

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 \$125 per family per calendar year.

How To Use This Benefit

- Write or call the Fund Office to obtain a Prescription Drug Co-Pay Benefit Claim Form:
CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516
1-800-EBF-CSEA • 518-782-1500
- Submit your completed form with original receipts or pharmacy printout clearly indicating the co-pay amount.
- Claims will be processed and paid upon reaching \$125 maximum or after December 31 of each year. Claims must be submitted no later than the calendar year following the year charges were incurred.
- 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.