

Annual Physical Benefit

Major Plan Features

Reimburses up to \$95 towards the out-of-pocket cost of services not covered by your primary insurance carrier of a routine annual physical.

Covers eligible employees and their spouses once every calendar year.

How to Use This Benefit

- Obtain an Annual Physical Benefit Claim Form from www.cseaebf.com, or call 800-323-2732 or 518-782-1500 to request a form.
- Submit your completed form with your physician's bill and statement from your primary health insurance carrier to the Fund office showing balance due on annual physical services to:
 - CSEA Employee Benefit Fund P.O. Box 516 Latham, NY 12110-0516
- 3. The Fund will send the check to the member.

Limitations & Exclusions

- Co-pays are not reimbursable under this plan.
- Deadline for submission is March 31st of the following year for out-of-pocket expenses from the previous calendar year's physical.