# What's In Your Wallet?

## **FRONT** WTC Health Program

For use at any local pharmacy -



#### **Questions?**

WTC Health Program Pharmacy Plan (Optum): 888-982-4748

**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: PMSJ, LLC, dba Optum Workers Compensation Services of Florida; Progressive Medical, LLC, dba Optum Workers Compensation Services of Noic, Optimes Care, Inc., dba Optum Workers Compensation Services of Georgia, Healthcare Solutions, Inc., dba Optum Healthcare Solution of Georgia; Settlement Solutions, LLC, dba Optum Services of Georgia, Florida Managedent, Inc., dba Optum Managedent, Inc., dba Optum Morkers 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.



#### **Ouestions?**

**Express Scripts Member** Services: 800-467-2006

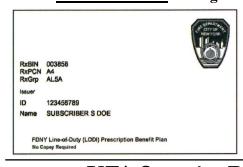
**Pharmacist Help Desk** 800-824-0898

www.express-scripts.com



### 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.



### **Ouestions?**

**Express Scripts Member** Services:

866-533-9195

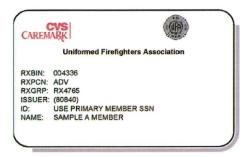
Pharmacist Help Desk 800-824-0898

www.express-scripts.com

Visit www.express-scripts.com Patient Customer Service: 1.866.533.9195 TDD: 1.800.899.2114 1.800.824.0898 Pharmacist Use Only: 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 #ALSA
Step 4 - Enter 9 digit member 10 #(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.



## **Ouestions?**

**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.oaremark.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