

Prescription Drug Co-Pay Benefit

\$200

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, or you can call 800-323-2732 or 518-782-1500 to request a form.
- Submit your completed form with an *itemized* pharmacy printout clearly indicating the copay amount to:

CSEA Employee Benefit Fund P.O. Box 516 Latham, NY 12110-0516

- 3. 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 31st of each year.
- 5. The Fund will send the check to the member.

Limitations & 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.

