

Out-of-Network Prescription Drug Coverage

When it's OK to get your prescriptions filled out-of-network

There are times when you may need to go out-of-network to get your prescriptions filled because you do not have access to an in-network pharmacy. We will cover your prescriptions at an out-of-network pharmacy if:

- You are traveling within the United States and its territories and become ill, lose or run out of your prescription drugs.
- The prescription is for a medical emergency or urgent care.
- You are unable to get a covered drug you need right away within our service area because there isn't a network pharmacy within a 25-mile driving distance that provides 24-hour service.
- You are trying to fill a prescription for a covered drug that is not regularly stocked (including orphan drugs or other specialty drugs) at any participating network pharmacy.

Before you fill your prescription at an out-of-network pharmacy, call us to see if there is a network pharmacy in your area where you can fill your prescription.

If you do go to an out-of-network pharmacy, you may have to pay the full cost (instead of paying just your copay or coinsurance) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form. However, even after we reimburse you for our share of the cost, you may pay more for a drug purchased at an out-of-network pharmacy because the out-of-network pharmacy's price may be higher than what a network pharmacy would have charged. You should submit a claim form to us if you fill a prescription at an out-of-network pharmacy as any amount you pay will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to "Submitting a paper claim for reimbursement" section below.

Submitting a paper claim for reimbursement

When you go to a network pharmacy, your claim should be automatically submitted to us by the pharmacy. However, if you go to an out-of-network pharmacy, for one of the reasons listed in "When it's OK to get your prescription filled out-of-network" section, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription. To receive reimbursement for our share of the cost, simply submit your completed claim form and receipt to us. Once we receive it, we will make an initial coverage determination on the claim. For more information on initial coverage

determinations, please refer to your Evidence of Coverage or call Customer Service at the number on your member ID card. Customer Service is available from 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1 through March 31, and Monday to Friday (except holidays) from April 1 through September 30.

Please note: Members with a Dual Eligible Special Needs Plan (DSNP) will not have a copay differential for using an out-of-network pharmacy.

Amerigroup is an HMO, an HMO CSNP, an HMO ISNP, an HMO-POS CSNP and an LPPO plan with a Medicare contract. For Dual-Eligible Special Needs Plans: Amerigroup is an HMO DSNP plan with a Medicare contract and a contract with the State Medicaid program. Enrollment in Amerigroup depends on contract renewal.