CSEA NEW YORK
Employee Benefit Fund

# 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

1. 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.
2. 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

3. Cash register receipts, original physician receipts and/or cancelled checks are not accepted with this benefit.
4. 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.**