



New York State Insurance Fund

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

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: LEN-CO LUMBER CORPORATION		INJURED WORKER'S NAME: <hr/> <div style="display: flex; justify-content: space-around;"> FIRST MI LAST </div>		
EMPLOYER's WORKERS' COMPENSATION		INJURED WORKER'S MAILING ADDRESS: <hr/> <div style="display: flex; justify-content: space-between;"> STREET </div> <hr/> <div style="display: flex; justify-content: space-between;"> CITY STATE ZIP </div>		
POLICY NUMBER: <u>2421 523-8</u>				
DATE OF INJURY: <u> / / </u> MM / DD / CCYY				
INJURED WORKER'S DATE OF BIRTH: <u> / / </u>				
ID# : _____ Injured Worker's Social Security Number		<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>		

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**.