



New York State Insurance Fund

[0001-000012369898][##Z][15456-01][PBMEMPL#-PBM1##][01-00195]

A & L CESSPOOL SERVICE CORP
T/A A & L RECYCLING
38-40 REVIEW AVENUE
LONG ISLAND CITY NY 11101

Date: 08/26/2020
Policy No.: 1236 989-8

Dear Policyholder:

The New York State Insurance Fund (NYSIF) is your carrier for workers' compensation insurance and provides coverage for work-related injuries or illnesses. Please read this notice carefully, as it contains information to assist your employees with their workers' compensation claims.

Next Steps

Within seven days of receipt of this notice, you must share with your employees the enclosed "Notification Concerning Workers' Compensation Pharmacy Benefits" by either placing it in a conspicuous area, posting it on an employee accessible website, or by providing individual copies to all of your New York State employees. Employer forms are available in multiple languages by visiting <http://www.nysif.com/forms>.

Process for New Claimants

Remember to report any employee injuries or illness as soon as possible by completing an eFROI at www.nysif.com/reportinjury. Studies show that a 2-week delay in reporting a claim can increase costs as much as 51%. After you report the incident to NYSIF, please provide your employees with the claimant information packet found on www.nysif.com/forms which contains information on how to obtain immediate medical and prescription services. A NYSIF case manager will contact you and your employee to assist with the claim.

Pharmacy Benefits Policy

Employees are required to fill medication prescribed for a work-related injury or illness at a pharmacy within the CareComp pharmacy network. This network includes over 67,000 participating pharmacies which provides your employees an easy and convenient way to obtain their prescriptions. You can quickly find local participating pharmacies by visiting www.wcrxpharmacylocator.com or by calling the 24-hour patient care hotline at **(866) 493-1640**.

Changes in Claimant Status

If your employee has missed work due to their injury or illness, please notify NYSIF so we can pay a portion of your employee's lost wages, if applicable. Reporting lost time also applies to those employees who may be, due to injury or illness, working a reduced schedule or may require medical attention for a previously reported incident. If your employee has returned to work, contact your NYSIF case manager so we may update your employee's claim.

If you have any questions or need any assistance, please visit www.nysif.com/networkbenefits or contact NYSIF at (888) 875-5790. Thank you for your support.



NOTIFICATION CONCERNING WORKERS' COMPENSATION PHARMACY BENEFITS

Please read this notice carefully. It provides you with important information on obtaining 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 **must** 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 more than 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 the hearing impaired at **(866) 200-2161**
- using the website www.wcrxpharmacylocator.com
- using the NYSIF website nysif.com/networkbenefits

If you are obtaining your medication through a workers' compensation claim, you **must** 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 the 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 (877) 632-4996, or the Advocate for Injured Workers at (800) 580-6665. You may also find further information by visiting www.wcb.ny.gov.

POLICYHOLDER - PLEASE POST CONSPICUOUSLY





The New York State Insurance Fund (NYSIF) provides your employer workers' compensation which provides coverage for work-related injuries or illnesses. This plan includes a network of over 67,000 participating pharmacies as an easy and convenient way for you to fill medical prescriptions. If you are prescribed medication for a work-related injury or illness, it must be filled at a pharmacy within the CareComp pharmacy network.

NYSIF also provides a "short-fill" service which enables you to obtain pharmacy benefits, even before your claim has been accepted. Although we are not required to provide this benefit, we want to help you get through the first, difficult days after your work-related injuries or illnesses by offering a limited number of prescription medication benefits that are filled within the CareComp pharmacy network.

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. To complete the form, please:

Step 1: Have your employer fill in their **business name** and **policy number**.

Step 2: Complete the rest of the form with your **claim** and **contact information**.

Step 3: Bring the **completed form** and **prescription** to a pharmacy in the CareComp pharmacy network.

Step 4: Within 10 days of the confirmed accident, you will receive a **packet from CVS Caremark**. This packet will contain a **permanent identification card** that should be used when filling prescriptions for the work-related injury or illness.

You can find local participating pharmacies by visiting www.wcrxpharmacylocator.com or by calling the 24-hour patient care hotline at **(866) 493-1640**.

If you have any questions or need any assistance, please visit www.nysif.com/networkbenefits or contact NYSIF at (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 below must be completed				
EMPLOYER'S NAME:		INJURED WORKER'S NAME:		
A & L CESSPOOL SERVICE CORP				
EMPLOYER's WORKERS' COMPENSATION				
POLICY NUMBER: <u>1236 989-8</u>		INJURED WORKER'S MAILING ADDRESS:		
DATE OF INJURY: <u> / / </u> MM / DD / CC YY		STREET		
INJURED WORKER'S DATE OF BIRTH: <u> / / </u>		CITY	STATE	ZIP
ID#: _____		<i>Help Desk: This is a POS Program through CVS Caremark only. For Assistance call the CVS Caremark Help Desk at: 866.493.1640</i>		
Injured Worker's Social Security Number				

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.

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**.