

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

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# **RETIRED FIREFIGHTER SECURITY BENEFIT FUND (RFSBF)**

## **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.

### **COVID PANDEMIC NOTES**

**During the COVID pandemic, please note that the NYC Office of Labor Relations is not staffed – everyone is working remotely. Mail that is sent via USPS with a return receipt request will NOT be picked up or processed, and faxes are not being processed either (NO ONE IS THERE).**

**For best results, please upload any documents for OLR using their Leapfile website:**

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

**You can also email forms to [healthbenefits@olr.nyc.gov](mailto:healthbenefits@olr.nyc.gov) and [nycretireeshbp@emblemhealth.com](mailto:nycretireeshbp@emblemhealth.com).**

**If you wish to send via USPS mail, please send via certified mail ONLY (not return receipt).**

**Mail or faxes that are received should be processed once the offices reopen and are fully staffed.**

You can also email the form to [healthbenefits@olr.nyc.gov](mailto:healthbenefits@olr.nyc.gov) AND [NYCRetireesHBP@emblemhealth.com](mailto:NYCRetireesHBP@emblemhealth.com),  
**but <https://nycemployeebenefits.leapfile.net> is probably your best bet.**

### **NOTES FOR UPDATING THIS ARTICLE – UPDATED RESOURCES REGARDING COVID**

**GENERIC EMAIL FOR PENSION FUND? WAITING FOR RESPONSE FROM THEM  
Ufanyc benefits website? BOTHER PUTTING IN, OR IS IT BEING DISCONTINUED?**

### **DENTAL PLANS 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) Healthplex Florida administered by Solstice (\$500)**

### **CHANGING DENTAL PLANS**

Members may change dental plans each year during Open Enrollment, which takes place from October 15<sup>th</sup> through November 30<sup>h</sup>. Plan changes will take effect on January 1<sup>st</sup>. Members can go to [www.ufanycbenefits.org](http://www.ufanycbenefits.org) and submit a new dental enrollment card, or email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) to request that a card be emailed to them. Plan change requests received AFTER November 30<sup>th</sup> will not be processed.

### **U.F.A. SELF-INSURED HEALTHPLEX**

Retiree is reimbursed in accordance with the RFSBF Schedule of Fees. A dental form must be filled out. \$2,500 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. Reimbursement claim forms should be submitted electronically by the provider. If a member needs claim forms they can email Healthplex at [memberinfoUFA@healthplex.com](mailto:memberinfoUFA@healthplex.com) or [info@healthplex.com](mailto:info@healthplex.com), call them at 800-468-0600 or contact SBF by emailing [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) or calling 212-683-4723.

## **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. **\$2,500 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, where you are locked into one dentist (pre-authorization required for specialty visits). 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.**

If a member is in Dentcare and wishes to change their assigned dentist, they can register at [www.healthplex.com](http://www.healthplex.com) and search for another dentist within the Dentcare plan, or call them at 800-468-0600 or email them at [memberinfoUFA@healthplex.com](mailto:memberinfoUFA@healthplex.com) or [info@healthplex.com](mailto:info@healthplex.com).

## **HEALTHPLEX FLORIDA Administered by Solstice (S500)**

Effective January 1, 2014, Retirees residing in Florida may elect Healthplex Florida Administered by Solstice (S500). This plan offers an open access network, with no need for pre-selection of a dental provider.

Members of the Healthplex Florida S500 / Solstice 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.SolsticeBenefits.com](http://www.SolsticeBenefits.com) or call the Members Services Department 877-760-2247.

## **RFSBF PRESCRIPTION DRUG PLAN**

RFSBF 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)**.

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 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 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 - \$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 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 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. 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

**Anti-Nausea** – 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.

Express Scripts Customer Service Number: 800-467-2006

Website – [www.express-scripts.com](http://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 an 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. **First, you should fill out the Medicare Part B Reimbursement Application (found on the last page), and 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:

- Member’s Name and Full Social Security Number
- Spouse’s Name and Full Social Security Number if it is the Spouse going into Medicare
- Birth dates for yourself and your spouse
- Your retirement date
- Your pension number
- Name of your health plan
- Name of your union
- A Phone Number and/or Email Address You can be reached at in case there are questions.

#### **KEEPING IT SIMPLE:**

**You can fill in the Medicare Reimbursement Application form electronically (at <https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf>) then save it. You’re then going to email the document to [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) and upload it to submit it to the city using their LEAPFILE Website: <https://nyemployeebenefits.leapfile.net>.**

You can also follow the instructions below and then email/fax it. But this first option (Keeping it Simple) is best.

Once you've provided the information above, make a copy of that page, and a copy of the Medicare Part B Reimbursement Application Form (on last page). Send 1 copy of ALL the above information ALONG with the Medicare Part B Reimbursement Application Form to:

<u>Send 1<sup>st</sup> copy (VIA USPS Mail - certified, return receipt) to:</u>	<u>Send 2<sup>nd</sup> Copy to:</u>
<p><b>City of New York Office of Labor Relations (OLR) / Employee Health Benefits Program</b> <b><u>Attention: Medicare Unit</u></b> 22 CORTLANDT ST FL 28 NEW YORK NY 10007-3144 or FAX to 212-306-7373</p> <p>During the COVID Pandemic, for BEST results, you should UPLOAD the forms <b>TO THE CITY USING THEIR LEAPFILE WEBSITE:</b> <b><a href="https://nyemployeebenefits.leapfile.net">https://nyemployeebenefits.leapfile.net</a></b></p> <p>You can then email the city at <b><a href="mailto:healthbenefits@olr.nyc.gov">healthbenefits@olr.nyc.gov</a></b> to verify receipt.</p>	<p><b>Security Benefit Fund of the UFA</b> <b><u>Attn: Medicare Unit</u></b> 204 EAST 23<sup>rd</sup> STREET, 3RD FL NEW YORK NY 10010-4697 <b>or Fax to 212-683-0693</b> <b>or Email to <a href="mailto:sbfstaff@ufanyc.org">sbfstaff@ufanyc.org</a></b> (For best results, if you wish to verify a fax/email was received, please INCLUDE a request for confirmation with the fax for email. Alternatively, you can call 212-683-4723, then press 2 for a benefits associate to verify fax / email was received)</p>

**\*\*\*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. Please note that if you have a LAPSE in your prescription coverage due to late or delayed enrollment with Medicare, you could potentially incur a “Late Enrollment Penalty” from Social Security / Medicare. If you don’t enroll when you're first eligible for Medicare, you can be subject to a late-enrollment penalty, which is added to the Medicare Part A premium. The penalty is 10% of your monthly premium, it will apply regardless of the length of the delay, and is a PERMANENT penalty.\*\*\***

**COVID PANDEMIC NOTES**

**During the COVID pandemic, please note that the NYC Office of Labor Relations is not staffed – EVERYONE is working REMOTELY. Mail that is sent via USPS with a return receipt request will NOT be picked up or processed, and faxes are not being processed either (NO ONE IS THERE). For best results, please upload any documents for OLR using their Leapfile website: <https://nyemployeebenefits.leapfile.net>**

**KEEPING IT SIMPLE:**

**You can fill in the Medicare Reimbursement Application form electronically (at <https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf>) then save it. You’re then going to email the document to [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) and upload it to submit it to the city using their LEAPFILE Website: <https://nyemployeebenefits.leapfile.net>. You can also follow the instructions above and then email/fax it. But this first option (Keeping it Simple) is best.**

If you are in an HMO (Example: HIP, AETNA, etc.) you must inform your health carrier that you are going on Medicare.

### **MEDICARE PART D PRESCRIPTION DRUG PLAN – SILVERSCRIPT**

Effective January 1, 2010 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.

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 **2021, the limit is \$4,130**):

- 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 2021, the limit is \$4,130), 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 44% 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 2021, the T.R.O.O.P. limit is \$6,550**. 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 at the same time. If you try, you risk being kicked out of both and having a lapse in coverage.** Some health plans stipulate that in order to remain in their health plan you must use their prescription drug plan.

### **ONCE ON MEDICARE PICA WILL NO LONGER BE AVAILABLE**

**REMINDER, PLEASE PROVIDE RFSBF 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 RFSBF FAX NUMBER IS 212-683-0693.

**NOTE:** It is **STRONGLY ADVISED** that members and dependents who are going into Medicare go to the Social Security Office to sign up for Medicare as **EARLY** as **three months prior to their Medicare start date**. As soon as you or your eligible dependent(s) go on Medicare, a copy of the Medicare Card **MUST** be mailed to the RFSBF 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.).

**\*\*\*Please note that if you have a LAPSE in your prescription coverage due to late or delayed enrollment with Medicare, you could potentially incur a "Late Enrollment Penalty" from Social Security / Medicare. If you don't enroll when you're first eligible for Medicare, you can be subject to a late-enrollment penalty, which is added to the Medicare Part A premium. The penalty is 10% of your monthly premium, it will apply regardless of the length of the delay, and is a PERMANENT penalty.\*\*\***



## **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. Email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), or call 212-683-4723 or look on the UFA website for information ([www.ufanyc.org](http://www.ufanyc.org) or [www.ufanycbenefits.org](http://www.ufanycbenefits.org)).

For \*ANY\* change in status, you should **update your beneficiaries with the UFA/SBF**. The easiest way to do this is to submit a beneficiary enrollment card electronically by going to [www.ufanycbenefits.org](http://www.ufanycbenefits.org). You can also email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) or call the Security Benefit Fund at 212-683-4723 to request a beneficiary enrollment card – however you are HIGHLY ENCOURAGED to submit it electronically at [www.ufanycbenefits.org](http://www.ufanycbenefits.org). 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 Pension Fund, or to make changes for direct deposit, please call NYC Fire Pension Fund at 929-436-0099.

### **CHANGING HEALTH PLANS**

You can change health plans every other year during the even numbered years (2020, 2022, 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. For more information, contact the NYC Office of Labor Relations 212-513-0470 or go to <http://www1.nyc.gov/site/olr/index.page>.

### **CHANGING DENTAL PLANS**

You may change dental plans each year between October 15<sup>th</sup> and November 30<sup>th</sup>. Most plan changes take effect on January 1<sup>st</sup>. The best way to do it is to go online to [www.ufanycbenefits.org](http://www.ufanycbenefits.org) and submit a dental enrollment card electronically. To request paperwork to change plans, you can also contact the RFSBF by emailing [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), or calling 212-683-4723 and press 2 for a benefits associate.

## OPTICAL

One eye exam and either: one pair of single vision, bifocal or contact lenses (subject to providers' surcharges) for Retirees and eligible dependents **EVERY TWO YEARS**. Maximum benefit of \$130 (Includes \$30 for the exam, \$50 for the Frames, \$50 for the Lenses, OR \$100 for Contact Lenses). Benefit will be 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 or Fax to 212-683-0693.** 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:  
<https://ufanyc.org/optical-providers/>

## CATARACT LENSES

The Retired SBF allows up to \$150 toward overall 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 23<sup>rd</sup> Street Att: 3<sup>rd</sup> Floor / Cataracts, New York, NY 10010-4697 or Fax to 212-683-0693.** A check will be mailed directly to the member. **All claims must be submitted within one year from date of service.** Make sure to keep copies for your records.

## 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: **For direct reimbursement, mail the PAID bill and the audiologist's report to: Security Benefit Fund of the UFA, 204 East 23<sup>rd</sup> Street Att: 3<sup>rd</sup> Floor / Hearing Aids, New York, NY 10010-4697 or Fax to 212-683-0693.** A check will be mailed directly to the member. **All claims must be submitted within one year from date of service.** Make sure to keep copies for your records.

## GHS HEARING SERVICES HEARING AID BENEFIT

Effective October 1, 2018, General Hearing Services will provide a hearing aid benefit to all eligible members and dependents.

With your Silver Hearing Plan, you will receive the following:

- Comprehensive hearing screening covered in full
- \$1,000 maximum benefit once every three (3) years covered by the Uniformed Firefighters Association
- A significantly discounted pricing schedule for hearing products and related services, including the latest technology, at up to 60% off the Manufacturer's Suggested Retail Price (MSRP)
- With any hearing aid purchase, members receive an extended three (3) years product warranty and a one (1) year supply of batteries for free!
- If a member chooses to receive services from a non-participating (out-of-network) location, the process with Uniformed Firefighters Association will remain the same. The member will be required to pay the full cost for the hearing device and submit an itemized receipt and completed claim form to Uniformed Firefighters Association for a maximum reimbursement of \$1,000.

To find a General Hearing Services Provider near you, call 800-480-0558 or go to and provide them with group number 7530H.

### **DEATH BENEFIT**

Please note that the FDNY Pension Office is now known as the **NYC Fire Pension Fund** – a separate entity from FDNY HQ. The NYC Fire Pension Fund is now located at 1 Battery Park Plaza, 9th Floor, New York, NY 10004-1405. Their main phone number is 929-436-0099 and their fax number is 646-869-1219.

Notification of a retired firefighter's death is made to the NYC Fire Pension Fund by calling 929-436-4868 (after hours and on weekends, notifications can be made to FDNY Operations at 718-999-7900). For a color guard for funerals, the Funeral Home or a relative may also call FDNY Operations to arrange for a color guard. They can be reached at 718-999-7900. Lastly, notification should be made to the SBF by calling 646-839-6503.

**FDNY HQ Life Insurance** - Retirees have a life insurance policy in the amount of \$7,500 with the FDNY HQ Life Insurance Fund. This is the \$9 deduction on your earnings statement listed as Fire Life. **Please update your beneficiaries with NYC Fire Pension Fund – make sure they are up to date! Call 929-436-4856 to inquire about your beneficiaries.**

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 insured through the 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 [www.ufanycbenefits.org](http://www.ufanycbenefits.org). Or you can email the UFA/SBF at [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org), or call 212-683-4723 (and press 2 for a benefits associate). Ask them to send you a new beneficiary enrollment card.**

### **GROUP LIFE INSURANCE - RFSBF**

To update your status or beneficiary, please contact Maria Zingone at 646-839-6503 or email [mzingone@ufanyc.org](mailto:mzingone@ufanyc.org).

### **COMPENSATION ACCRUAL FUND**

**PLEASE NOTE that under the 2008-2010 Collective Bargaining Agreement, any members hired after 2010 will have to wait 5 years until they are eligible for the Compensation Accrual Fund account.**

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 can submit an updated beneficiary card online by going to [www.ufanycbenefits.org](http://www.ufanycbenefits.org) and submitted a beneficiary enrollment card electronically. Alternatively, you can email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) to request a new Beneficiary Enrollment Card or call the UFA/SBF at 212-683-4723 and request a new beneficiary enrollment card.

### **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 26<sup>th</sup> Birthday. The RFSBF Benefits include Dental, Prescription Drugs, Optical and Hearing Aids. Student verification is no longer necessary.

### **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**. 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**. You can also email the Surgical Assistance Fund at [Milton.DeRienzo@CPA.com](mailto:Milton.DeRienzo@CPA.com).

### **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. Member must submit to the RFSBF a copy of the health carrier's confirmation that the dependent is handicapped. Once it is received, RFSBF 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.

### **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. After that year, the surviving spouse has the option of enrolling in COBRA for Life. Under COBRA for Life, their coverage will continue, and the surviving spouse will be billed directly.

Upon notification of the member's death, a letter will be sent to the surviving spouse with enrollment forms that must be filled out and sent back.

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. **For more information, surviving spouses should contact the UFA/SBF regarding the one year of medical coverage by calling 646-839-6528.**

Surviving Spouses should also notify the NYC Office of Labor Relations (OLR) upon the passing of their spouse, to ensure that they will still receive the Medicare Part B Reimbursement for the year in which their spouse died. Medicare Part B Reimbursements are usually received with a Pension Check (whether its Direct Deposit or a paper check), so once the member/Spouse has passed, OLR may not still send that reimbursement. If the Surviving Spouse does not receive the Reimbursement in April (for the previous year's contribution), the Surviving Spouse should write to:

New York City Office of Labor Relations  
Health Benefit Plan, **Attention: Medicare Unit**  
22 CORTLANDT ST FL 12, NEW YORK, NY 10007-3120

Please include your name, retiree spouse's name (if applicable) retiree's Social Security number, agency from which the retiree retired, current address, telephone number, and a copy of your Medicare card/ your spouse's Medicare card (if applicable). This review process may take up to 8 weeks from receipt of the above information. **You can also upload these documents and make changes to your status using the OLR "LeapFile" website, which can be found at <https://nyemployeebenefits.leapfile.net>.**

### **VESTED RETIREES**

In order to be eligible to receive benefits of 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 provided by the RFSBF

- 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 23<sup>rd</sup> Street, 3<sup>rd</sup> Fl., NY, NY 10010. Or call 212-683-4723. Or email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org).

In all cases where there is a change of family status, member must file a Health Benefits Application (or ERB) and forward it to:

**NYC HEALTH BENEFITS PROGRAM - OLR**  
**22 CORTLANDT ST FL 28, NEW YORK NY 10007-3144**

**212-513-0470 or <http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf>**

**HOWEVER, FOR BEST RESULTS, please upload any documents for OLR using their Leapfile website: <https://nyemployeebenefits.leapfile.net>**

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

Name / Web Address	Phone
Security Benefit Fund (SBF) UFA <a href="http://www.ufanyc.org">www.ufanyc.org</a> or <a href="http://www.ufanycbenefits.org">www.ufanycbenefits.org</a> email <a href="mailto:sbfstaff@ufanyc.org">sbfstaff@ufanyc.org</a> Fax Death Benefit – SBF Surviving Spouse –Medical Coverage (One Year)	212-683-4723 212-683-0693 646-839-6503 646-839-6528
NYC Fire Pension Fund – MAIN NUMBER..... Beneficiary Changes Retirees Death Notifications (Retirees & Article 1 Retirees) Retirement Desk or	929-436-0099 929-436-4856 929-436-4868 929-436-4839 929-436-4861
Surgical Assistance Fund FDNY	646-733-7052
MERCER (formerly MARSH) Catastrophic Insurance	800-503-9230
Honor Emergency Fund FDNY	718-999-1216, 718-999-2531/2532
CVS/Caremark <a href="http://www.caremark.com">www.caremark.com</a>	866-832-0563
Express Scripts <a href="http://www.express-scripts.com">www.express-scripts.com</a>	800-467-2006
SilverScript <a href="http://www.silverscript.com">www.silverscript.com</a>	866-412-5373
Dentcare / Healthplex <a href="http://www.healthplex.com">www.healthplex.com</a> Email <a href="mailto:memberinfoUFA@healthplex.com">memberinfoUFA@healthplex.com</a> or <a href="mailto:info@healthplex.com">info@healthplex.com</a>	800-468-0608
Healthplex Florida – administered by Solstice (S500) <a href="http://www.SolsticeBenefits.com">www.SolsticeBenefits.com</a>	877-760-2247
General Hearing Services (Hearing Aid Services) Group #7530H	800-480-0558
Compensation Accrual Fund (CAF) / Annuity / Managed by Prudential <a href="http://www.prudential.com">www.prudential.com</a>	877-778-2100
Counseling Services Unit	212-570-1693
Optical Providers <a href="https://ufanyc.org/optical-providers/">https://ufanyc.org/optical-providers/</a>	
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 <a href="https://www.fdnwtcprogram.org/">https://www.fdnwtcprogram.org/</a>	718-999-1858
<b>NYC OFFICE OF LABOR RELATIONS (OLR) Health Benefits Plan (HBP)</b> <b>Upload Forms to:</b> <a href="https://nyemployeebenefits.leapfile.net">https://nyemployeebenefits.leapfile.net</a> <b>Health Benefits Home Page:</b> <a href="https://www1.nyc.gov/site/olr/health/healthhome.page">https://www1.nyc.gov/site/olr/health/healthhome.page</a> <b>City Employee Health / Medical / Medicare Benefits*:</b> <a href="http://www1.nyc.gov/site/olr/index.page">http://www1.nyc.gov/site/olr/index.page</a> (*Not managed by the UFA) <b>Health Benefits Application:</b> <a href="http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf">http://www1.nyc.gov/assets/olr/downloads/pdf/health/health-benefits-application.pdf</a> <b>Medicare Reimbursement Application:</b> <a href="https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf">https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf</a>	212-513-0470  1) Inquiries and questions can be emailed to <a href="mailto:healthbenefits@olr.nyc.gov">healthbenefits@olr.nyc.gov</a>  2) Forms/documents can be sent via email to <a href="mailto:NYCRetireesHBP@emblemhealth.com">NYCRetireesHBP@emblemhealth.com</a>

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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:

<b>MEMBER INFORMATION</b>	
<b>Name:</b>	
<b>COMPLETE Social Security Number:</b>	
<b>COMPLETE Street Address:</b>	
<b>City/State/Zip:</b>	
<b>Home Phone Number:</b>	
<b>Cellular Phone Number:</b>	
<b>Date of Appointment to FDNY:</b>	
<b>Company Appointed to:</b>	
<b>Badge Number:</b>	
<b>Date of Retirement from FDNY:</b>	
<b>Rank:</b>	
<b>Company Retired From:</b>	
<b>Pension Number:</b>	
<b>Spouse's Name:</b>	
<b>Medical Insurance:</b>	
<b>Retirement Type:</b>	<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

**NYC Fire Pension Fund - Payroll/Death Notifications .....929-436-4868**

The Funeral Home or a relative may also call FDNY Operations to arrange for a color guard.

**FDNY Operations (Color Guard)..... 718-999-7900**

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

**The Uniformed Firefighters Association (UFA) [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) ....212-683-4723**

**Death Benefit/Life Insurance for the UFA/SBF .....646-839-6503**

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

**Surviving Spouse Benefits/Coverage through the UFA (1 year) .....646-839-6528**



### **Pension Check**

Do not cash, or if direct deposit **do not spend**, the last pension check of a deceased member. 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 10<sup>th</sup>, the amount for the remaining 20 days will have to be returned. Notify the NYC Fire Pension Fund of the death of a member at 929-436-4868. Please remember that if the deceased member and/or spouse were receiving Medicare Part B Reimbursements, they should still receive one for the year in which the member passed – although the reimbursement won't be given until April of the following calendar year. See page 14 / Medicare Reimbursement information for more instructions.

### **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, notifying them of the cause of death and request them to continue her health coverage.

**Death Certificates** will be needed for the following:

- NYC Fire Pension Fund
- 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 NYC Fire Pension Fund at 929-436-4856 to request beneficiary forms, and
- Call the UFA/SBF at 212-683-4723 (press 2 for a benefits associate) or email [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org) and ask them to send you a new Beneficiary Enrollment Card. For **BEST** results, you can submit an updated beneficiary card online by going to [www.ufanycbenefits.org](http://www.ufanycbenefits.org) and submitted a beneficiary enrollment card electronically.

## Medicare Part B Reimbursement Program Application

See the Medicare Information on Page 6 for more information regarding the form below.



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

# HBP

\*\*\* Please note that the Office of Labor Relations (OLR) / NYC Health Benefits Plan is **CLOSED** due to the COVID pandemic shutdown.\*\*\*  
**FOR BEST RESULTS, SEND FORMS TO THE CITY USING THEIR LEAPFILE WEBSITE: <https://nycemployeebenefits.leapfile.net>**

If you MAIL forms to OLR, please just send them via **Certified Mail ONLY – NOT Return Receipt!**  
NO ONE is physically in the office to SIGN for these documents. Alternatively, you can EMAIL the attached Medicare Part B Reimbursement form (and a copy of your Medicare card) to: [healthbenefits@olr.nyc.gov](mailto:healthbenefits@olr.nyc.gov), [NYCRetireesHBP@emblemhealth.com](mailto:NYCRetireesHBP@emblemhealth.com) and

**MAKE SURE YOU ALSO EMAIL TO [sbfstaff@ufanyc.org](mailto:sbfstaff@ufanyc.org).**

### Medicare Part B Reimbursement Program Application

You can also fill out this form online, then print and upload it to the leapfile website listed above.  
<https://www1.nyc.gov/assets/olr/downloads/pdf/health/med-b-application.pdf>

### 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. **PLEASE MAKE SURE YOU ALSO NOTIFY YOUR MEDICAL INSURANCE CARRIER THAT YOU ARE AGING INTO MEDICARE AS THEY MAY ASK YOU TO FILL IN ADDITIONAL FORMS.**

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 (do not mail) to: <https://nycemployeebenefits.leapfile.net>