RETIRED FIREFIGHTER SECURITY BENEFIT FUND (RFSBF)
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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 PLAN FOR RETIREES

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 500 - FLORIDA
(This Plan Replaces Comp Benefits Fla.)

Effective April 1, 2010, Retirees residing in Florida may elect Healthplex America Plan 500. This plan offers an open access network, with no need for pre-selection of a dental provider.

Members of the Healthplex America 500 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). Up front annual family deductible $125.

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

PARTICIPATING PHARMACY
Once the deductible is met 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.NOTE: No deductible will be required for prescriptions being filled at mail service and 35% of the cost of the drug still applies to mail orders. Deductible still applies to retail prescriptions.

The $125 deductible does not apply when using mail order. Co-insurance of 35% of the cost of the drug still applies as well as minimum for Generic and Brand-name.

PICA
Plan 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 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

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.

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 2012, the limit is $2,930):

- 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 2012, the limit is $2,930), 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 2012, the T.R.O.O.P. limit is $4,700. 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 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**


**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.)
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.
- When you become a new parent we need a copy of the birth certificate.
- If you get divorced we need a copy of the first and last page of the divorce decree.
- 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.

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
You can quickly look up optical providers in your area that accept UFA SBF coverage via a link on the UFA website:

Optical benefits provided by the SBF allow an eye examination and one pair of prescription eyeglasses for each Retired Member and each of their eligible dependents every TWO calendar years, as follows:

a. **Covered**: The benefits include a routine eye examination, glass or plastic single vision or bifocal prescription lenses and a standard frame. Contact lenses may be substituted for lenses and frame, subject to providers’ surcharges for fittings, follow-up examinations and/or materials. Surcharges, when applicable, are payable by the member. Make sure you inquire about surcharges in advance of any service. **You have ONE year to submit a claim.**

b. **Cataract Lenses**: The Retired SBF allows up to $75 toward purchase after NYC Health Plan & Medicare, etc., have paid their portions (if applicable). Send the paid bill and NYC Health Plan(s) Explanation of Benefits (EOB) to the SBF Office for direct reimbursement. **You have ONE year to submit a claim.**

c. **Not Covered**: sunglasses, shatter-proof lenses where requested, more expensive frames, tinting, case-hardened lenses, progressive lenses, high-indexed lenses and similar options, except as specified on the SBF optical provider listing.

d. **Limits**: Participating eyeglass service providers’ fees are paid by the SBF up to a maximum of $60 per dependent every TWO years, which is calculated as follows:

   1. Eye Exam: ..up to $15
   2. Lenses: .......up to $25
   3. Frames........up to $20
      ... or....
   4. Contact Lenses up to $45
HEARING AID
Effective January 1, 1999, Retirees and their eligible dependents are covered for one (1) hearing aid once every five (5) years up to a maximum of $600, upon referral of physician or audiologist. To file a Claim: When you have purchased a hearing aid, send a copy of the paid bill and a copy of the audiologist’s report to the SBF Office for reimbursement. A check will be mailed directly to the member. **You have ONE year to submit a claim.**

DEATH BENEFIT
Notification of a retired firefighter’s death is made to the NYC Fire Department by calling 718-999-2320 or 718-999-2321. 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. 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.

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

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.

**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 made 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  
www.nyc.gov/html/olr

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 entitled to the same 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.
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<thead>
<tr>
<th>Name / Web Address</th>
<th>Phone</th>
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<tbody>
<tr>
<td></td>
<td>Fax 212-683-0693</td>
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<tr>
<td>Welfare Fund (AMB/OXY) FDNY</td>
<td>718-999-1886</td>
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<td>Retiree Beneficiary Changes FDNY</td>
<td>718-999-1206</td>
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<td>Article 1 Retirees FDNY</td>
<td>718-999-1207</td>
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<td>Surgical Assistance Fund FDNY</td>
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<td>Pension Life Insurance FDNY</td>
<td>718-999-2320</td>
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<td>Honor Emergency Fund FDNY</td>
<td>718-999-2531/2</td>
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<tr>
<td>SilverScript <a href="http://www.silverscript.com/">www.silverscript.com/</a></td>
<td>866-412-5373</td>
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<tr>
<td>Dentcare / Healthplex <a href="http://www.healthplex.com">www.healthplex.com</a></td>
<td>800-468-0608</td>
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<tr>
<td>Florida Dental - Healthplex America 500 <a href="http://www.yourdentalplan.com/healthplex">www.yourdentalplan.com/healthplex</a></td>
<td>888-200-0322</td>
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<tr>
<td>Counseling Services Unit <a href="http://www.nyc.gov/html/fdny/html/units/csu/index.shtml">www.nyc.gov/html/fdny/html/units/csu/index.shtml</a></td>
<td>212-570-1693 or 212-570-1696</td>
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<tr>
<td>FDNY Retirement Desk</td>
<td>718-999-2324</td>
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<tr>
<td>FDNY (Death) Notifications Desk</td>
<td>718-999-2320 or 718-999-2321</td>
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<tr>
<td>City Employee Health / Medical / Medicare Benefits*</td>
<td>212-513-0470*</td>
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<td>(*Not managed by the UFA)</td>
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<td><a href="http://www.nyc.gov/html/olr">www.nyc.gov/html/olr</a></td>
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Last updated 1/23/2013