



**NEW YORK STATE
AUTOMOBILE DEALERS ASSOCIATION
GROUP INSURANCE TRUST**

**Group Insurance Trust (GIT)
Generic Drug (An Alternate Benefit)
2010 Reimbursement Guidelines**

The GIT is providing an alternate benefit (not an insurance benefit) to reimburse members of its health insurance plans, (i.e. PPO, 100% EPO Co-Pay Plan, or the 80% EPO Share Plan), for any generic drugs and some antibiotics listed either for 30 or 90 day prescriptions purchased at any big box retailer, (e.g. Walmart, Target, etc.), or grocery market chains, (e.g. Wegmans, Price Chopper, Hannaford, etc.) This (2010) alternate benefit applies to generic prescriptions purchased/dispensed (only) during 2010, (and dated) no later than December 31, 2010.

The GIT will reimburse no more than \$4.00 for a 30-day, and no more than \$12.00 for a 90 day prescription purchased and dated no later than December 31, 2010.

The following guidelines are to be followed to be considered for reimbursement. If you do not follow these guidelines you will not be eligible for reimbursement and your claim would be denied. These guidelines are:

1. Do not present or use your Medco (White) I.D. Card to purchase your generic drugs. If you typically get all of your prescriptions from one of the big box retailers or grocery market chains that offer low priced generic drugs or antibiotics listed, you should request that your insurance not be charged for any prescription you are seeking reimbursement for, or else they may or will charge the Medco plan and this will result in a denial of reimbursement.
2. Provide proof of the prescription dispensed with a copy of the actual "tag" or slip provided with your prescription that summarizes the drug, dosage, date and name of the individual the drug has been purchased.
3. The prescription dispensed must be dated no later than December 31, 2010; you must be an active member as of the date of the prescription, and you or your employer must not be in arrears with premium due. Submission for reimbursement with a date dispensed no later than December 31, 2010 will not be accepted later than January 31, 2011. (Mail post marks must not exceed January 31, 2011 or your claim(s) will be denied.) All duplicate prescriptions will be denied.
4. All submissions are to be made via mail. (See address below) NO FAXES, or emails will be accepted. YOU MUST MAIL your request for reimbursement. ALLOW UP TO 60 DAYS for reimbursement. Submit to:

**Group Insurance Trust
Attn: Generic Reimbursement Program
P.O. Box 7347
Albany, NY 12224-7347**

5. A separate submission (i.e. claim) must be submitted for each member of the family. However, you may submit multiple generic drug reimbursement requests for each family member on same claim form.