

CCA RETIREE SECURITY BENEFITS FUND PRESCRIPTION DRUG EXPENSE REIMBURSEMENT

CCA Security Benefit Fund Retirees can be reimbursed up to **\$850** per year towards the cost of the prescription drug riders that are purchased through the medical plans or towards expenses incurred for **un-reimbursed** prescription drugs. **ALL CLAIMS MUST BE RECEIVED BY A.S.O. NO LATER THAN 9/1/2026. THE SERVICES MUST BE INCURRED DURING THE 2025 CALENDAR YEAR. YOU WILL NOT RECEIVE A BENEFIT IF YOU DO NOT SUBMIT DURING THE 12 MONTH FILING PERIOD (SEPTEMBER 1, 2025 - AUGUST 31, 2026).**

IF YOU ARE UNDER AGE 65 OR AGE 65 OR OLDER AND HAVE NOT ENROLLED IN MEDICARE PART D PLEASE FOLLOW THE INSTRUCTIONS BELOW:

Please complete the **Prescription Reimbursement Claim Form** below and return it to A.S.O., with:

1) PROOF OF PURCHASE OF A PRESCRIPTION DRUG RIDER.

Forward a copy of your **MOST RECENT 2025** pension statement. ***In order to obtain the required documentation, call the NYCERS call center at 347.643.3000 and request a letter detailing your monthly pension distribution including the deduction for payment of your drug prescription rider***
The statement MUST be from 2025 period, it must indicate the health plan code and show a deduction for a prescription drug rider that was purchased.

When submitting for reimbursement of the cost of a prescription drug rider purchased from a source **other** than a New York City Health plan, you must attach the following:

A) A paid Prescription Rider invoice or a clear copy of the cancelled check that was used to pay for the rider.

2) IF YOU HAVE NOT PURCHASED A PRESCRIPTION DRUG RIDER

Submit copies of bills you incurred for un-reimbursed prescription drugs. **A printout from your pharmacy is THE PREFERRED METHOD OF SUBMISSION.** Prescription receipts or Pharmacy printouts **MUST** be for prescription drugs purchased **within the 2025 calendar year.**

Over the Counter (OTC) medications that meet the legal requirements of the U.S. Treasury Department for Health Reimbursement Accounts are also reimbursable. (A listing of such medications can be found in the IRS "Publication 502" entitled "Medical & Dental Expenses" This document may be found on the IRS website at <http://www.irs.gov/pub/irs-pdf/p502.pdf>.)

IF YOU ARE AGE 65 OR OLDER AND HAVE ENROLLED IN MEDICARE PART D, PLEASE FOLLOW THE INSTRUCTIONS INDICATED IN STEP 1) ABOVE. IF YOU HAVE NOT PURCHASED A PRESCRIPTION DRUG PLAN OR RIDER YOU CAN ONLY BE REIMBURSED FOR OVER THE COUNTER MEDICATIONS.

Please note that due to the CMS Medicare Part D Regulations regarding coordination of benefits, **MEDICARE PART D RETIREES are not entitled to be reimbursed for prescription deductibles or prescription co-payments.** Medicare Part D Retirees can be reimbursed for prescription drug plan premiums and prescription drug plan riders and for Over the Counter (OTC) medications only.

Please check the statement that applies.

- ☐ I am Medicare eligible and **I am** enrolled in Medicare Part D.
- ☐ I am Medicare eligible and **I am not** enrolled in Medicare Part D

Member Signature: _____ Date: _____

PRESCRIPTION REIMBURSEMENT CLAIM FORM

Please be sure to complete all information and attach documentation as described above and return to:

ASO, Inc.
P.O. Box 9010, Dept. 39-R
Lynbrook, NY 11563
(516) 396-5500

Members Name _____ Soc Sec No: _____

Address: _____ City, State, ZIP: _____