



STATE OF TENNESSEE  
DEPARTMENT OF FINANCE AND ADMINISTRATION  
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue  
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Nashville, Tennessee 37243  
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Mark A. Emkes  
COMMISSIONER

Laurie Lee  
EXECUTIVE DIRECTOR

Dear Member:

On August 1, 2011, the State Group Insurance Program will implement *coordination of benefits* (COB). COB ensures that a member's primary insurance plan pays first when a member has health coverage through more than one plan. Our records show that you have other primary coverage. If this is NOT the case, please call your health insurance vendor (BCBS or Cigna) at the customer service number on the back of your health plan ID card to update your information.

When COB begins, if you have primary coverage, the State will not let you use your Caremark card to pay for prescriptions at a pharmacy or by mail order. You will use your primary insurance card when you pay for your prescription. Then you will be required to pay any copayment due under your primary coverage. Primary coverage must be used first before any reimbursement will be considered under your secondary coverage.

To ask for payment from your secondary plan (the State Group Insurance Program) you will need to do the following:

- Locate the reimbursement form on the Caremark website following the path below. You will have to register for an account and log in first.

[www.caremark.com](http://www.caremark.com) > Order Prescriptions > Forms for Print (under related links) > Paper Claim Reimbursement Form

- Fill out the reimbursement form, focusing on the section in the black box labeled "Coordination of Benefits."
- Mail the form, along with a copy of your pharmacy receipt to the address below. This is the larger one that shows drug name, strength, date and an 11-digit number (the National Drug Code), **not the cash register receipt**.

CVS Caremark  
P.O. Box 52196  
Phoenix, AZ 85072-2196

CVS Caremark will compare the amount that you paid under your other primary insurance coverage. Any payment required under the State Group Insurance Program will be subtracted and you will get a check for the difference. Specialty claims and claims from pharmacies that are not in the State Group Insurance Plan 90 day network will be cut back to a 30 day supply and allowed at the State Contracted Rate.

You must follow this process each time you fill a prescription and want to be reimbursed by the State Group Insurance Program.

Please keep a copy of everything that you send for your own records. Even if another plan is your primary coverage, any reimbursement is still subject to the State Group Insurance Program's rules. These include prior authorization, quantity limits, exclusions and step therapy limits.

If you have any questions about the coordination of benefits process, please call the CVS Caremark Customer Service Center at 1-877-522-8679.