[0001-00007413065][##0][13824-03][PBMLTR##-PBM1##][01-03663] GENERAL BUILDING LABORERS LOCAL #66 FRINGE BENEFITS FUND 1600 WALT WHITMAN RD PO BOX 667 MELVILLE NY 11747

Notification of Change of Pharmacy Benefits Management Company

Effective April 1, 2014, CVS Caremark will administer New York State Insurance Fund's (NYSIF) prescription benefits program. They will be replacing Express Scripts Inc., who will continue to administer the NYSIF prescription benefits program until-the close of business March 31, 2014.

This change in the NYSIF prescription benefits program requires that the policyholder perform the following actions:

- 1) Prior to April 1, 2014, notify all employees of the above change, either by
 - Posting this information on an employee accessible intranet or internet website, or
 - Posting this information in the same location where the notice of workers' compensation coverage is posted, or
 - Distributing this information to all employees in New York State by providing this information in paper format or sending it electronically.
 - 2) Effective April 1, 2014, please substitute the enclosed "Workers' Compensation Temporary Prescription Services ID" for the form currently distributed to employees who report a work-related injury or illness.
 - 3) Effective April 1, 2014, please substitute the enclosed "Notification Concerning Workers' Compensation Pharmacy Benefits" for the form currently posted.

If you have any questions, please contact NYSIF, your workers' compensation carrier, at 1-888-875-5790.



Your company's workers' compensation insurance carrier is The New York State Insurance Fund (NYSIF) which has a contract with CVS Caremark, a pharmacy benefits manager (PBM) that offers convenient prescription filling services.

NYSIF has implemented an instant enrollment or "short-fill" service with CVS Caremark. The new service allows injured workers immediate acceptance by any pharmacy in the CareComp pharmacy network administered by CVS Caremark. Although New York law does not require us to provide this benefit, we have elected to provide a limited number of cost-effective medication benefits for new claims filed for work-related injuries or illnesses in order to help injured workers get through the first, difficult days after an injury and before the claim is accepted.

When an employee sustains a work-related injury, the form on the other side of this page (Workers' Compensation Temporary Prescription Services ID) may be used to fill prescriptions at any participating pharmacy in the CareComp Network. It makes getting prescriptions for your work-related injury very easy.

Step 1: Employer fills in:

- Employer's Name
- Policy Number

Step 2: Injured employee fills in his/her:

- Social Security Number
- · Date of Injury
- Date of Birth
- Name
- Mailing Address

Step 3: Injured employee brings to pharmacy:

- Completed temporary ID form
- Prescription(s) for work-related injury

Step 4: Within 10 days of the New York State Insurance Fund's confirmation of the accident, the injured employee will receive a packet from CVS Caremark. The packet will contain a permanent ID card that should be used when filling prescriptions for the work-related injury.

Note: Injured workers can quickly find local participating pharmacies by visiting: www.wcrxpharmacylocator.com or by calling the CVS Caremark 24-hour patient care hotline at 1-866-493-1640.

If you have any questions about this form, please contact NYSIF, your workers' compensation carrier, at 1-888-875-5790.



Workers' Compensation Temporary Prescription Services ID

Important Information

ATTENTION: INJURED WORKER

This Workers' Compensation Temporary Prescription Services ID form MUST BE PRESENTED to your pharmacist when you fill your initial prescription(s). If you have questions or need to locate a participating pharmacy, please contact CVS Caremark Customer Service at 1-866-493-1640.

ATENCIÓN: TRABAJADOR LESIONADO

Este formulario de Identificación para Servicios Temporales de Prescripción de Recetas por Compensación del Trabajador DEBERÁ SER PRESENTADO a su farmacéutico al surtir su(s) receta(s) inicial(es). Si tiene cualquier duda o necesita localizar una farmacia participante, por favor contacte al área de Atención a Clientes de CVS Caremark, en el teléfono 1.866.493.1640.

Pharmacist/Employer – When form is completed, fax to CVS Caremark: 1-866-493-1644

Claimant information will be added by CVS Caremark to allow medications to process. This information can also be phoned in at 1-866-493-1640

New York State Insurance Fund	Group#: NYSIF		
Attention: All items t	elow must be completed		
EMPLOYER'S NAME:	INJURED WORKER'S NAME:		
GENERAL BUILDING LABORERS	FIRST N	ИI	LAST:
EMPLOYER'S WORKERS' COMPENSATION POLICY NUMBER: 741 306-5	- INJURED WORKER'S M	ALING AL	DRESS:
DATE OF INJURY: //// MM // DD // CCYY	STREET		
INJURED WORKER'S DATE OF BIRTH:	CITY.	STATE	ZP
ÎD# : Injured Worker's Social Security Number	Injured Worker's Social Security Number Help Desk: This is a POS Program through CVS Caremack Assistance call the CVS Caremark Help Desk at: 866.49		

Attention Pharmacist:

New York State Insurance Fund's prescription program is administered by CVS Caremark. The following are the steps necessary to submit a prescription for New York State Insurance Fund claimants.

Please follow the action steps listed below to enter the claim.

ļ	Step 1	Enter Bin Number 610235				
	Step 2	Enter PCN: WRK				
	Step 3	ID: Injured Worker' Social Security Number				

NEED ASSISTANCE?

Pharmacist, if you have any questions while processing the claim, please call the CVS Caremark Help Desk at 1-866-493-1640.

NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on getting medication under a workers' compensation claim with the New York State Insurance Fund (NYSIF).

NYSIF has entered into an agreement with CVS Caremark, a Pharmacy Benefits Manager (PBM), which has a network of pharmacies to make available the medications workers may receive for their **work-related** injury or sickness. This does not change your right to get the medication necessary to treat such an illness or injury. It only means that you should obtain that medication from a participating pharmacy in the CareComp pharmacy network administered by CVS Caremark. This network is not limited to CVS pharmacies, but includes over 67,000 participating pharmacies. The pharmacies, and their addresses, can be obtained by:

- calling the CVS Caremark Call Center at (866) 493-1640, or TDD number for hearing impaired: (866) 200-2161
- using the website www.wcrxpharmacylocator.com
- using the NYSIF website <u>nysif.com</u>

If you are obtaining your medication through a workers' compensation claim, you should obtain that medication from one of these pharmacies unless:

- You have a medical emergency and it is not reasonably possible to purchase the medications you need for that emergency from a network pharmacy, or
- Ordering by mail or telephone is not an option in the network, no pharmacy in the network will deliver
 to you, and none of these pharmacies is within 15 miles if you live in a rural location, or five miles if
 you do not live in a rural location. If you believe this is the case for you, please call one of the
 numbers on the bottom of this page.

Please note that CVS Caremark has mail-order, internet and telephone services. Instructions can be obtained by calling CVS Caremark Call Center at (866) 493-1640.

All pharmacies in the network are required to keep a sufficient stock of medication on hand so that they can service you without undue delay.

All in-store pharmacies must be open for business during hours that are typical in your community.

Pharmacies in the CareComp pharmacy network will bill NYSIF directly. You will not have to pay out-of-pocket costs for medication.

You may obtain additional information about the CareComp pharmacy network by calling the toll free 24 hour telephone number: (866) 493-1640.

If you have any questions or problems, please call NYSIF at (888) 875-5790. You may also contact the New York State Workers' Compensation Board at general_information@wcb.ny.gov or by phone at (877) 632-4996, or the Advocate for Injured Workers at 800-580-6665. You may also find further information on the web at www.wcb.ny.gov.

POLICYHOLDER - PLEASE POST CONSPICUOUSLY