

**Dear Fund Member:**

**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.**

**In Solidarity,**



**Danny Donohue  
Chairman**

## 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. There is one enrollment form which enrolls you in the plan(s) negotiated for you. If you have not already done so, you can obtain an enrollment form by calling the Fund at **1-800-323-2732** or by visiting [www.cseabf.com](http://www.cseabf.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.

## Domestic Partner

Coverage *may* be offered by the employer. Please contact your employer for additional information.

**NOTE: An employee may not be covered both as an employee and as a dependent of an employee. If both parents are Fund members, coverage for children may not be claimed under both parents.**

## 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/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.

### Domestic Partners

- 18 years of age or older
- Unmarried and not related by marriage or blood in a way that would bar marriage
- Residing together
- Involved in a committed (lifetime) rather than casual relationship
- Mutually interdependent financially

The Partners must be each other's sole domestic partner and must have been involved in the domestic partnership for a period of not less than 6 months. EBF members who wish to obtain benefits for their domestic partners are eligible to do so based on the same eligibility criteria and application process used for health insurance enrollment.

### Children

- Unmarried children under the age of 19, including legally adopted children, stepchildren and children of domestic partners, who permanently reside with you.
- Your legal ward under the age of 19 who permanently resides with you pursuant to a court order awarding legal guardianship to you and is supported by you and your spouse/domestic partner.
- 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 19.
- **Any child or ward described above under the age of 25 who is a full time student** (minimum of 12 undergraduate or 6 graduate credit hours) enrolled in a regionally accredited college or university and working toward a Bachelor Degree (e.g., B.A. or B.S.), Masters

Degree (e.g., M.A. or M.S.) or Associate Degree (e.g., A.A. or A.S.). Technical courses of short duration do not qualify, even if a diploma is awarded. The Fund requires that **current proof of student status** be provided annually by completion of a Student Status form available from the CSEA EBF.

## CSEA Employee Benefit Fund Website

Find the most up to date information on prescription benefits by visiting our website at [www.cseabf.com](http://www.cseabf.com). Save valuable time by printing prescription plan information, and EBF forms.

## 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.

## 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 US Script 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 Plan Pharmacist.

You may obtain a **Generic** drug and pay:

- **No Co-Pay** through mail service
- \$1 Co-Pay at the local pharmacy

You may obtain a Brand Name medication that has no Generic Equivalent and pay:

- No Co-Pay through mail service
- \$3 Co-Pay at the local 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
- \$3 Co-Pay at the local pharmacy

The following brand name drugs are exceptions to the Generic Requirement: Coumadin and Synthroid. You pay:

- No Co-Pay through mail service
- \$3 Co-Pay at the local 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 US Script at 1-800-460-8988 or visit their website, [www.usscript.com](http://www.usscript.com). A toll free telecommunication for the deaf (TDD) is available by calling 1-866-492-9674.

## 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 :

1. A Participating Pharmacy or
2. A Non-participating Pharmacy

### 1. Using a Participating Pharmacy

- To find a participating pharmacy, call 1-800-460-8988 or visit the US Script website at [www.usscript.com](http://www.usscript.com). A toll free telecommunication for the deaf (TDD) is available by calling 1-866-492-9674.
- Present your prescription and Prescription Drug card at the pharmacy.
- At a participating pharmacy you may purchase up to a 30 day supply of your Medications.
- You pay only \$1.00 to the pharmacy for each Generic prescription.
- You pay \$3.00 to the pharmacy for each Brand Name prescription if there is no Generic substitute available. If you choose the Brand Name prescription and there is a Generic available, you pay \$3.00 to the pharmacy and the difference between the cost of the Brand Name and the cost of the Generic drug.

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 fill out the prescription drug reimbursement form available by calling US Script at 1-800-460-8988 or visiting their website at [www.usscript.com](http://www.usscript.com). The completed reimbursement information is then sent to:

US Script  
2425 West Shaw Ave.  
Fresno, CA 93711

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.

## MAIL SERVICE PHARMACY PLAN

Home delivery from the Homescripts pharmacy is to be used for your maintenance medications. Maintenance medications are those which are taken regularly for treatment of ongoing conditions. It is mandatory to use mail order after filling any maintenance medication at a retail pharmacy two times. After that, you must obtain a new prescription written for a 90 day supply plus refills from your doctor so that you can submit it to Homescripts for dispensing. If you continue to fill your maintenance medications at a retail pharmacy, you will be charged the full cost of the medication and the cost is not reimbursable through the plan. Short term prescriptions such as antibiotics should still be filled at your retail pharmacy.

To begin receiving your prescriptions thru the mail order facility, you will need to enroll on the US Script website and submit your prescription(s) to them. To enroll, please visit [www.usscript.com](http://www.usscript.com) and select the Homescripts link and complete the New Patient Application Form. You can also receive your enrollment form by fax or mail by calling Customer Service at 1-888-239-7690.

- There is NO CARD used with the Mail Service Plan.
- There is NO CO-PAY with the Mail Service Plan.
- You may obtain up to a 90-day supply (3 months) of medication plus allowable refills through Homescripts. If you order a Brand Name drug when a Generic exists, you must pay the difference between the cost of the Brand Name and the cost of the Generic drug.
- Controlled drugs are available through the mail order program and are shipped overnight via FedEx and require a signature upon delivery.

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

### How to Use Your Mail Service Plan

- Have your doctor write the prescription quantity to be dispensed as:  
1 per day (90), 2 per day (180), 3 per day (270), etc.  
Advise your doctor to prescribe generically.

- Obtain a mail order envelope from Homescripts by calling 1-888-239-7690.
- Make sure you have completed your enrollment with Homescripts.
- Insert your original prescription(s) and mail to:  
Homescripts  
500 Kirts Blvd  
Troy, MI 48084

Your prescription(s) will be sent to you postage paid via U.S. Mail. Please allow up to 14 days for delivery. Controlled drugs, refrigerated meds and certain high dollar orders are shipped through FedEx.

- In most cases, your doctor can phone or fax in a prescription. The doctor should contact Homescripts at 1-888-239-7690 or fax the prescription to 1-877-396-5970. Please note: only your doctor can phone or fax a prescription to RxDirect.

### Advantages of Using the Mail Service Pharmacy

- It is a tremendous help to those members and dependents who need maintenance medication on a regular basis.
- Besides the savings in money, this program saves the member the inconvenience of making a monthly trip to the pharmacy through home delivery, postage paid.
- It reduces the possibility of running out of medication.
- Patient package inserts written in easy-to-understand language and offering important information about your medications.
- Refills can be ordered on line or by telephone through Homescripts.

### 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 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, PLUS the required co-payment.
- The amount of drug that can be dispensed per prescription or refill at retail will be in quantities up to a 30-day supply or 120-unit doses, whichever is less.
- Maintenance drugs are limited to 2 dispensings at a retail pharmacy at which time mail order use is required.

### CSEA EMPLOYEE BENEFIT FUND

Danny Donohue, Chairman  
One Lear Jet Lane, Suite One  
Latham, NY 12110-2395

1-800-323-2732 • 518-782-1500

[www.cseaebf.com](http://www.cseaebf.com)



# EMERALD

## PRESCRIPTION DRUG PLAN

### SUMMARY PLAN DESCRIPTION

