S.C. Police Superior Officers Association Benefit Fund
2518 Montauk Highway
Brookhaven, NY 11719
www.suffolksoa.com
(631) 654-0900
PRESCRIPTION DRUG CLAIM FORM

SUBMISSION YEAR: 2017 PRESCRIPTION(S)

NAME: _____
Social Security Number - Last Four (4) Digits Only: _____

Please answer the following question if applicable:	*Yes*	*No*
Is your spouse/dependent covered by another Benefit Fund that has prescription drug co-pay reimbursement? If yes, state the name of the Fund here:		

** Please delete any prescriptions that were the result of an on the job injury. Those prescriptions should be reimbursed by insurance/risk management and should not be paid through WellDyne Rx or Express Scripts. **

Benefit Overview:
Eligibility: Active members and retired continuation of benefits (COBRA) status members **only.**
Benefit: Reimbursement is up to $20.00 each prescription co-payment, up to $800. After the $800 has been reached, an additional $ 2.00 per prescription will be calculated in. The benefit is for eligible members and dependents. The deadline to submit a claim is April 30, 2018.

Printout(s) from WellDyne Rx **only** summarizing all covered dependent(s) prescriptions obtained in the previous year will be mailed to the member's mailing address during the month of **February 2018**. All members can obtain the printout(s) through the Express Scripts' website at www.express-scripts.com or WellDyne Rx's website at https://emhp.welldynerx.com Note: Express Scripts Inc. (ESI) is for Medicare Primary ONLY.

The S.O.A. Benefit Fund does not maintain information about accessing the website or steps on how to obtain a username/ password for the participant.

Please note: The prescription history print outs will have the medication listed. You may black out the medication name prior to submission but the Patient Name, Rx Number, date filled and co-pay amount **must** be visible. If you use the WellDyne Rx website, you are able to click "No" in the "Show Drug Name" and the medication name will be blocked. If you use the printout from Express Scripts website, you can check the confidential box which will block the medication name. This method is acceptable for reimbursement.

The Fund requests that members wait for the WellDyne mailing and/or Express Scripts printout(s) from the website **before** submitting any document from a pharmacy to ensure accuracy. The member is responsible to determine which document source is accurate. If you submit printout(s) from WellDyne Rx and/or Express Scripts AND a pharmacy printout both submissions will be returned for the member to select which institution documented the correct prescriptions. You can only submit **ONCE.**

_____
Member's Signature