

Make a filing system to include the following:

- ✓ Pension statements
- ✓ Prescription Reports
- ✓ Hospital – Empire \$300 Emergency room \$50
- ✓ Medical GHI (copayments/ Deductibles)
- ✓ Medicare (GHI ONLY)
- ✓ Co-payment receipts (HIP VIP)
- ✓ Social Security
- ✓ 1180 claim forms/ mail/updates

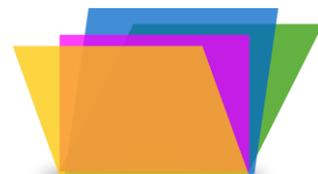


You can use:

- accordian folders
- individual file folders
- large envelopes
- zip loc bags



As long as you organize your documents as they come in the mail you will be fine. If you let them pile up the documents will become a huge pile of papers you may not want to deal with, so set a schedule to go through them once a week!



The Prescription Reimbursement required documents:

Pension Deduction for NYC Health Plan Optional Rider

- 4 Quarterly Statements
- 12 Pension Stubs
- 1 yearly itemized printout from NYCERS (New York City Pension System)

Prescription Drug Deductibles and Copayments

- Prescription history from health plan
- Medicare Prescription summary from the plan
- Prescription history from pharmacy signed by pharmacist



CWA LOCAL 1180 **RETIREES** BENEFITS FUND

6 Harrison Street, 3rd Floor, New York, NY 10013-2898

Telephone 1-212-966-5353, Out-of-Area 1-888-966-5353



PX «CLAIMNU»

CLAIM FOR PRESCRIPTION DRUG BENEFIT

PHOTOCOPIES OF THIS DOCUMENT ARE NOT ACCEPTABLE

«Fname» «M» «Lname»

«ADDRESS1»

«ADDRESS2»

«CITY», «ST» «ZIP»

Sample

MEMBER No.: «MEMBERNU»

RETIRED MEMBERS AND THEIR ELIGIBLE DEPENDENTS are entitled to a maximum Prescription Drug reimbursement up to \$1500 per family, per calendar year. Additional prescription expenses for up to \$1200 can be rolled-over to your General Medical Benefit. However, out-of-pocket prescription drug deductibles and co-payments incurred by your *eligible dependents covered by Medicare Part D will not be covered under this benefit* and must be submitted *under the General Medical Reimbursement Benefit*. Submit pension stubs or EFT statements you receive from your City pension plan to claim reimbursement for amounts withheld from your pension for optional prescription drug coverage under your NYC Health Insurance Plan. Also, submit your NYC Health Insurance Plan statements (i.e. explanation of benefits with the cover letter showing your name and address) reflecting your prescription deductibles and co-payments. Any allowable expenses you have incurred which exceed the \$1500 maximum prescription benefit *must* be claimed by filing a General Medical claim form and completing the sections where indicated.

CLAIMS FOR 2019 PRESCRIPTION EXPENSES MUST BE RECEIVED BY THE FUND OFFICE NO LATER THAN SEPTEMBER 30, 2020.

PLEASE RETAIN COPIES OF ALL DOCUMENTS YOU SUBMIT FOR YOUR RECORDS.

I am requesting reimbursement for the following:

This line/section is for Pension deductions for whole year.

PENSION DEDUCTION FOR NYC HEALTH INSURANCE PLAN OPTIONAL PRESCRIPTION DRUG RIDER

SUBMIT COPIES OF PENSION STUBS/EFT STATEMENT(S) SHOWING AMOUNTS WITHHELD.

PRESCRIPTION DRUG DEDUCTIBLES AND CO-PAYMENTS

SUBMIT COPIES OF NYC HEALTH INSURANCE PLAN STATEMENTS (EXPLANATION OF BENEFITS) SHOWING DEDUCTIBLES AND CO-PAYMENTS FOR OUT-OF-POCKET PRESCRIPTION EXPENSES. *CO-PAYMENTS AND DEDUCTIBLES FOR INJECTABLES, CHEMOTHERAPY AND ASTHMA MEDICATION (PICA DRUGS)* ARE NOT REFUNDABLE UNDER THE PLAN. CLAIM AND DOCUMENT ALL AMOUNTS THAT PERTAIN TO PRESCRIPTION DRUG BENEFITS EVEN IF THEY EXCEED \$1500. ANY AMOUNTS IN EXCESS OF \$1500 WILL BE ROLLED-OVER AND PAID AUTOMATICALLY WHEN YOU FILE YOUR GENERAL MEDICAL CLAIM, INCLUDED AND LIMITED TO THE GENERAL MEDICAL \$1200 MAXIMUM.

(YOU MUST FILE A GENERAL MEDICAL CLAIM FORM TO ACTIVATE PAYMENT)

This line/section is for Prescription co-pays for whole year.

BENEFIT YEAR _____

TOTAL CLAIMED \$ _____

RETIREE'S EMAIL: _____ HOME PHONE NO.: _____

RETIREE'S SIGNATURE _____ DATE _____

****See reverse side for additional instructions****

TWO SUBMISSIONS PER CALENDAR YEAR ONLY

\$1500 MAXIMUM BENEFIT PER FAMILY

To help speed processing your claim:

1. Please arrange by date all copies of supporting documents within each category (see below):
 - a) Submit copies of pension stubs/EFT statements showing amounts withheld for NYC high option health insurance premiums along with all other supporting documents within each category (see below).
 - b) We require copies of itemized statements (i.e. explanation of benefits along with any cover letter) from your NYC Health Insurance Plan showing prescription deductibles and co-payments.
 - c) You must provide ***all required documentation*** and a copy of any reimbursement amounts you may have received from other group plans.

Category 1:

NYC HEALTH INSURANCE PLAN OPTIONAL PRESCRIPTION DRUG RIDER

- Submit copies of pension stubs/EFT statements.

Category 2:

PRESCRIPTION DRUG DEDUCTIBLES AND CO-PAYMENTS

- Submit copies of NYC Health Insurance statements (i.e. explanation of benefits along with any cover letter) showing prescription deductibles and co-payments.

2. The entire form must be completed, ***signed and dated***.
3. You must submit your completed claim form and required documents for 2019 prescription expenses ***no later than September 30, 2020***. Late claims will be denied.

IMPORTANT NOTICE

Up to the \$1500 maximum can be paid through your Prescription Drug Cost Reimbursement Benefit. Amounts that exceed the \$1500 maximum benefit WILL AUTOMATICALLY ROLL-OVER TO YOUR GENERAL MEDICAL BENEFIT BUT must be claimed by filing a General Medical claim form and completing the sections where indicated.