CSEA
EMPLOYEE
BENEFIT FUND

IMPORTANT: PLEASE READ

Prescription Drug Co-pay Reimbursement

This claim form should only be used if you are an employee of

New York State and employed in one of the following:

Administrative Services Unit
Institutional Services Unit
Operational Services Unit
Division of Military and Naval Affairs Unit
Roswell Park Cancer Institute

SUMMARY:

Maximum Reimbursement per family is $150 per calendar year.

Submit your completed form along with an **itemized pharmacy printout** clearly indicating the **patient name, co-pay amount and prescription drug names.**

Cash register receipts, original pharmacy receipts, and cancelled checks are not acceptable.

Charges for “over the counter” drugs, prescriptions not covered by your prescription plan, vaccines/injections, brand/generic differentials and medical supplies are not reimbursed.

Please refer to the detailed instructions on the claim form for more information.

New York State Employees
Prescription Drug Co-Pay Reimbursement Claim Form

CSEA EMPLOYEE BENEFIT FUND

Form must be completed and signed by the CSEA Employee Benefit Fund member. All required documentation must be attached. **Incomplete forms will be rejected.**

Claim Year _____

Member's Name _____ EBF ID# _____

Mailing Address _____ Apt # _____

City _____ State _____ Zip Code _____

Daytime Phone # _____ Email _____

Member's Health Insurance Carrier(s) _____ Spouse's Health Insurance Carrier(s) _____

Member's Signature _____ Date _____

Please allow up to 6 weeks for processing.

IMPORTANT — PLEASE READ

- Members who are enrolled in the New York State Health Insurance Program (either the Empire Plan or Health Maintenance Organization) are entitled to reimbursement once annually for NYSHIP prescription drug co-pays and covered prescriptions less than the co-pay for themselves and their eligible dependents.
- Only one claim per calendar year (January-December) is processed. Once your co-pays reach $300, the next $150 in prescription drug co-pays is reimbursable. To obtain the maximum benefit of $150, wait until your co-pay expenses reach $450 before filing your claim.
- If you do not accumulate $450 before the end of the year, submit your claim **after December 31** for what you did pay over $300. **The deadline for submission is March 31 of the following year** for the co-pays accumulated during the previous calendar year.
- Submit your completed form along with an **itemized pharmacy printout** clearly indicating the patient name, co-pay amount and prescription drug names.
- Cash register receipts, original pharmacy receipts, and cancelled checks are not acceptable.
- Charges for "over the counter" drugs, prescriptions not covered by your prescription plan, vaccines/injections, brand/generic differentials and medical supplies are not reimbursed.

MAIL COMPLETED CLAIMS TO

CSEA Employee Benefit Fund
PO Box 516
Latham, NY 12110-0516