

**RETIRED FIREFIGHTER SECURITY BENEFIT FUND (RFSBF)
SUMMARY OF BENEFITS**

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RETIRED FIREFIGHTER SECURITY BENEFIT FUND **(R.F.S.B.F.)**

SUMMARY OF BENEFITS

ELIGIBILITY

Retired Firefighters and Fire Marshals, who retired on or after January 1, 1971 (July 9, 1993 for Wipers), and their eligible dependents, including duly registered domestic partners and their dependents. Retired Marine Engineers and Pilots as of January 1, 2012.

DENTAL PLAN FOR RETIREES

When you call for dental plan info, please know which of the following three plans you have:

1) Dentcare; 2) UFA Reimbursement/Family Plan; or 3) Florida Plan (Healthplex 200)

CHANGING DENTAL PLANS

You may change dental plans each year between October 15th and December 15th. Most plan changes take effect on January 1st.

U.F.A. SELF-INSURED HEALTHPLEX

Retiree is reimbursed in accordance with the R.F.S.B.F. Schedule of Fees. A dental form must be filled out. \$1,500 Limitation per family member per calendar year. Orthodontic services for dependents under 19 years of age only. Cosmetic dental treatment and implants are not covered.

HEALTHPLEX PPO

Effective July 1, 2010 members enrolled in Healthplex will have access to the Healthplex Participating Provider Organization (PPO) panel. This panel has over 3,500 participating dentists who will provide services at a reduced fee schedule. You will only be responsible for the patient co-pays. **\$1,500 Limitation per family member per calendar year; exclusions apply. Cosmetic dental treatment and implants are not covered.**

DENTCARE PROGRAM

A pre-paid comprehensive dental program. Provides the necessary dental care, including orthodontics, at no cost to the member except for elective general anesthesia, porcelain with metal crown, abutment or pontic, \$50 co-pay per unit. Orthodontic services for eligible dependents under 19 years. **Members must select a dentist from the DENTCARE panel of dentists. Cosmetic dental treatment and implants are not covered. Please note that members may be charged additionally for porcelain crowns/abutments/pontics on posterior teeth.**

HEALTHPLEX AMERICA 200 - FLORIDA

(This Plan Replaces Comp Benefits Fla.)

Effective January 1, 2014, Retirees residing in Florida may elect Healthplex America Plan 200. This plan offers an open access network, with no need for pre-selection of a dental provider.

Members of the Healthplex America 200 dental plan are eligible to receive benefits immediately upon the effective date of coverage with:

- No Waiting Periods
- No Deductibles
- No Claim Form to Submit

Members can choose a participating provider at www.yourdentalplan.com/healthplex or call the Members Services Department 888-200-0322.

R.F.S.B.F. PRESCRIPTION DRUG PLAN

R.F.S.B.F. Prescription Drug Plan Administered by CVS/Caremark. **Insulin** (including oral agents) and diabetes equipment and supplies are covered by **ALL City Health Plans (NON-MEDICARE)**. **Effective July 2014, there is no longer an upfront family deductible of \$125.**

SilverScript Administers the Prescription Drug Plan for Medicare Members. See the information below that is specific to Medicare Coverage.

PARTICIPATING PHARMACY

You will pay 35% of the cost of the drug with a minimum of \$5 Generic/\$20 Brand name. Retirees can obtain up to a 30-day supply at a **participating pharmacy**.

Customer Service Department 1-866-832-0563

Website – www.caremark.com

NON-PARTICIPATING PHARMACY

Retirees using non-participating pharmacies can obtain up to a 30-day supply and may be reimbursed up to average wholesale price plus dispensing fee, minus co-pay. Up-front annual deductible of \$125 must be met first before co-insurance applies. Reimbursement claim forms can be obtained by calling CVS/Caremark at 1-866-832-0563.

ANNUAL FAMILY DRUG CAP - \$5,000

MAINTENANCE DRUGS / MAIL ORDER (UP TO A 90-DAY SUPPLY)

The mail service program is designed for individuals on maintenance medications for treatment of chronic, long-term conditions. If you or an eligible family member regularly takes medication for chronic long-term conditions such as arthritis, high blood pressure, heart conditions, etc., you may receive up to a 90-day supply of maintenance medication through CVS / Caremark mail service pharmacy. 35% of the cost of the drug still applies to mail orders. Co-insurance of 35% of the cost of the drug still applies as well as minimum for Generic and Brand-name prescriptions.

MAINTENANCE CHOICE

Beginning January 1, 2015, the Maintenance Choice plan that was implemented in July will provide you with additional flexibility. After two fills, you can continue to receive 30-day supplies of maintenance medications at **any** participating CVS network pharmacy. To do so, you must first call Customer Care at the number on your prescription card. Please note: In doing so, you will **not** enjoy the savings of 90-day supplies through your neighborhood CVS/pharmacy, since the higher retail copays will apply. If you continue ordering 30-day supplies of long-term medications **without** calling CVS first, you will pay the full cost of your prescriptions. PLEASE NOTE that you MUST CALL to opt out of the Maintenance Choice. Call Customer Care at 866-832-0563 and notify them that you do NOT wish to participate in the 90 day supplies.

PICA

The PICA Prescription Plan is administered by Express Scripts – This benefit is available to both Active and Retired members, as well as their eligible dependents. (Once on Medicare, PICA will no longer be available). There is an annual deductible of \$100 per person for injectable and chemotherapy medications. This deductible is independent of any other deductible.

PICA covers medications in two specific drug categories - **Injectable and Chemotherapy**

Injectable – Most self-administered injectables.

Chemotherapy – Medications used to treat cancer

Medications used to treat the side effects of chemo

Retail Pharmacy (Up to a 30-day supply)

\$10 generic

\$25 preferred brand (formulary)

\$45 non-preferred brand (non-formulary)*

Mail Order Pharmacy (Up to a 90-day supply)

\$20 generic

\$50 preferred brand (formulary)

\$90 non-preferred (non-formulary)

If you choose a non-preferred brand drug that has a generic equivalent you will pay the difference in cost between the non-preferred brand drug and the generic drug PLUS the non-preferred brand co-payment.

Customer Service No. – 800-467-2006 or 800-233-7139 Website – www.express-scripts.com

MEDICARE

REIMBURSEMENT FOR MEDICARE PART B

When you (or your spouse) become eligible for Medicare at age 65 or before 65 because you received Social Security Disability, the City **REQUIRES** that you take Medicare Part A (Hospital) and Part B (Doctors). **FAILURE TO DO SO COULD RESULT IN LOSS OF HEALTH COVERAGE.** If you are in a HMO you must notify your health care carrier that you are going on to Medicare. Example: HIP-Prime members become HIP-VIP; Aetna members become Aetna Golden Medicare, etc.

If you are receiving a City pension check and **both you and your spouse** are enrolled in a City health plan, you will be reimbursed for your Medicare Part B by the City of New York. *You should send the following information to The NYC Office of Labor Relations - Employee Health Benefits.*

Make a copy of your Medicare card to show that you have both parts “A” and “B” and include the following information

- Birth dates for yourself and your spouse
- Your retirement date
- Your pension number
- Name of your health plan
- Name of your union

Send this information to:

**Office of Labor Relations
Employee Health Benefits Program
40 Rector Street - 3rd Floor
New York, NY 10006
Attn: Medicare Division**

You can also fax it to 212-306-7373

*****Keep copies of *everything* you send – if you mail it, send it via USPS, certified/return receipt. If you fax it, make sure you get a confirmation that the fax was successfully transmitted.*****

If you are in an HMO (Example: HIP, AETNA, etc.) you must inform your health carrier that you are going on Medicare due to forms that need to be filled out with your health provider.

PLEASE ALSO PROVIDE THE UFA / R.F.S.B.F. WITH A COPY OF YOUR MEDICARE CARD. ON THE COPY, ALSO WRITE DOWN THE NAME OF YOUR

HEALTHCARE CARRIER (EXAMPLE HIP, GHI, AETNA, ETC). THE R.F.S.B.F.
FAX NUMBER IS 212-683-0693.

MEDICARE PART D PRESCRIPTION DRUG PLAN – SILVERSCRIPT

Effective January 1, 2010 the R.F.S.B.F. purchased a Medicare Part D Prescription Drug Plan, SilverScript, for all retired members over 65 years old, as well as those who are on Social Security Disability. This also applies to Medicare eligible spouse, dependent or domestic partner.

This Plan has an up-front **annual individual deductible of \$100**. After you pay your yearly deductible, you pay the following until you reach your initial coverage limit (for 2016, the limit is \$3,310):

- 35% of the cost of the drug with a \$5 minimum for Generics
- 35% of the cost of the drug with a \$20 minimum for Brand-name

After you reach the initial coverage limit (for 2016, the limit is \$3,310), SilverScript will continue to provide prescription drug coverage for some generics at the same co-payment/co-insurance until the yearly out-of-pocket costs (also known as True Out-Of-Pocket or T.R.O.O.P. costs) reach a maximum amount that Medicare has set. In other words, once you've reached the coverage limit, you will still pay 35% of the cost of a GENERIC drug, with a minimum of \$5. For NAME BRAND drugs, you will pay 50% of the cost of the drug.

When you reach the T.R.O.O.P cost limit you qualify for Medicare Part D Catastrophic Coverage. For 2016, the T.R.O.O.P. limit is \$4,850. After your yearly out-of-pocket costs reach the T.R.O.O.P cost limit you pay a small co-insurance or co-payment. There is no annual “drug cap” or limit to this catastrophic coverage.

When you become Medicare eligible check with your health care provider to see if Medicare Part D drugs are provided under their basic health plan. **You CANNOT be enrolled in two Medicare Prescription plans.** Some health plans stipulate that in order to remain in their health plan you must use their prescription drug plan e.g. HIP-VIP.

ONCE ON MEDICARE PICA WILL NO LONGER BE AVAILABLE

REMINDER PLEASE PROVIDE R.F.S.B.F. WITH A COPY OF YOUR MEDICARE CARD. ON THE COPY, ALSO WRITE DOWN THE NAME OF YOUR HEALTHCARE CARRIER (EXAMPLE HIP, GHI, AETNA, ETC). THE R.F.S.B.F. FAX NUMBER IS 212-683-0693.

NOTE: As soon as you or your eligible dependent(s) go on Medicare a copy of the Medicare Card **MUST** be mailed to the R.F.S.B.F. or if you prefer, fax it to 212-683-0693. You should also write down on the copy what your healthcare carrier is (for example, HIP, GHI, AETNA, etc.)

ADDITIONAL BENEFIT INFORMATION

NOTIFICATION OF CHANGE IN STATUS

The Security Benefit fund must be informed of ANY changes in your status. For example:

- When you get married, we need a copy of the marriage certificate and your spouse's full social security number.
- When you become a new parent we need a copy of the birth certificate and the child's full social security number.
- If you get divorced, we need a copy of the first and last page of the divorce decree. If your ex-spouse is awarded a portion of your Compensation Accrual Fund (or CAF), it will be noted in either your divorce decree or in a document known as a Qualified Domestic Relations Order (or QDRO). If so, you **MUST** notify the UFA/CAF. Send a **FULL** copy of the finalized QDRO or Divorce Decree (where the award is stipulated) to the UFA/CAF. The Fax Number is 212-683-0693.
- When a spouse dies we need a copy of the death certificate.
- When you move please update your address with the SBF.

If you wish to add or remove a Domestic Partner, please contact SBF for instructions. 212-683-4723 or look on the UFA website for information (www.ufanyc.org).

For *ANY* change in status, you should **update your beneficiaries with the UFA/SBF. Call the Security Benefit Fund at 212-683-4723 and request a beneficiary enrollment card. Once you receive it, fill it in, sign and date it, and return it to the SBF as soon as possible.**

To change your address with the NYC Fire Department, or to make changes for direct deposit, please call FDNY Pension and Payroll at 718-999-2327.

CHANGING HEALTH PLANS

You can change health plans every other year during the even numbered years (2012, 2014, 2016 etc.). The usual time to change is in November in order to take effect the following January. You may also change plans at any time if you move out of your health plan service area. A change can occur outside the normal change period "Once in a lifetime." If this option is used, you can only change during the allotted change over period, or if you move out of your service area.

CHANGING DENTAL PLANS

You may change dental plans each year between October 15th and December 15th. Most plan changes take effect on January 1st.

OPTICAL

One eye exam and either one pair single vision, bifocal or contact lenses (subject to providers' surcharges) for Retirees and eligible dependents **EVERY TWO YEARS** through optical provider panel Effective July 1, 2016, maximum of \$130 (\$30-exam, \$50-Frame, \$50-Lenses, or \$100-Contact Lenses) reimbursed to Retiree if other than provider(s) is used. The **ORIGINAL** paid bill should be sent to the SBF Office (keep copies for your records). **For direct reimbursement, mail the original bill and EOB to: Security Benefit Fund of the UFA, 204 East 23rd Street Att: 3rd Floor / Optical, New York, NY 10010-4697.** A check will be mailed directly to the member. **All claims must be submitted within one year from date of service.** To find a provider, you can look online at:
www.ufanyc.org/security_benefit_fund/optical_provider_search.php.

CATARACT LENSES

The Retired SBF allows up to \$150 toward cost *after* health plan (Medicare, etc.), have paid their portions (if applicable). The **ORIGINAL** paid bill and health plan(s) Explanation of Benefits (EOB) should be sent to the SBF Office (keep copies for your records). **For direct reimbursement, mail the original bill and EOB to: Security Benefit Fund of the UFA, 204 East 23rd Street Att: 3rd Floor / Cataracts, New York, NY 10010-4697.** A check will be mailed directly to the member. **All claims must be submitted within one year from date of service.**

HEARING AID

Effective July 1, 2016, Retirees and their eligible dependents are covered for one (1) hearing aid once every three (3) years up to a maximum of \$1,000, upon referral of physician or audiologist. To file a Claim for reimbursement: When you have purchased the hearing aid, send the paid bill and the audiologist's report to the SBF Office (keep copies for your records). **For direct reimbursement, mail the paid bill and the audiologist's report to: Security Benefit Fund of the UFA, 204 East 23rd Street Att: 3rd Floor / Hearing Aids, New York, NY 10010-4697.** A check will be mailed directly to the member. **All claims must be submitted within one year from date of service.**

DEATH BENEFIT

Notification of a retired firefighter's death is made to the NYC Fire Department by calling 718-999-2320 (after hours and on weekends, notifications can be made to FDNY Operations at 718-999-7900). If the deceased firefighter resided within the five boroughs of NYC, the Funeral Home or a relative may also call FDNY Operations to arrange for an honor guard. They can be reached at 718-999-7900. Lastly, notification should be made to the SBF by calling 646-839-6503.

Retirees have a life insurance policy in the amount of \$6,000 with the FDNY Life Insurance Fund. This is the \$9 deduction on your earnings statement listed as Fire Life. **Please update your beneficiaries with FDNY HQ – make sure they are up to date! Call 718-999-1205 to inquire about your beneficiaries.**

DEATH BENEFIT (Continued)

Members who have retired after January 1, 1971 have a death benefit with the Retired Firefighters Security Benefit Fund (RFSBF) in the following amounts

Up to Age 49 \$10,000
Age 50 to 69 \$ 5,000
Age 70 and over \$ 2,500

A claim for this benefit will be sent to your beneficiary when we receive notification of death. Only the Retiree is covered for this benefit insured through the AIG Life Company. Payment is made to the designated primary or contingent beneficiary of the eligible deceased Retiree upon submission of a completed claim form with a certified death certificate. **Again, it is important to UPDATE YOUR BENEFICIARIES – Call the UFA/SBF at 212-683-4723 (and press 2 for a benefits associate). Ask them to send you a new beneficiary enrollment card.**

GROUP LIFE INSURANCE

To update your status or beneficiary, please contact Maria Zingone at 646-839-6503.

COMPENSATION ACCRUAL FUND

The Compensation Accrual Fund (or CAF) is administered by Prudential. The CAF is a Money Purchase Pension Plan qualified under Section 401(a) of the Internal Revenue Code. Under this Plan, all contributions and earnings (or losses) credited to your individual account are for the exclusive benefit of you and your beneficiary(ies). You control how your account is invested among the funds available under the CAF. Your account is payable to you upon your retirement, resignation or dismissal and to your designated beneficiary(ies) in the case of your death. To inquire about your CAF (balance, investment, disbursement), you may contact Prudential directly at 877-778-2100. To update your CAF beneficiaries, you may request a new enrollment card from the UFA/SBF at 212-683-4723.

SURGICAL ASSISTANCE FUND

R.F.S.B.F. pays the yearly dues for Members who were part of the fund for two years prior to their retirement. **You have one year to submit a claim.** For information and to request the **MD-35-1** application form call **(718) 999-1252**. If you have any questions or doubts, request the information and submit the proper forms in duplicate to: **UFA/UFOA Surgical Assistance Fund, 9 Metro Tech Center, Brooklyn, N.Y. 11201**

YOUNG ADULT DEPENDENTS up to 26 YEARS of AGE

Due to a change in Federal Law, the Uniformed Firefighters Association Retired Firefighters Security Benefit Fund (RFSBF) will provide benefits for your dependent children until the end of the month of their 26th Birthday. The RFSBF Benefits include Dental, Prescription Drugs, Optical and Hearing Aids. Student verification will no longer be necessary. If, however, there has been a lapse in your Young Adult Dependent's coverage and you wish to re-apply for coverage, you will need to fill out a Young Adult Dependent Attestation form. Call SBF for more information: 212-683-4723.

HANDICAPPED DEPENDENTS

Retiree **MUST** notify basic health carrier when dependents become mentally or physically handicapped, **prior to 26 years of age**. Dependent must be unmarried, living at home and dependent upon retiree for support. Upon receipt of the health carrier's confirmation that the dependent is handicapped, R.F.S.B.F. coverage will be continued while the criteria are met.

CATASTROPHIC INSURANCE

Direct payments from FDNY Payroll **WILL NOT** continue to be made to the Catastrophic Insurance Company upon your retirement. Retirees should notify the Catastrophic Insurance Company **IMMEDIATELY** upon their retirement. Direct payments from FDNY Payroll will not be continued once you're retired, and to ensure you don't have a lapse in coverage, you should contact the Catastrophic Insurance Company to set up direct payments. You can contact MERCER (formerly MARSH) Catastrophic Insurance at 800-503-9230.

VESTED RETIREES

In order to be eligible to receive benefits of the Fund, a vested retiree must make a contribution equal to that made by the City each year. Payment must be submitted for the full year **in advance**. Vested retirees who enroll in the Fund (and their eligible dependents) would be covered for the following benefits provided by the R.F.S.B.F.

- Burial Allowance
- Family Dental Plan
- Optical Benefits
- Surgical Assistance Fund
- Hearing Aid Benefit
- ANNUAL Prescription Drug ID Card

Any subsequent changes in the rate of contribution to the Fund and the above benefits would apply to the vested retirees.

Vested retirees interested in this program, please communicate by writing to the Security Benefit Fund office, 204 East 23rd Street, 3rd Fl., NY, NY 10010. Or call 212-683-4723.

In all cases where there is a change of family status, member must file an ERB and forward it to:

**Employee Health Benefit Program
40 Rector Street 3rd Floor
New York, NY 10006
212-513-0470**

<http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf>

WIDOWS' BENEFITS

The R.F.S.B.F. provides benefits for widows and eligible dependents of retired firefighters, who retired after January 1, 1971 (July 9, 1993 for wipers or January 1, 2012 for Marine Engineers and Pilots) who become widowed after July 1, 1987; these widows and eligible dependents will be provided with a health plan and benefits under the R.F.S.B.F. for a period of **ONE YEAR ONLY**.

The Trustees of the Fund reserve the right to modify or discontinue the benefits of the Fund at any time. Notification of changes in the benefits or procedures will be sent to your address as listed on the Fund records.

IMPORTANT PHONE NUMBERS / WEB SITES

Name / Web Address	Phone
Security Benefit Fund (SBF) UFA www.ufanyc.org	212-683-4723
Fax	212-683-0693
Welfare Fund (AMB/OXY) FDNY	718-999-1886
Pension / Payroll FDNY www1.nyc.gov/site/fdny/index.page	718-999-2327
Retiree Beneficiary Changes FDNY	718-999-1205
Article 1 Retirees FDNY (Death Notification – FDNY Pension Dept.)	718-999-1207
Surgical Assistance Fund FDNY	718-999-1252
Pension Life Insurance FDNY (Death Notifications)	718-999-2320
MERCER (formerly MARSH) Catastrophic Insurance	800-503-9230
Honor Emergency Fund FDNY	718-999-2531/2
CVS/Caremark www.caremark.com	866-832-0563
Express Scripts www.express-scripts.com	800-467-2006 or 800-233-7139
SilverScript www.silverscript.com	866-412-5373
Dentcare / Healthplex www.healthplex.com	800-468-0608
Florida Dental - Healthplex America 200 www.yourdentalplan.com/healthplex	888-200-0322
Counseling Services Unit www.nyc.gov/html/fdny/html/units/csu/index.shtml	212-570-1693 or 212-570-1696
FDNY Retirement Desk	718-999-2324
FDNY (Death) Notifications Desk <i>Notifications made after hours or on weekends can be made to</i> HONOR GUARD (NYC – FIVE BOROS ONLY) If the deceased firefighter resided within the five boroughs of NYC, the Funeral Home or a relative may also call FDNY Operations to arrange for an honor guard. FDNY OPERATIONS (for Honor Guard)	718-999-2320 718-999-7900 718-999-7900
FDNY World Trade Center Medical Monitoring & Treatment Program home2.nyc.gov/html/fdny/html/units/bhs/wtcmm/index.shtml	718-999-1858
City Employee Health / Medical / Medicare Benefits* http://www1.nyc.gov/site/olr/index.page (*Not managed by the UFA) http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf	212-513-0470

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IMPORTANT INFORMATION / IN THE EVENT OF YOUR DEATH

In the event of your passing, please fill out and save the below information as a helpful resource for your next of kin:

MEMBER INFORMATION	
Name:	
COMPLETE Social Security Number:	
COMPLETE Street Address:	
City/State/Zip:	
Home Phone Number:	
Cellular Phone Number:	
Date of Appointment to FDNY:	
Company Appointed to:	
Badge Number:	
Date of Retirement from FDNY:	
Rank:	
Company Retired From:	
Pension Number:	
Spouse's Name:	
Medical Insurance:	
Retirement Type:	<input type="checkbox"/> Service <input type="checkbox"/> Service Connected Disability <input type="checkbox"/> Non Service Connected Disability

Numbers to contact in the event of a Firefighter's Death

Notification of a retired firefighter's death is made to

FDNY Life Insurance..... 718-999-2320

After hours or on Weekends, notifications can be made to 718-999-7900

FDNY Pension Payroll..... 718-999-1207

If the deceased firefighter resided within the five boros of NYC, the Funeral Home or a relative may also call FDNY Operations to arrange for an honor guard.

FDNY Operations (Honor Guard – within the 5 boros of NYC) .. 718-999-7900

Lastly, notification should be made to the firefighter's union.

The Uniformed Firefighters Association (UFA)..... 212-683-4723

The Uniformed Fire Officers Association (UFOA)..... 212-376-8400

Pension Check

Do not cash or if direct deposit, do not *spend* the last pension check. Checks are issued on LAST DAY of each month for that month. You may have to return the portion from the date of death to the end of the month. For example, if death occurs on June 10th, the amount for the remaining 20 days will have to be returned. Notify the Pension Bureau of the death of a member at 718-999-1207.

Health Insurance

Health Insurance ends upon death of Retiree unless he retired with a Line of Duty Disability Pension and his death was a result the ailment he retired from. In that case the spouse should contact FDNY Pension notifying them of the cause of death and request them to continue her health coverage. 718-999-2320.

Death Certificates will be needed for the following:

- FDNY Pension
- Fire Union (UFA or UFOA)
- Social Security
- Deferred Compensation Plan,
- Insurance Policies
- Department of Motor Vehicles
- Veterans Administration
- Compensation Accrual Fund (UFA or UFOA)
- Financial Institutions
- Lawyer

Marriage Certificates are required for Social Security and Veterans Administration

Military Discharge Papers are required for Veterans Administration 800-827-1000

*Finally, and **VERY** important:*

Update your Beneficiaries!!

Please call both the FDNY *AND* the UFA to inquire about when you last updated your beneficiaries.

- Call the FDNY at 718-999-1205 to request beneficiary forms, and
- Call the UFA/SBF at 212-683-4723 (press 2 for a benefits associate) and ask them to send you a new Beneficiary Enrollment Card.

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