CSEA NEW YORK
Employee Benefit Fund

Prescription Drug Co-Pay Benefit

$250

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 $250 per family per calendar year.

How to Use This Benefit

1. 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.
2. Submit your completed form with an ***itemized pharmacy printout*** clearly indicating the co-pay 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.
4. Claims will be processed and paid upon reaching the $250 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.**