



HOUSE STAFF BENEFITS PLAN

520 EIGHTH AVENUE, SUITE 1200, NEW YORK, NY 10018-4181

Phone: (212) 356-8180

Fax: (212) 356-8181

benefits@cirseiu.org

<http://www.cirseiu.org/benefits>

Prescription Card Benefit Summary

FOR HHC MEMBERS ONLY:

As of Plan Year 2008, HSBP has implemented a pilot program to increase the utilization of the plans prescription drug benefit. Currently, the Plan provides prescription drug benefits for you and your eligible dependents. The benefit provides up to \$500 per benefit year for each individual, with a maximum reimbursement of \$1,000 per benefit year per family. The maximum family prescription drug benefit of \$1,000 can be utilized by one individual within the family.

The pilot program will focus on Health and Hospital Corporation (HHC) members only. Members will be mailed an introductory package from Caremark. The package will contain two cards per household and informational materials. You may use the cards immediately. Please note: Members and their dependents may not be issued a card if a **completed** enrollment card was not presented to the benefits office.

The cards values will be determined by family status. Cards will be issued at \$ **200** and \$ **400** for single and family respectively. Members can obtain discounts for prescription drugs at any one of Caremark's 62,000 participating providers nationwide. The card acts like a debit card. Cards are presented to the participating pharmacy for eligibility verification. Once eligibility is established the cost of the prescription will be reduced by a **discounted** rate. Members will not have to layout any cash/payment upfront. When the balance on the card reaches zero, members can continue to use the cards to fill prescriptions at a discounted price. Members who are single have an *additional* \$ **300.00** and members with families have an *additional* \$ **600.00** which they can be reimbursed via claim forms and receipts. In the event the card does not have a sufficient balance to pay for the full prescription, the cost of the purchase will be applied to the card and the remaining balance will be the member's responsibility. **Members are highly encouraged to submit any out of pocket cost for reimbursement.**

It is important to note this card does not cover any over the counter drugs or medications. To determine the participating providers you can logon and register at www.caremark.com or call the customer service phone number on the back of your card. Caremark's customer service representatives can also inform you of your card balance. Claim forms can be found at www.cirseiu.org/benefits. For additional savings you can use Caremark's mail order program to get a ninety day supply for the cost of two copayments.

For replacement of a lost card, please contact Caremark @ **1-800-378-0264**. For reimbursement, please mail claim forms and receipts to:

CVS Caremark Claims Dept.
P.O. Box 5213
Phoenix, Arizona 85072-2136.

A benefit year is a period of twelve consecutive months beginning July 1 and running through the following June 30. Paid prescription receipts for eligible legend prescriptions should be submitted to the Benefits Plan Office with the appropriate claim form. Prescription drug expenses eligible for reimbursement are prescriptions which are:

- obtainable only by a physician's written prescription;
- dispensed by a licensed pharmacist; and
- approved by the United States Food and Drug Administration.

**THERE IS A ONE-YEAR LIMITATION ON THE SUBMISSION OF
CLAIMS FOR SELF-INSURED BENEFITS**
