

# RETIRED FIREFIGHTER SECURITY BENEFIT FUND (RFSBF)

## INFORMATION

204 East 23<sup>rd</sup> Street, 3fl, New York, NY 10010  
212-683-4723

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## **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 PLANS FOR RETIREES**

Effective January 1<sup>st</sup>, 2024, MetLife Dental is the administrator of your dental plan. Two plans are offered, the Preferred Dentist Program (PPO PDP Plan) or the MetLife DHMO (MET185) Plan.

**IF YOU WISH TO CHANGE YOUR DENTAL PLAN, OPEN ENROLLMENT IS HELD IN NOVEMBER WITH A JANUARY EFFECTIVE DATE. Send request to [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org).**

### **PPO OPTION METLIFE PREFERRED DENTAL PROGRAM (PDP)**

<https://www.metlife.com/info/ufadental/benefits/former-dental-insurance/>

Phone: 800-942-0854

DENTAL DHMO/Managed Care MET185

<https://www.metlife.com/info/ufadental/benefits/DHMO/>

Phone: 800-880-1800

## **OPTICAL**

**General Vision Services (GVS) has taken over the administration of optical claims for the UFA.**

Retirees (and their eligible spouse/dependents) can submit a claim once **EVERY OTHER** year. Claims go by Calendar Year. Go to <https://ufanyc.org/optical-providers/> to search for providers in your area. The reimbursement rate is as follows: \$30 for an exam, \$50 for eyeglass frames, \$50 for lenses or \$100 for contact lenses (instead of glasses).

## **CATARACT LENSES**

The Retired SBF allows up to \$150 per eye towards cataract surgery. A copy of paid receipt and health plans Explanation of Benefits (EOB) should be sent to SBF office by Email: [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), Fax to 212-683-0693 or mail. A check will be issued directly to the member. All claims must be submitted within one year of the date of service.

## **HEARING AID**

Retirees and their eligible dependents are covered for one hearing aid every three years up to a maximum of \$1,000. For reimbursement provide SBF a copy of your paid receipt and audiology report via Email: [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), Fax: 212-683-0693 or by mail. A check will be mailed directly to the member. All claims must be submitted within one year of the date of service.

## **GHS HEARING SERVICES HEARING AID BENEFIT**

General Hearing Services will provide hearing aid benefit to all eligible members and dependents. To find a General Hearing Services Provider near you, call 800-480-0558. Give the GHS provider group number 7530H.

### **RFSBF PRESCRIPTION DRUG PLAN**

RFSBF Prescription Drug Plan is administered by CVS/Caremark. **Insulin** (including oral agents) and diabetes equipment and supplies are covered by **ALL City Health Plans (NON-MEDICARE)**.

### **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 866-832-0563 Website – [www.caremark.com](http://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 the average wholesale price plus dispensing fee, minus co-pay. Reimbursement claim forms can be obtained by calling CVS/Caremark at 866-832-0563.

### **ANNUAL FAMILY DRUG CAP - \$6,000**

#### **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 take medication for chronic long-term conditions, you may receive up to a 90-day supply of maintenance medication through CVS / Caremark mail service pharmacy.

#### **MAINTENANCE CHOICE**

The Maintenance Choice plan provides 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 enroll call CVS Caremark Customer Care at 866-832-0563.

Please note: you will *not* receive the savings of 90-day supplies through your neighborhood CVS/pharmacy, since the higher retail co-pays 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. Call Customer Care at 866-832-0563.

#### **PICA**

The PICA Prescription Plan is a NYC Prescription Plan covering chemotherapy, self-injectables and anti-nausea medications. The PICA 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.

Express Scripts Customer Service Number: 800-467-2006

Website – [www.express-scripts.com](http://www.express-scripts.com)

## MEDICARE

### MEDICARE PART D PRESCRIPTION DRUG PLAN – SILVERSCRIPT

The RFSBF 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.

TO ENROLL IN SILVERSCRIPT UNDER THE UFA YOU MUST PROVIDE A COPY OF YOUR MEDICARE CARD, send via Email: [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), Fax: 212-683-0693 or Mail to Security Benefit Fund, 204 East 23<sup>rd</sup> St. 3<sup>rd</sup> fl, New York, NY 10010.

This Plan has an up-front **annual individual deductible of \$100**, SBF pays the SilverScript premium. After you pay your yearly deductible, you pay: 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. 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 reach a maximum amount that Medicare has set for covered drugs. Call 212-683-4723 with any questions.

### REIMBURSEMENT FOR MEDICARE PART B

When you (or your spouse) become eligible for Medicare at age 65, or before 65 because you receive Social Security Disability, the City **REQUIRES** that you take Medicare Part A (Hospital) and Part B (Doctors). **If you are in an HMO (HIP or Aetna), you must notify your health care carrier that you are going on to Medicare. The carrier will ask you to fill out an additional form.**

If you are receiving a city pension check and **both you and your spouse** are enrolled in a City Health Plan, you are entitled to a reimbursement for your Medicare Part B premium by the City of New York. See a copy of the Medicare Part B Application form on the last page of your list of benefits, also available on NYC website:

[www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf](http://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf).

### CHANGING HEALTH PLANS

Open enrollment for NYC health benefits takes place in November with an effective date of January 1<sup>st</sup> of the following year. 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." For more information, contact the NYC Office of Labor Relations 212-513-0470 or go to [www1.nyc.gov/site/olr/index.page](http://www1.nyc.gov/site/olr/index.page).

## NOTIFICATION OF CHANGE IN STATUS

You must inform the Security Benefit of ANY changes in your status (adding dependent through marriage, domestic partnership or child). See checklist below.

**Dependent children:** To add a dependent child, please send a copy of the birth certificate and S.S card.

**Marriage:** We need a copy of your marriage certificate and a copy of your spouse's S.S. card.

**Domestic partner:** A copy of your domestic partnership certification, A copy of the health benefits application, and the verification/notification provided by the City of New York (OLR).

**Divorced:** Send a copy of the entire divorce judgement to remove your spouse from the SBF benefits.

**Beneficiary Enrollment card:** Please go to the UFA website [ufanyc.org/security-benefits-forms/](http://ufanyc.org/security-benefits-forms/) and update your enrollment card for the death benefit and the Compensation Accrual Fund beneficiary or call the office at 212-683-4723.

**UFA Life Insurance:** to update your beneficiary call 646-839-6503 or email us at [lifeinsurance@ufanyc.org](mailto:lifeinsurance@ufanyc.org)

**Compensation Accrual Fund (CAF):** If your ex-spouse is awarded a portion of your CAF, it will be noted in either your divorce decree or in the document known as a Qualified Domestic Relations Order (QDRO). If so, you MUST notify CAF at the UFA. Send a full copy of the finalized QDRO or divorce decree. Please email it to [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) or fax it to 212-683-0693.

**City Health Insurance Active:** You must notify FDNY HQ. You can call 718-999-2196 or email them at [hrbenefitsunit@fdny.nyc.gov](mailto:hrbenefitsunit@fdny.nyc.gov) An alternative option is to go online to the NYCAPS / Employee Self Service (ESS) program at [www.nyc.gov/ess](http://www.nyc.gov/ess). This is to add and remove dependents from your health insurance.

**Retirees Health Insurance:** You must fill out a Health Benefit Application or ERB form <https://www.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf> and SUBMIT it to the NYC Office of Labor Relations (OLR) – Send a copy of the Birth Certificate, Social Security card AND the completed ERB form to:

**NYC OLR – HEALTH BENEFITS, 22 CORTLANDT ST FL 12, NY, NY 10007-3120**

**TEL: 212-513-0470**

**Catastrophic Major Medical Insurance Family Coverage:** Catastrophic Insurance is **ONLY** applicable to members who were **enrolled** with AMBA Catastrophic **PRIOR** to April 1<sup>st</sup>, 2011. To add your spouse/child to your Catastrophic Insurance, you must send a letter **WITHIN 30 DAYS WITH** a copy of marriage certificate and child's Birth Certificate to: AMBA (formerly known as MARSH AFFINITY GROUP/MERCER) P.O. BOX 10374, DES MOINES, IA 50306-0374 PHONE 800-503-9230

**FDNY Life Insurance:** call the NYC Fire Pension Fund at 929-436-0099 to request a “**Designation of Life Insurance Beneficiary**” form. This is for both Active and Retired firefighters.

To change your address with the NYC Fire Pension Fund, or to make changes for direct deposit, please call NYC Fire Pension Fund at 929-436-0099 or email [info@nycfirepension.org](mailto:info@nycfirepension.org).

## **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. A copy of the health carrier's confirmation that the dependent is handicapped should be provided to SBF. Once it is received, union coverage will be continued while the criteria is met.

## **CATASTROPHIC INSURANCE**

**Direct payments from FDNY Payroll WILL NOT continue 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. 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 AMBA Catastrophic Insurance at 800-503-9230.

## **VESTED RETIREES**

To be eligible to receive benefits from the Fund, a vested retiree must make a contribution that is equal to the contribution 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 – Death Benefit, Dental Plan, Optical Benefits, Surgical Assistance Fund, Hearing Aid Benefit and 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 23<sup>rd</sup> St, 3<sup>rd</sup> Fl., NY, NY 10010, or call 212-683-4723, or email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org).

## **DEATH BENEFIT**

UFA Members who have retired on or 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 through Symetra Life. 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**. The **BEST** way to do this is to submit a beneficiary enrollment card online at [ufanyc.org/retirees/forms/#](http://ufanyc.org/retirees/forms/#), or by emailing the UFA/SBF at [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), or by calling 212-683-4723 (press 2 for a benefits associate). Ask them to send you a new beneficiary enrollment card.

## **GROUP LIFE INSURANCE – RFSBF**

**UFA Life Insurance:** to update your beneficiary please call 646-839-6503 or email us at [lifeinsurance@ufanyc.org](mailto:lifeinsurance@ufanyc.org)

## **COMPENSATION ACCRUAL FUND**

The Compensation Accrual Fund (or CAF) is administered by Empower. 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 beneficiaries. 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, contact Empower directly at 833-569-2433. To update your CAF beneficiaries, you can submit an updated beneficiary card online by going to [ufanyc.org/retirees/forms/#](http://ufanyc.org/retirees/forms/#) and submitting a new beneficiary enrollment card electronically. Or you can contact [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) to request a new Beneficiary Enrollment Card, or you can call the UFA/SBF at 212-683-4723 and request a new beneficiary enrollment card be mailed to you.

## **YOUNG ADULT DEPENDENTS up to 26 YEARS of AGE**

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 26<sup>th</sup> Birthday.

## **SURGICAL ASSISTANCE FUND**

RFSBF 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** or call **646-733-7052**. Submit your forms in to: **UFA/UFOA Surgical Assistance Fund, 9 Metro Tech Center, Brooklyn, N.Y. 11201**. You can also email the Surgical Assistance Fund at [Milton.DeRienzo@CPA.com](mailto:Milton.DeRienzo@CPA.com).

## **NUMBERS TO CONTACT IN THE EVENT OF A FIREFIGHTER'S DEATH**

Notification of retired firefighter's death should be made to:

<b>NYC Fire Pension Fund - Payroll/Death Notifications</b>	<b>929-436-4868</b>
The Funeral Home or a relative may also call FDNY Operations to arrange for a color guard.	
<b>The Uniformed Firefighters Association (UFA) <a href="mailto:sbfstaff@ufanyc.org">sbfstaff@ufanyc.org</a></b>	<b>646-839-6503</b>
Death Benefit/Life Insurance for the UFA/SBF	646-839-6503
Surviving Spouse Benefits/Coverage through the UFA (1 year):	212-682-4723

### **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 Line of Duty Injury that caused the permanent disability. In that case the spouse should contact NYC Fire Pension Fund at 929-436-4868 or email [info@nycfirepension.org](mailto:info@nycfirepension.org), notifying them of the cause of death and request them to continue her health coverage.

Upon notification of the member's death, a letter will be mailed to the surviving spouse with enrollment forms that must be completed and sent back to SBF as soon as possible.

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 mailed to your address as listed on the SBF records.

## **SURVIVING SPOUSE BENEFITS**

The RFSBF provides benefits for widows and eligible dependents of retired firefighters, who retired on or 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 an Emblem Health (GHI or HIP) health plan and benefits under the RFSBF for a period of ONE YEAR ONLY. This coverage is not automatic. The City of New York terminates health coverage when a member dies. When we receive a death notification, a letter is sent to the surviving spouse/dependents with an application. The surviving spouse/dependents will be enrolled once we receive the application.

When the year of coverage, paid by the SBF, comes to an end, the surviving spouse/dependents are entitled to continue health coverage through the COBRA act. The monthly premium is then paid by the spouse/dependents directly to the carrier.

**IMPORTANT TELEPHONE NUMBERS / WEB SITES / EMAIL ADDRESSES**

Name / Web Address	Phone
Security Benefit Fund (SBF) UFA <b>www.ufanyc.org</b> For forms and more information, go to <b>ufanyc.org/retirees/forms</b> email <b>sbfstaff@ufanyc.org</b> Fax Death Benefit – SBF Surviving Spouse –Medical Coverage (One Year) Administrator, Marty Tighe <b>mtighe@ufanyc.org</b>	212-683-4723  212-683-0693 646-839-6503 212-683-4723 646-839-6577
NYC Fire Pension Fund <b>www.nycfirepension.org</b> email <b>info@nycfirepension.org</b> MAIN NUMBER Beneficiary Changes Retirees Death Notifications (Retirees & Article 1 Retirees) Retirement Desk or	929-436-0099 929-436-4861 929-436-4868 929-436-4839 929-436-4861
Surgical Assistance Fund FDNY	646-733-7052
AMBA Catastrophic Insurance	800-503-9230
Honor Emergency Fund FDNY <b>honoremergencyfund.org</b>	718-999-1216, 718-999-2531/2532
CVS/Caremark <b>www.caremark.com</b>	866-832-0563
Express Scripts <b>www.express-scripts.com</b>	800-467-2006
SilverScript <b>www.silverscript.com</b>	866-412-5373
MetLife PPO PDP Plan <b>metlife.com/ufadental</b>	800-942-0854
MetLife DHMO (MET185) Plan	800-880-1800
General Hearing Services (Hearing Aid Services) Group #7530H	800-480-0558
Compensation Accrual Fund (CAF) / Annuity / Managed by <b>Empower</b> <b>www.empower.com</b>	877-778-2100
Counseling Services Unit	212-570-1693
Optical Providers <b>ufanyc.org/optical-providers</b>	
FDNY (Death) Notifications Desk (Operations) - COLOR GUARD - the Funeral Home or a relative may also call FDNY Operations to arrange for a color guard.	718-999-7900
FDNY World Trade Center Medical Monitoring & Treatment Program <b>www.fdnymtccprogram.org</b>	718-999-1858



**New York City Office of Labor Relations  
Health Benefits Program  
nyc.gov/olr**



**Notification of Your Medicare Part B Enrollment Application**

Complete this application to notify the Health Benefits Program that you have enrolled in Medicare Part B. **Attach a copy of your Medicare card to this application.** Once you submit this application, you will be enrolled in the Medicare Part B Reimbursement Program and will **not** have to resubmit an application every year.

Medicare Part B Reimbursement Program: The City of New York Health Benefits Program reimburses Medicare-eligible retirees and their Medicare-eligible dependents for any Medicare Part B premiums (excluding any penalties) paid during the calendar year, as long as the following conditions are met:

1. The Medicare-eligible retiree is receiving a pension from a City of New York pension system, and
2. The Medicare-eligible retiree and/or Medicare-eligible dependent(s) is covered under a City of New York health plan, and
3. The health plan has the Medicare-eligible retiree and/or Medicare-eligible dependent(s) in Medicare status, and
4. The retiree is currently paying Medicare Part B premiums and is not receiving Medicare Part B reimbursement(s) from any other source including Medicaid.

Reimbursement will be issued to you in the same manner in which you receive your pension payments; if you receive direct deposit of your pension payments, your reimbursement will also be made via direct deposit.

Reimbursement will occur in the spring of the year, following the close of the year in which you paid Medicare Part B premiums. For example, any Medicare Part B premiums you paid in 2019, would be reimbursed to you in Spring 2020.

**Section I: Retiree Information: YOU MUST PROVIDE A COPY OF YOUR MEDICARE CARD**

Name (Last, First, MI): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Retirement Date: \_\_\_\_\_ Pension System: \_\_\_\_\_ Pension No.: \_\_\_\_\_

Health Plan Name: \_\_\_\_\_ Union/Welfare Fund: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City State Zip

**Section II: Eligible Dependent Information: YOU MUST PROVIDE A COPY OF YOUR DEPENDENT'S MEDICARE CARD**

1) Name (Last, First, MI): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City State Zip

2) Name (Last, First, MI): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City State Zip

*Please submit this form, along with a copy of applicable Medicare Card(s)*

**Electronically to:**  
<https://nycemployeebenefits.leapfile.net>

OR

**By mail to:**  
 NYC Health Benefits Program  
 Attn: Medicare Unit  
 22 Cortlandt Street, 12th Floor  
 New York, NY 10007

Please note: Queens Borough Public Library retirees, Brooklyn Public Library retirees, and City University of New York retirees should contact their agency's benefits office directly.

Retired NYCTA civilians, with the exception of NYCTA Police Officers, must contact the Transit Authority.

Furthermore, the Medicare Part B/IRMA reimbursement by the City of the Medicare Part B premiums actually paid to Medicare by retirees, pursuant to Section 12-126 of the New York City Administrative Code, are excludable from the gross income of the retiree under Section 106 of the Internal Revenue Code.