

What's In Your Wallet?

FRONT

WTC Health Program

For use at any local pharmacy -



OPTUM*

BIN 004261 | 002538
PCN WTC | Envoy Acct. #
Issuer (80840) 9151014609

ID#
Name

Questions?

WTC Health Program
Pharmacy Plan

OptumRx: 855-855-8752

FDNY Clinical Center:

718-999-1858

www.cdc.gov/wtc

email:

WTCmed@fdny.nyc.gov

BACK

I.D. Card

WTC-covered Prescriptions, from

Questions? Need Help?

Call the WTC Health Program Pharmacy Plan at **1-888-982-4748** or the FDNY WTC Health Program at **1-718-999-1937**, **1-718-999-5155**, **1-718-999-1878** and **1-718-999-0305**.

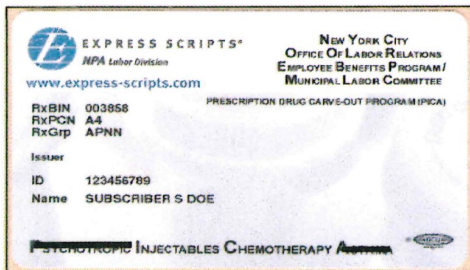
The following entities comprise the Optum Workers Compensation and Auto No Fault division: FMSI, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Ohio; Cypress Care, Inc. dba Optum Workers Compensation Services of Georgia; Healthcare Solutions, Inc., dba Optum Healthcare Solutions of Georgia; Settlement Solutions, LLC, dba Optum Settlement Solutions; Procura Management, Inc. dba Optum Managed Care Services; Modern Medical, dba Optum Workers Compensation Medical Services, collectively and individually referred as "Optum."

PICA Card

For **Active Members, Non-Medicare Retirees, and their Eligible Dependents.**

A New York City Gov benefit covering **Chemotherapy**

(excluding a member's WTC-related and WTC-certified cancers) and **Injectable Medications.**



EXPRESS SCRIPTS*
 NPA Labor Division
www.express-scripts.com

NEW YORK CITY
 OFFICE OF LABOR RELATIONS
 EMPLOYEE BENEFITS PROGRAM /
 MUNICIPAL LABOR COMMITTEE

RxBIN 003858
RxPCN A4
RxGrp APNN

Issuer
ID 123456789
Name SUBSCRIBER S DOE

PSYCHOTROPIC INJECTABLES CHEMOTHERAPY

Questions?

Express Scripts Member
Services:

800-467-2006

Pharmacist Help Desk

800-824-0898

www.express-scripts.com

RULES GOVERNING USE OF THIS CARD

1. This card may be used to obtain **prescriptions (PICA), injectable, chemotherapy and immunizations (PICA).**
2. This card is not transferable and remains the property of **ESI.**
3. **Improper or fraudulent use of this card to obtain PICA prescription drugs is punishable by law.**
4. Please direct any questions regarding the **carve-out prescription program** to your pharmacist or **ESI.**
5. **The loss of this card should be reported immediately to ESI.**
6. **You will be responsible for any prescription purchases after your eligibility ends.**

Visit www.express-scripts.com

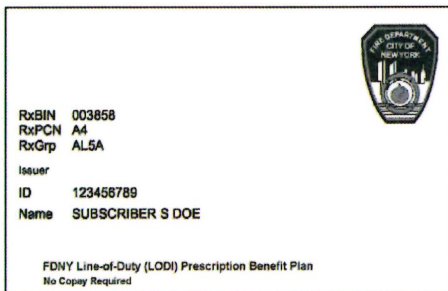
Member Service: 1.800.467.2006
 Pharmacist Help Desk: 1.800.824.0898
 TDD (Hearing Impaired): 1.800.899.2114
 GPI Mail Order: 1.800.233.7139

Submit pharmacy claims to:
 Express Scripts, Inc.
 P.O. Box 396073
 Bloomington, MN 55439-0673

FDNY Line of Duty Injury (LODI) Prescription Card

Covers Active Firefighters, Fire Marshals & Wipers - Prescriptions for LODI-related antibiotics, burn products, ophthalmic, musculoskeletal, respiratory therapy, AIDS/HIV (brief exposure response).

PLEASE NOTE: Walgreens and Duane Reade are **NOT** participating pharmacies.



RxBIN 003858
RxPCN A4
RxGrp AL5A

Issuer
ID 123456789
Name SUBSCRIBER S DOE

FDNY Line-of-Duty (LODI) Prescription Benefit Plan
 No Copy Required

Questions?

Sofia Bakradze

718-999-1937

sofia.bakradze@fdny.nyc.gov

Visit www.express-scripts.com

Patient Customer Service: **1.866.533.9195**

TDD: **1.800.899.2114**

Pharmacist Use Only: **1.800.824.0898**

Pharmacist: Please follow the action steps listed below to enter the claim:

- Step 1 - Enter Bin #003858
- Step 2 - Enter Processor Control A4
- Step 3 - Enter Rx Group #AL5A
- Step 4 - Enter 9 digit member ID #(Employee SSN)
- Step 5 - Enter the member's date of birth

UFA Security Benefit Fund (SBF) Prescription Card

For non-WTC & non-LODI prescription medications for **Active Members, Non-Medicare Retirees and their Eligible Dependents.**



CVS CAREMARK*

Uniformed Firefighters Association

RXBIN: 004336
RXPCN: ADV
RXGRP: RX4765
ISSUER: (80840)
ID: USE PRIMARY MEMBER SSN
NAME: SAMPLE A MEMBER

Questions?

CVS Caremark

Customer Care

866-832-0563

www.caremark.com

Plan Participants:

Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. For additional pharmacies go to www.caremark.com or contact a Customer Care representative.

Customer Care: 1-866-832-0563

Submit Claims to:

CVS Caremark Claims Department
 P.O. Box 52136
 Phoenix, AZ 85072-2136

Pharmacists:

For claims or eligibility questions call Customer Care toll-free:
1-866-832-0563