

**\$200  
PRESCRIPTION  
DRUG CO-PAY  
BENEFIT**



## ***Major Plan Features***

- Reimburses co-pays and other out-of-pocket costs for prescription drugs which are not covered by the member's regular prescription drug plan once annually, up to a maximum of \$200 per family per calendar year.

## ***How To Use This Benefit***

- Obtain a Prescription Drug Co-Pay Benefit Claim Form from [www.cseaebf.com](http://www.cseaebf.com), or you can call 800-323-2732, 518-782-1500 or TDD# 1-800-532-3833 to request a form.
- Submit your completed form with an **itemized pharmacy printout** clearly indicating the co-pay amount.  
CSEA Employee Benefit Fund  
P.O. Box 516  
Latham, NY 12110-0516
- Cash register receipts, cancelled checks and credit card receipts are not accepted.
- Claims will be processed and paid upon reaching the \$200 maximum or after December 31 of each year.
- The Fund will then send the **check to the member.**

## ***Limitations And Exclusions***

- Prescriptions must be dispensed by a licensed pharmacist.
- Drugs, vitamins, diet supplements, etc., which can be purchased without a prescription are not covered.
- Companion implements are not covered.
- **All claims must be submitted by March 31st for the previous calendar year of January 1st–December 31st.**