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LOCATION:  
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CHRIS CHRISTIE  
*Governor*

KIM GUADAGNO  
*Lt. Governor*

*State of New Jersey*  
DEPARTMENT OF THE TREASURY  
DIVISION OF PENSIONS AND BENEFITS  
(609) 292-7524 TDD (609) 292-7718  
[www.state.nj.us/treasury/pensions](http://www.state.nj.us/treasury/pensions)

ANDREW P. SIDAMON-ERISTOFF  
*State Treasurer*

FLORENCE J. SHEPPARD  
*Acting Director*

October 2011

**TO:** CWA, AFT, AFSCME, IFPTE, or Local 518 employees  
**FROM:** Division of Pensions and Benefits, State Health Benefits Program  
**SUBJECT:** Reimbursement to Union Members for Prescription Drug Claims Denied under PDST Program

You are receiving this notice because you are a State employee or an employee of a State college or university and represented by CWA, AFT, AFSCME, IFPTE, or Local 518 and were denied coverage under the Employee Prescription Drug Plan for a nonpreferred prescription drug under the Preferred Drug Step Therapy (PDST) program. Under an Arbitration Award applicable to you, you may be entitled to reimbursement as described below if you request reimbursement and meet the following requirements.

You are eligible to receive a reimbursement if:

- 1) A doctor prescribed a medication for you or your covered dependent and when you or your covered dependent presented the prescription to a retail pharmacy or to Medco for a mail order prescription, the prescription was denied for coverage according to the guidelines of the PDST program because it was for a nonpreferred drug; **and**
- 2) As a result of the denial of coverage, you or your covered dependent had to pay:
  - A) The full cost of the drug as evidenced by attaching a copy of the receipt for payment to the form; **or**
  - B) an amount that was more for the drug than the applicable copay set forth in the union contract because the prescription was obtained under a different prescription drug plan.

The reimbursement period covers claims denied under the PDST program between February 1, 2010 through December 31, 2011. To receive a reimbursement, you **MUST** submit the enclosed Reimbursement Form and attach receipts for the purchase of the prescription drugs that were denied coverage. By submitting the enclosed reimbursement form, you are certifying that you or your covered dependent did not receive any reimbursement (including reimbursement from a flexible spending account) for any part of the claimed prescription drug expense. All reimbursement forms must be submitted before March 1, 2012.

Please follow the directions on the reimbursement form and mail the completed and signed form along with all receipts to Medco Health Solutions, Inc. at the address on the back of the form.