvements whenever possible.

If you have any questions regarding your SCCEA Welfare Fund benefits, please contact the Union office at (631) 231-3983.

William Dobbins,  
Chairman

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# **SUFFOLK COUNTY COURT EMPLOYEES ASSOCIATION**

## **WELFARE FUND BENEFITS**

### **For Retirees**

## **GENERAL INFORMATION**

### **ENROLLMENT**

Coverage for the benefits offered by the Suffolk County Court Employees Association Welfare Fund is not automatic. *In order to participate, eligible retirees must first enroll themselves and their eligible dependents in the Fund by completing and forwarding enrollment cards to the Fund office.* Enrollment cards can be obtained by calling the Fund office at (631) 231-3983.

### **ELIGIBILITY FOR BENEFITS**

In general, you are eligible to participate in the Fund based upon the criteria below. However, you must refer to each benefit for additional eligibility requirements for that specific benefit.

The following are eligible participants in the Plan:

1. A retiree for whom the Fund is entitled to receive contributions from the State of New York (hereinafter referred to as "retiree" or "eligible retiree").

2. A dependent of an eligible retiree (hereinafter referred to as "dependent") who is one of the following:

- a. The spouse of an eligible retiree, provided he or she is not legally separated from the retiree (hereinafter referred to as "spouse").

- b. The child of an eligible retiree, ending the month in which the dependent child turns age 26.

- c. An unmarried stepchild of an eligible retiree who permanently lives with the eligible retiree and is supported by him or her pursuant to a court order awarding legal guardianship, provided that guardianship commenced before the child attained age 26.

- d. An unmarried child of an eligible retiree who is incapable of self-support, regardless of age, by reason of mental or physical disability and who became so disabled before reaching age 26.



e. A domestic partner of an eligible retiree. To qualify, the domestic partnership must be registered in the office of the county clerk in any county in New York State or in any similar registry in another state.

f. An unmarried grandchild of an eligible retiree who permanently lives with the retiree and is supported by him or her pursuant to a court order awarding legal guardianship, provided that guardianship commenced before the child attained age 26.

g. Coverage may be extended past the age of 26 for an unmarried child who is a full-time student, had four (4) years of service in a branch of the U.S. Military between the ages of 19 and 25 and is not eligible for other employer group health coverage. Up to four (4) years of military service may be deducted for the child's age until the adjusted eligibility age equals 26

### **WHEN ELIGIBILITY BEGINS**

1. Eligible individuals who are granted retirement by the NYSERS within thirty (30) days of the last date upon which he or she was in full-pay status shall be entitled to Fund benefits as a retiree upon enrollment, with no waiting period so long as contributions are made on their behalf by New York State.

2. All other retirees (e.g., individuals who vested retirement rights and left service and individuals who were out of pay status for more than thirty (30) days awaiting the granting of an application for disability retirement) become eligible for enrollment on the 1<sup>st</sup> day of the month following 60 days from the date written notification of the granting of retirement benefits is received by the Fund so long as contributions are being made on their behalf by New York State.

3. All individuals must provide the Fund with their current address.

### **FILING OF CLAIMS**

All claims for Welfare Fund benefits must be submitted on appropriate claim forms within the time frame specified for that benefit. Claim forms can be obtained by calling the Fund Office at (631) 231-3983, or online at [www.sccea.org](http://www.sccea.org); they may also be available at personnel offices. All claims must be accompanied by any information or proof requested by the Fund Office which is reasonably required to process the claim. All claims must be filed within the time frame required for that specific benefit.

### **TERMINATION OF BENEFITS**

Benefits for retirees cease at the end of the calendar month in which they lose status as an eligible retiree under the Plan or the retiree dies, whichever first

occurs. Benefits cease for dependents at the time benefits cease for the eligible retiree or when the dependents cease to fulfill the definition of an eligible dependent, whichever first occurs.

### **COORDINATION OF BENEFITS**

Coordination of benefits provides that each Welfare Fund benefit is coordinated with any other plan under which an individual is covered so that the total benefits available will not exceed 100% of the reasonable and customary charges or the actual charges, whichever is less. The plan covering the retiree directly is the primary plan. If a dependent child is covered under another plan, the plan of the parent whose birthday comes first in the calendar year is the primary plan; however, if the parents are divorced or legally separated, except as provided by a Qualified Medical Child Support Order (QMCSO), the plan of the parent with custody pays benefits first.

### **PAYMENT**

The procedures for payment of benefits vary. Payments are made either to the employee or retiree directly or to the provider for the particular service. Payments are made in accordance with the level of benefits provided in the Plan, and the Fund is not responsible for any amounts due in excess of Plan provisions.

### **CHANGES IN THE PLAN**

The Trustees may add to, amend, change, delete or modify benefits as well as the rules, regulations and procedures of the Plan.

## **PLAN BENEFITS**

### **DEATH BENEFIT**

#### **Who Is Eligible**

Retirees.

#### **Benefit Defined**

The Fund will provide a \$2,000.00 death benefit, self-funded by the Fund, for all retirees who file an enrollment card and who are no longer eligible for Life Insurance coverage as an employee. This benefit is subject to income tax.



**Filing Requirements**

A claimant must provide written proof of loss no later than six (6) months after the date of loss.

**DENTAL BENEFIT****Who Is Eligible**

Retirees and eligible dependents.

**Benefit Defined****Non-Orthodontic**

Payment will be made for each dental service up to the amount provided under the Schedule of Covered Dental Expenses. This Schedule is contained in a separate pamphlet. There is a \$2,500.00 annual per person maximum for non-orthodontic services in a calendar year. In case of treatment of pediatric dentistry, treatments shall be paid per schedule.

**Orthodontic**

The maximum lifetime benefit available is \$1,995.00. Pediatric orthodontic treatments shall be paid per schedule.

**Participating Providers**

While in no way endorsing the use of Participating Dentists, the Welfare Fund has established a panel of dentists who have agreed to accept the Fund's Schedule of Covered Dental Expenses as full payment for all covered and reimbursable services subject to certain limits on the number of or the type of providers/treatments. Participants are responsible for all charges for non-covered services. The Schedule of Covered Dental Expenses and the Panel dentists' names, addresses and phone numbers can be obtained by calling the Fund Office Monday thru Friday, (631) 231-3983, or online at [www.asonet.com](http://www.asonet.com).

**Pretreatment Review**

The Pretreatment Review Program is designed to give retirees and dentists a better understanding of the Schedule of Covered Dental Expenses payable under the plan before services are provided. Dentists should submit a pretreatment review claim form for crowns, bridges, dentures or when services are expected to exceed \$300.00. The Fund will then determine the benefits which will be payable for each dental service and return the approved claim to the dentist.



If this Pretreatment Review Program is not followed, payment will be determined by taking into account alternate procedures or services, based on acceptable standards of dental practice.

### **Dental Emergencies**

If a participant has a dental emergency for which a participating provider is not reasonably available and the participant uses a non-participating provider, the Trustees may authorize the Fund to reimburse an amount not to exceed the amount which the Fund would have paid to a participating provider who performed the same services under the Plan.

### **Coordination of Benefits**

This benefit must be coordinated with any other plan which provides dental coverage. Where both spouses are eligible retirees, benefits for dependent children will be covered to a maximum of the normal reasonable and customary charges or the actual charges, whichever is less, available through the combined coverage of both spouses. The claims of both spouses must be submitted together.

### **Filing Requirements**

Participating providers - Claims are submitted by the provider.

Direct Reimbursement - Claims must be submitted to the Fund Office no later than 90 days from the date of service.

## **HEARING AID BENEFIT**

### **Who is Eligible**

Retirees and eligible dependents.

### **Benefit Defined**

The Fund will pay one claim up to \$525.00 towards the cost of a hearing aid for each person eligible for this benefit once every four (4) calendar years commencing with the year of service. Covered expenses are limited to charges for the cost and installation of a hearing aid as prescribed by an Otologist, Audiologist or Physician. The Fund will provide a \$75.00 benefit for the repair of a hearing aid once every four years. The benefits are non-cumulative.

### **Exclusions**

1. Expenses for which benefits are payable under Workers' Compensation Law.
2. Expenses for which benefits are payable under Medicare or other Government plan.
3. Special procedure training, such as lip reading courses, schooling or institutional services.
4. Medical or surgical treatment of the ear or ears.

### **Participating Providers**

While in no way endorsing the use of Participating Providers, members may choose a participating provider who has agreed to provide specific benefits within the reimbursement allowance provided by the Fund. A list of providers and reimbursement allowances can be obtained from the Fund office.

### **Coordination of Benefits**

This benefit must be coordinated with any health insurance or other plan which provides coverage for hearing aids and proof of such coordination (EOB from primary insurance) showing out-of-pocket expense must be submitted with the claim.

### **Filing Requirements**

**Participating Providers** - Claims are submitted by the provider.

**Direct Reimbursement** - Claims must be submitted to the Fund Office no later than 90 days from the date of service.

## **OPTICAL**

### **Who Is Eligible**

Retirees and eligible dependents.

## **Benefit Defined**

### **Reimbursement Allowance**

The Fund will reimburse up to \$150.00 in any calendar year for each eligible participant for optical services obtained from any licensed optometrist, ophthalmologist or optician.

### **Participating Providers**

While in no way endorsing the use of Participating Providers, participants may choose from a list of participating providers who have agreed to provide specific benefits within the reimbursement allowances set forth above. A list of providers and reimbursement allowances can be obtained from the Fund office.

### **Coordination of Benefits**

This benefit must be coordinated with any other plan which provides optical coverage. Where both spouses are eligible retirees, benefits for dependent children will be covered to a maximum of the normal, reasonable and customary charges or the actual charges, whichever is less, available through the combined coverage of both spouses. The claims of both spouses must be submitted together.

### **Filing Requirements**

**Participating providers** - Claims are submitted by the provider.

**Direct Reimbursement** - Claims must be submitted no later than 90 days from the date of service.

## **REVIEW PROCEDURE**

1. A member must be notified of the Fund decision to deny a claim within sixty (60) days of the Fund's receipt of the claim. If the Fund is unable to make a decision within that time due to circumstances beyond the Fund's control (such as late receipt of medical records), it must notify the member before expiration of the original sixty (60) days that it intends to extend the time and then may take as long as thirty (30) additional days to reach a decision. If the Fund needs the 30-day extension because you did not provide all the information needed to process your claim, the Fund will tell you what information is missing.

2. If your claim is incomplete, you have no later than 45 days from the date the notification was sent to you regarding your incomplete claim, to send



the additional information that was requested. If you do not send the Fund the missing information within this 45 day period, the Fund will deny your claim.

3. If, for any reason, your claim is denied, you will receive notice, commonly known as an Initial Claim Denial. The manner and content of this notice will include the following:

- a. The specific reasons for the denial;
- b. Reference to the specific plan provision being relied on;
- c. Any information you need to provide to complete the claim and an explanation as to why the information is required;
- d. A description of the Plan's review procedures and time limits.

4. A member who has received a notice that his or her claim for a Welfare Fund benefit has been denied, may request a review of the denied claim within 180 days of the receipt of the notice of denial. You will have reasonable access to and copies of, upon request and free of charge, all documents, records and other relevant information related to the claim. The review will take into account everything submitted by the claimant (whether submitted in the original claim or not).

5. Requests for a review of a claim must be made in writing and sent to the Fund Office, which will act as follows with respect to the claimant's transmittal:

- a. Send a copy to the insurance organization if an insured benefit is involved, or
- b. Bring it to the attention of the Board of Trustees in the case of benefits provided directly by the Welfare Fund on a self-insured basis.

6. If the request for review involves a claim for benefits that are provided directly by the Fund on a self-insured basis, the Board of Trustees will render a decision within 60 days after the receipt of the request for the review, unless special circumstances require an extension of time, in which case a decision will be rendered within 90 days. The decision of the Board of Trustees will be in writing. The Trustees shall have exclusive authority and discretion, among other things, to interpret the provisions of the Trust Agreement and of the Plan.

### **Qualified Medical Child Support Order**

The Omnibus Budget Reconciliation Act of 1993 requires health plan administrators to recognize qualified medical child support orders ("QMCSOs"). A QMCSO is a court decree under which a court order mandates health coverage for a child. Under a QMCSO, children who might otherwise lose rights to benefits under a group health plan will be entitled "alternate payees". Both you and your beneficiaries can obtain, without charge, a copy of the Plan's QMCSO procedures from the Fund Administrator.

Upon receipt of a Qualified Medical Child Support Order, the Plan Administrator will promptly notify the participant and each child of receipt of the order. The participant and each child will be notified within a reasonable period of time whether the order is qualified. A child may designate a representative to receive copies of any notices that are sent to the child. If it has been determined that the order is a Qualified Medical Child Support Order, the child will then be considered a participant under the Welfare Fund and will receive copies of summary plan descriptions, summary annual reports and summaries of any amendments made to the Plan according to current ERISA requirements.

### **COBRA COVERAGE**

If the eligible retiree dies or becomes divorced or legally separated or a dependent ceases to be a dependent, the spouse and/or dependent may have rights to continue certain Plan coverage through COBRA. If any of the events set forth above occurs, the eligible retiree or dependent MUST inform the Fund of the qualifying event WITHIN 60 days of the later of the qualifying event and the date on which coverage would be lost because of the event. The rules of COBRA coverage will be provided by the Fund.

### **Technical Details**

1. **PLAN NAME:** Suffolk County Court Employees Association Welfare Fund Benefits.
2. **EDITION DATE:** This Edition is produced as of January 1, 2018.
3. **PLAN SPONSOR:** Board of Trustees of Suffolk County Employees Association Welfare Fund.
4. **PLAN SPONSOR'S EMPLOYER IDENTIFICATION NUMBER:** 11-2504852.
5. **TYPE OF PLAN:** Welfare Plan.



6. **FISCAL YEAR ENDS:** April 1 - March 31 (benefit eligibility based on calendar year).
7. **FUND ADMINISTRATOR:** Board of Trustees.
8. **AGENT FOR THE SERVICE OF LEGAL PROCESS:** Archer, Byington, Glennon & Levine, LLP, One Huntington Quadrangle, Suite 4C10, Melville, NY 11747.

In addition to the person designated as agent of service of legal process, service of legal process may also be made upon any Plan Trustee or the Fund Administrator.

9. **TYPE OF PLAN ADMINISTRATION:** Board of Trustees.
10. **TYPE OF FUNDING:** All benefits are self-insured. Assets are held in trust.
11. **SOURCES OF CONTRIBUTIONS TO PLAN:** State Unified Court System.
12. **COLLECTIVE BARGAINING AGREEMENTS:** This Plan is maintained in accordance with a Collective Bargaining Agreement. A copy of this agreement may be obtained by you upon, written request to the Fund Administrator and is available for examination by you at the Fund Office.
13. **PARTICIPATING EMPLOYERS:** You may receive from the Fund Administrator, upon written request, information as to whether a particular employer participates in the sponsorship of the Plan. If so, you may also request the employer's address.
14. **PLAN BENEFITS PROVIDED BY:** The Suffolk County Court Employees Association Welfare Fund.