

## Physician Co-Pay Benefit

\$120

## **Major Plan Features**

Reimburses health insurance co-pays for office visits. Reimbursement is processed once annually up to a maximum of \$120 per family per calendar year.

## **How to Use This Benefit**

- Obtain a Physician Co-Pay 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 Explanation of Benefits (EOB) from your health insurance, clearly indicating the services rendered and co-pay amount to:
  - CSEA Employee Benefit Fund P.O. Box 516 Latham, NY 12110-0516
- Cash register receipts, original physician receipts and/or cancelled checks are not accepted with this benefit.
- Claims will be processed and paid upon reaching the \$120 maximum or after December 31st of each year.
- 5. The Fund will send the check to the member.

## **Limitations & Exclusions**

- The benefit does not apply to costs covered by your regular health insurance plan.
- All claims must be submitted by March 31st for the previous calendar year of January 1st-December 31st.

