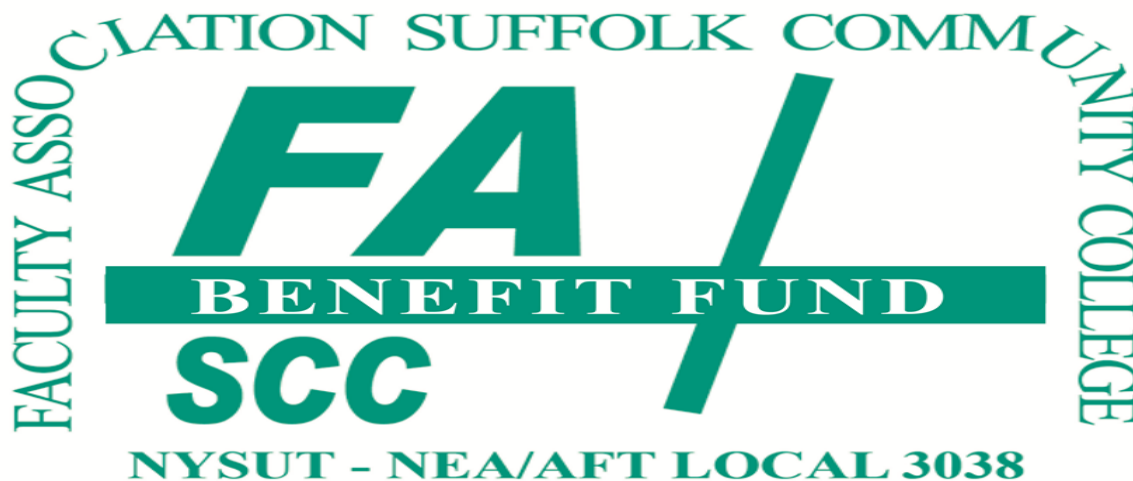


RETIREMENT SEMINAR



Presented by Mary Kaffaga
Fund Administrator
October 3, 2025

Retiree Benefits

- Eligibility: In order to qualify for FA Benefit Fund Retiree Benefits, you must meet the first requirement. PLUS either 2A or 2B listed below:

- 1) You must be receiving or be entitled to receive a monthly pension from a New York State retirement system (TRS or ERS) or the New York State Optional Retirement Program, TIAA-CREF.

AND

- 2A) You have at least 10 years of full-time or job share employment with Suffolk County and you leave employment on or after age 55.

OR

- 2B) You retire pursuant to any early retirement incentive.
- Note: The Retiree must also have maintained active membership in the Union, as defined by its Constitution, for the ten years preceding retirement in order to receive the Fund in retirement.

Enrollment Required for Retiree Benefits:

- You must complete a Retiree Enrollment form and return it to the Fund Office within sixty (60) days of your retirement date. This enrollment form will indicate the coverage level at which you choose to participate for the next Fund fiscal year (September 1 to August 31st).
- Eligibility for dependents of retirees and benefits available will be based on the coverage chosen on the Retiree Enrollment form.

Coverage Options

- You may enroll for one (1) individual plan, covering yourself only;
OR
- Two (2) individual plans, covering you and your spouse/enrolled domestic partner only;
OR
- One (1) family plan, covering you and all of your eligible dependents.
- However, if you are married to, or in a domestic partnership with, another retired member, you can choose either:
 - One (1) individual plan each;
OR
 - One (1) Two (2) individuals for both.
- You may **NOT** each opt for two (2) individual plans

NOTE: If enhanced coverage is purchased only for you, you will not be permitted to add coverage for your dependents at a later date.

What You Need To Do Before Retiring

- When you have submitted your Retirement Letter, please call the Fund regarding the date of your Retirement (451-4323).
- Or email me at mary@fascc.org

The Fund will mail you an Enrollment form

- You must complete and return the Enrollment form with your check within sixty (60) days of your retirement



What You Need To Do Before Retiring

- This is the only opportunity you will have to obtain this coverage.
- If you do not elect to enroll in either the Enhanced or Enhanced Plus plan within the 60 day period your coverage will cease and you will not be given the opportunity to enroll in these plans in the future.
- If you retire December 31st you will be covered until December 31st. (You must return the form with your payment before January 1st.) The cost will be the monthly payment for January thru August.

What You Need To Do Before Retiring

- If you retire June 30th you will be covered until June 30th. (You must return the form/with payment before July 1st.)
 - One Individual will be \$127.67 per month for July and August
 - Two Individuals will be \$255.33 per month for July and August
 - Family Coverage will be \$319.17 per month for July and August
 - A invoice will be mailed to you in June with the new rates for Academic Year 2025/2026.
- Eligibility for dependents is based on the coverage you choose during the open enrollment window period. If you elect individual coverage at this time you will not be entitled to elect dependent coverage at a later date.

Enhanced/Enhanced Plus Plan Coverage

- Dental – (September 1 - August 31st) Based on Fee Schedule
- Annual Maximums:
 - \$3,250 per individual,
 - \$2,000 Periodontal (you must be treated by a Periodontist).
 - \$4,000 Lifetime Implant Benefit (This carries over from Active Usage)
 - Orthodontic Benefit: \$6,351 Lifetime.



Enhanced/Enhanced Plus Plan Coverage

Optical Benefit – Once per Academic Year (September 1st – August 31st)

- Comprehensive Eye Examination by a Doctor of Optometry
- Frames - \$300 value within the GVS Frame Collection
- Lenses: All first quality Single Vision, Conventional Bifocal, Blended Bifocal,
- Standard Progressive, Polycarbonate (for dependent children), Cataract, Trifocal, Safety & Oversize lenses.

OR

- Instead of eyeglasses, Contact Lenses:
- 12 month supply (8 boxes, 48 lenses) of Basic Disposable Contact Lenses.

Remember to choose between either contacts **OR** glasses otherwise you will be charged for the other exam.

Enhanced/Enhanced Plus Plan Coverage

- Prescription Drug – Copay Reimbursement - \$500 per family plus 1% over the \$500.00. Per Calendar year
- Hearing Aid Benefit - \$3,000 every 36 months from date of last purchase.
- Financial Counseling with Stacey Braun Associates— Two (2) one and one-half (1 ½) hour appointments per Academic Year) with a financial counselor.
- Enhanced Rates for Academic Year 2025/2026

Enhanced/Enhanced Plus Plan Coverage

- Enhanced Plan – Annual
- Individual – \$1,532.00
- 2 Individuals - \$3,064.00
- Family – \$3,830.00
- NEW RATES FOR 2026/2027 WILL COME OUT IN JUNE 2026
- Enhanced Plus – Legal Services will cost an additional \$81.00 per Academic Year.

