SUMMARY PLAN DESCRIPTION

EMERALD PRESCRIPTION DRUG PLAN



CSEA
EMPLOYEE
BENEFIT FUND

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We are proud of the CSEA Employee Benefit Fund's accomplishments throughout the years that the Fund has been in existence. In order to counteract constantly increasing costs of prescription drugs, the EBF has successfully implemented a number of operational changes which have reduced administrative costs.

Our goal is to encourage you to maintain your health and well-being by providing you with benefits that are carefully designed with you and your family in mind.

It is through constant re-evaluation and planning that we are able to offer plans to give you the best coverage possible.

Please read this booklet carefully to become familiar with your benefits.



General Information

Enrollment

Coverage under the plans offered by the CSEA Employee Benefit Fund is not automatic. You must first enroll yourself and your dependents in the Fund. If you have not already done so, you can obtain an enrollment form by calling the CSEA EBF at **1-800-323-2732** or by visiting **www.cseaebf.com** to use the "enroll online" option. You can also download an enrollment form from the website for later submission.

Enrollment in the plan does not vest any right in the covered employee except the right to receive benefits under the plan only so long as payments are being received by the Fund on behalf of the employee.

Return the completed enrollment form and any additional information required by the Fund.

Submit All Enrollment Forms To:
CSEA EMPLOYEE BENEFIT FUND
P.O. Box 516 | Latham, NY 12110-0516

Who Is Eligible?

Full-Time Employee

- If you are a full-time employee in a CSEA represented bargaining unit that has negotiated with your employer for Fund coverage.

Part-Time Or Seasonal Employee

- If your collective bargaining agreement includes coverage for certain part-time and seasonal employees.

NOTE: An employee may not be covered both as an employee and as a dependent of an employee. A member who has a spouse eligible for coverage is not eligible to cover a domestic

partner. If member and spouse/domestic partner are Fund members, coverage for children cannot be claimed under both.

Dependents

- If your collective bargaining agreement includes dependent coverage, your dependents become eligible at the same time you do.
- You must notify the Fund promptly of changes in dependent status to ensure that new dependents receive the appropriate coverage and to avoid responsibility for charges incurred by an individual after he or she has ceased to be your dependent.

Dependents Include:

Spouse

- Your spouse. This includes a person of the same sex to whom the covered employee was married in a jurisdiction permitting same sex marriages. A spouse can be removed upon entry into a legal separation. If you become divorced, **you must** remove your ex-spouse upon the finalization of divorce.

Children (Effective 7/1/2020)

- Your children, stepchildren and legally adopted children, under the age of 26 whether residing with you or not and regardless of marital status and/or student status.
- Your legal ward under the age of 26 who permanently resides with you pursuant to a court order awarding legal guardianship/ custody to you.
- Any child or ward described above, regardless of age, who is incapable of self-support by reason of mental or physical disability, provided he or she became so disabled prior to reaching the age of 26.

C.O.B.R.A.

- If you become ineligible for Fund coverage because of retirement, termination, layoff, leave without pay or reduction in hours, you may have certain rights to continue Plan

coverage through C.O.B.R.A. Under these and certain additional circumstances, your spouse and/or dependent(s) may have rights to continue coverage through C.O.B.R.A. as well.
- Before your payroll status changes, ask your employer for details about continuing coverage through C.O.B.R.A.

CSEA EMPLOYEE BENEFIT FUND WEBSITE

- Find the most up to date information on your prescription benefits by visiting our website at **www.cseaebf.com** where you can register for our Member Portal.
- Save valuable time by printing plan information and EBF forms.

Appeal Procedure

- If you feel that you did not receive full benefits, you may appeal to the Fund.
- Send a letter to the Fund explaining why you feel you did not get the full amount to which you were entitled. Include copies of any supporting documentation.
- This procedure is not meant for services clearly not covered by the Plans, or for exemptions to or waivers of required waiting periods.

Prescription Drug Plan

Prescription Drug Card

- When you are enrolled in the Prescription Drug Plan, you will receive a Prescription Drug card from Prime Therapeutics Pharmacy with your full name only.
- Your dependents are not listed. They are on the eligibility file. You must notify the Fund of any change in family status.
- This card is presented to your pharmacist at the time of the purchase.
- There is no expiration date. This card will remain in effect as long as you are eligible for benefits.
- Co-payments and Plan information are not on the card. They are on the eligibility file and are accessible to your pharmacist.

You may obtain a Generic drug and pay:
- No Co-pay through mail service
- No Co-pay if obtaining a 30-90 day supply at a retail pharmacy

You may obtain a Brand Name medication that has no Generic Equivalent and pay:
- No Co-pay through mail service
- No Co-pay if obtaining a 30-90 day supply at a retail pharmacy

You may obtain a Brand Name medication that does have a Generic Equivalent and:
Pay the difference between the cost of the Brand Name and the cost of the Generic, plus:
- No Co-pay through mail service
- No Co-pay if obtaining a 30-90 day supply at a retail pharmacy

The following Brand Name drugs are exceptions to the Generic Requirement:
Coumadin and Synthroid. You pay No Brand Name/Generic differential plus:
- No Co-pay through mail service
- No Co-pay if obtaining a 30-90 day supply at a retail pharmacy

A member is entitled to appeal the Generic rule. Please be advised that this procedure will require your physician to substantiate medical necessity for a brand name drug. Please contact Prime Therapeutics Pharmacy at 1-800-283-6373 or visit www.primetherapeutics.com/member.

Your Prescription Drug Plan Covers:
- Drugs which, under federal or state law, may be dispensed only upon a prescription written by a physician, for only the specific use(s) as approved by the Food and Drug Administration.
- Insulin, even though sold without a prescription.
- Syringes which are used to administer prescription drugs.

How to Use Our Retail Pharmacy Program
You may go to either a participating pharmacy or a non-participating pharmacy.

1. Using a Participating Pharmacy

- To find a participating pharmacy, call 1-800-283-6373 or visit Prime Therapeutics Pharmacy at www.primetherapeutics.com/member.
- Present your prescription and Prescription Drug card at the pharmacy.
- At a participating pharmacy you may purchase up to a 90 day supply of your medications. In order to obtain a 90 day supply of your medication, your doctor must write the prescription for 90 days instead of 30 days.

  NOTE: Certain controlled substances and several other prescribed medications may be subject to other dispensing limitations and to the professional judgement of the pharmacist.

  REMEMBER: When your doctor writes a prescription for you, it must be for a generic if one is available in order to avoid paying additional costs for the name brand.

2. Using a Non-Participating Pharmacy

- You are still covered if you elect to go to a pharmacy which does not participate in the Prescription Drug Plan.
- You pay the pharmacy the full price of the prescription.
- You obtain a receipt for the prescription.
- You will complete the prescription drug reimbursement form available by calling 1-800-283-6373 or visiting www.primetherapeutics.com/member. The completed claim form reimbursement information is then sent to:

Prime Therapeutics
Attention: Claims Department
11013 W. Broad Street, Suite 500
Glen Allen, VA 23060

Or Faxed To: 1-888-656-3607

NOTE: The reimbursement you receive may be less than what you paid at the pharmacy. This is because the Plan customarily pays wholesale, not retail price.

Home Delivery by Prime Therapeutics

With home delivery, you may be able to receive up to a 90-day supply of your maintenance medication(s) at a lower price. Just ask your doctor to write two prescriptions: one for a 30-day supply to get you started (to be filled at your local pharmacy), and one for a 90-day supply, plus additional refills (to be filled by mail). Next, you may either:

- Ask your doctor to **e-prescribe** or **fax** your prescription to 1-888-282-1349. Faxed prescriptions may only be sent by a doctor's office and must include patient information and diagnosis.

  PLEASE NOTE: For prompt delivery, please provide your payment information by mailing in your completed order form or by calling 1-800-424-0472.

- **Mail** us your 90-day prescription and completed order form (available online) with payment to Prime Therapeutics Pharmacy, P.O. Box 620968, Orlando, FL 32862.

Your Prescription Plan Does Not Cover:

- Drugs which do not, by law, require a prescription, except insulin and drugs specifically designated by the Fund.
- Devices of any type, even though such devices may require a prescription order, such as, but not limited to, contraceptive devices/implants, therapeutic devices, artificial appliances,

hypodermic needles or similar devices.
- Administration or injection of any drugs.
- Anti-dandruff preps and drugs used for cosmetic purposes.
- Drugs for weight loss.
- Drugs labeled as limited by federal law to experimental or investigational use.
- Immunization agents, biological sera, blood and blood plasma.
- Allergy vaccines unless obtained from a pharmacy pursuant to a prescription.
- Drugs dispensed to a member while a patient in a hospital, nursing home or other institution.
- Drugs provided for or available to a member to the extent covered under any other prescription drug coverage plan or policy or insurance or under the law of the United States of America or any state or political subdivision thereof, including, but not limited to, any Workers' Compensation Act or similar legislation whether or not the member claims compensation or receives benefits thereunder and whether or not recovery is had by the member against a third party for damages.

Restrictions

- This Drug Plan has a mandatory Generic substitution requirement. When a prescription is written for a Brand Name drug that has a Generic Equivalent, the Plan will only cover the cost of the Generic. You must pay the cost difference between the Brand Name and Generic.
- The amount of drug that can be dispensed per prescription or refill at retail will be in quantities up to a 90 day supply or 360 unit doses, whichever is less.

CSEA EMPLOYEE BENEFIT FUND

One Lear Jet Lane, Suite 1
Latham, NY 12110-2395

(800) 323-2732 | **WWW.CSEAEBF.COM**

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