



# Bulletin

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December 2019

## ASSOCIATION CONTEST

### CONGRATULATIONS TO MOSIA BROTHERS OF MAMARONECK, NY

The NOVEMBER 2019 ASSOCIATION MONTHLY CONTEST WINNER!!!

Please read through this bulletin for your chance to win!!! Call the office with the correct answer to the trivia question and you will be entered in the monthly drawing for a chance to receive a free month's dues; a value of \$45.00.

## GENERAL ELECTION DINNER

What a great turnout we had. It was so nice to see so many members take part in our annual dinner. We had a wonderful line up of presentations from several vendors and special guests. Westchester County Executive George Latimer and Assemblyman Michael Dendekker joined us to show their support for the industry. The raffle drawing took place and the following winners were announced:

#### **Grand Prize Winner**

Jerry Mucchia, Pawling NY

#### **2<sup>nd</sup> Prize Winner**

Tanvir Mahmood - Fordham Service Center, Bronx, NY

#### **3<sup>rd</sup> Prize Winner**

S. Posca - Posca Servicenter - Tarrytown, NY

#### **4<sup>th</sup> Prize Winner**

Matt Agnefilo - 829 Auto, Inc, West Nyack, NY

#### **5<sup>th</sup> Prize Winner**

Robert Benedettini - Star Auto Body, Mt. Vernon, NY

#### **6<sup>th</sup> Prize Winner**

Vincent Nesci

#### **7<sup>th</sup> Prize Winner**

Angelo & Joey's Auto Body - Mamaroneck, NY

#### **Six Month's Free Dues**

Star Auto Body, Mt. Vernon, NY

#### **\$1,000.00 Scholarship Winner**

Nicole Campbell, Putnam Valley, NY

Congratulations to our lucky winners. Thanks to everyone who attended. We hope you all had a good time and we look forward to seeing you next year.

## NATIONWIDE PET INSURANCE DISCOUNT FOR MEMBERS

Nationwide® pet health insurance can help you manage the cost of veterinary care, from annual preventive care to accidents and illnesses. With a Nationwide pet insurance policy, you'll be reimbursed for eligible treatments, surgeries, lab fees, X-rays and much more. You can seek the best care for your pet without worrying about the cost.

**Freedom:** You're free to use any veterinarian, anywhere in the world—including specialists and emergency providers—with no pre-approval necessary.

**Flexibility:** They have plans to fit every pet and every budget.

**Savings:** Receive preferred pricing as a Service Station Dealers of Greater NY Inc. member. Enjoy additional discounts when enrolling multiple pets. Save 5% when you enroll two or three pets, or 10% when you enroll four or more pets.\*

**Extras:** You'll receive 24/7 access to our vethelpline® for live veterinary advice on any pet health question, plus discounts on hand-picked pet products and services, a subscription to our award-winning The Companion magazine and more.

Trust America's oldest and largest pet insurance provider, to protect your pet's health. Visit Nationwide to explore plans and get a no-obligation quote with your member discount.

\*All pets must live in the same household and be insured by the same primary insured person. All discounts are applied to the base medical premium only, not additional riders such as optional wellness coverage.

Underwritten by Veterinary Pet Insurance Company (CA), Columbus, OH, an A.M. Best A+ rated company (2018); National Casualty Company (all other states), Columbus, OH, an A.M. Best A+ rated company (2018). Agency of Record: DVM Insurance Agency. Nationwide, the Nationwide N and Eagle, and Nationwide is on your side are service marks of Nationwide Mutual Insurance Company. ©2019 Nationwide.

## NEW OXFORD HEALTH INSURANCE RATES

The Oxford Plans are renewing on January 1<sup>st</sup>. If you are already in the Oxford plan and want to switch between plans you must do so before December 20, 2019. If you want to stay with the plan you currently have there is no need to submit a new election form, however you MUST submit the NYS-45. We no longer offer the Bronze EPO HSA. In addition we have added Silver Freedom PPO. Please see the new rates and the highlighted changes below:



Service Station Dealers &  
Automotive Services of Greater NY

**Inter-City Insurance Fund**



Oxford Health Plans

### January 2020 Oxford Medical Election Form

|               |                   |                |
|---------------|-------------------|----------------|
| Full Name     | Station Name      | Effective Date |
| Home Address  | City              | State          |
| Email Address | Home Phone Number | Fax Number     |

| Plan Features                      | Gold Freedom PPO                    |                      | Silver Freedom PPO                  |                     | Gold Liberty EPO                    | Silver Liberty EPO*                 | Silver Metro*                       |
|------------------------------------|-------------------------------------|----------------------|-------------------------------------|---------------------|-------------------------------------|-------------------------------------|-------------------------------------|
|                                    | In-Network                          | Out-of-Network       | In-Network                          | Out-of-Network      | In-Network Only                     | In-Network Only                     | In-Network Only                     |
| Benefit Period                     | Calendar Year (1/1/20 – 12/31/20)   |                      |                                     |                     |                                     |                                     |                                     |
| Deductible (Indiv / Family)        | \$1,000 / \$2,000                   | \$3,000 / \$6,000    | \$2,500 / \$5,000                   | \$4,000 / \$8,000   | \$1,000 / \$2,000                   | \$3,500 / \$7,000                   | \$3,000 / \$6,000                   |
| Deductible Type                    | Embedded                            |                      | Embedded                            |                     | Embedded                            | Embedded                            | Embedded                            |
| Out-of-Pocket Max (Indiv / Family) | \$5,800 / \$11,600                  | \$7,500 / \$15,000   | \$8,150 / \$16,300                  | \$10,000 / \$20,000 | \$5,400 / \$10,800                  | \$8,150 / \$16,300                  | \$8,150 / \$16,300                  |
| Out-of-Pocket Type                 | Embedded                            | Aggregate            | Embedded                            |                     | Embedded                            | Embedded                            | Embedded                            |
| Part D Creditable                  | Creditable                          |                      | Creditable                          |                     | Creditable                          | Creditable                          | Creditable                          |
| Referral Needed                    | No                                  |                      | No                                  |                     | Yes                                 | Yes                                 | Yes                                 |
| Network                            | Freedom                             | N/A                  | Freedom                             | N/A                 | Liberty                             | Liberty                             | Metro                               |
| Primary Care Visit                 | \$25 Copay                          | 40% after Ded        | \$40 Copay                          | 50% after Ded       | \$30 Copay                          | \$25 Copay                          | \$30 Copay                          |
| Specialist Visit                   | \$40 Copay                          | 40% after Ded        | \$70 Copay                          | 50% after Ded       | \$60 Copay                          | \$50 Copay                          | \$80 Copay                          |
| Hospital Outpatient Services       | \$250 after Deductible              | 40% after Deductible | 35% after Deductible                | 50% after Ded       | \$250 after Deductible              | 50% after Deductible                | 30% after Deductible                |
| Hosp Outpatient in Facility        | \$150 after Deductible              | 40% after Deductible | 35% after Deductible                | 50% after Ded       | \$150 after Deductible              | 50% after Deductible                | 30% after Deductible                |
| Hospital Inpatient Services        | 20% Co-insurance after Deductible   | 40% after Deductible | 35% after Deductible                | 50% after Ded       | \$500/Day after Deductible          | 50% after Deductible                | 30% after Deductible                |
| Emergency Room                     | \$500 Copay                         | \$500 Copay          | 50% after Ded                       | 50% after Ded       | \$500 Copay                         | 50% after Ded                       | 50% after Ded                       |
| RX Deductible                      | \$100 – Tier 2 & 3                  | Not Covered          | \$200 – Tier 2 & 3                  | Not Covered         | \$100 – Tier 2 & 3                  | \$100 – Tier 2 & 3                  | \$100 – Tier 2 & 3                  |
| Retail Pharmacy                    | \$10 / \$35 / \$75                  |                      | \$15 / \$45 / \$75                  |                     | \$15 / \$35 / \$75                  | \$15 / \$65 / \$85                  | \$10 / \$65 / \$90                  |
| Mail Order Pharmacy                | \$25 / \$87.50 / \$187.50           |                      | \$37.50 / \$112.50 / \$187.50       |                     | \$37.50 / \$87.50 / \$187.50        | \$37.50 / \$162.50 / \$212.50       | \$25 / \$162.50 / \$225             |
| Monthly Premium and Plan Selection |                                     |                      |                                     |                     |                                     |                                     |                                     |
| Single                             | <input type="checkbox"/> \$1,102.25 |                      | <input type="checkbox"/> \$907.72   |                     | <input type="checkbox"/> \$936.54   | <input type="checkbox"/> \$754.84   | <input type="checkbox"/> \$662.99   |
| EE/Spouse                          | <input type="checkbox"/> \$2,179.49 |                      | <input type="checkbox"/> \$1,709.43 |                     | <input type="checkbox"/> \$1,848.08 | <input type="checkbox"/> \$1,484.69 | <input type="checkbox"/> \$1,300.98 |
| EE/Child(ren)                      | <input type="checkbox"/> \$1,856.32 |                      | <input type="checkbox"/> \$1,525.62 |                     | <input type="checkbox"/> \$1,574.62 | <input type="checkbox"/> \$1,265.74 | <input type="checkbox"/> \$1,109.58 |
| Family                             | <input type="checkbox"/> \$3,095.16 |                      | <input type="checkbox"/> \$2,540.74 |                     | <input type="checkbox"/> \$2,622.89 | <input type="checkbox"/> \$2,105.06 | <input type="checkbox"/> \$1,843.27 |

#### Waiver of Coverage

☐ I hereby waive coverage for myself and/or dependents in the Inter-City Insurance Fund medical plans

\*If you elect the Gold EPO, Silver EPO or Silver Metro plan, you must select a primary care physician. If you do not elect a PCP, one will be elected for you. Please visit Oxford at [https://www.oxhp.com/secure/providerSearch/content\\_doctor.html](https://www.oxhp.com/secure/providerSearch/content_doctor.html) to find a network provider and note below:

| Name | Relationship | SSN | Date of Birth | PCP Name | PCP Number |
|------|--------------|-----|---------------|----------|------------|
|      | Subscriber   |     |               |          |            |
|      |              |     |               |          |            |
|      |              |     |               |          |            |
|      |              |     |               |          |            |

"By Signing below, in order to avoid cancellation, I agree to pay all insurance premiums by the end of the billing month."

Signature

Please return completed form via Secure Fax to: (914) 962-0108.  
If you have any questions please call (866) 573-4768 ext. 2481

Date

### TRIVIA QUESTION

What are the additional discounts you can receive for your pets?  
Call with a correct answer to qualify for a free month's dues!!!!

*Happy Holidays to All!  
Have a Safe and Happy New Year!*

I hope you enjoyed reading this month's bulletin. If you have any questions feel free to call the association. We are here to help you and your industry.

Regards,  
*Carla Obalde*  
Operations Manager