

## Healthfirst Medicare Plan

### Out-of-Network Coverage Rules

#### Medical Care

Generally, you must obtain your treatment from Healthfirst Medicare Plan network providers. However, some exceptions apply such as:

- if you require emergency services,
- urgently needed care or
- kidney dialysis services when the network is not available such as when you are out of the service area.

In these circumstances, prior authorization to seek out-of-network care is **not** required. However to make sure the service(s) will be covered we ask that if you are able **please call Member Services at 1-888-260-1010. (TTY users should call 1-888-542-3821). Our hours are 7 days a week from 8am to 8pm.** Member Services also has free language interpreter services available for non-English speakers to make sure the service(s) will be covered.

In the event you require specialized services that are not available within Healthfirst Medicare Plan network, please contact Member Services to obtain prior authorization for out-of-network services. Upon prior authorization of the out of network services by Healthfirst Medicare Plan, your cost sharing for these services will be the same as if you had received your care from a network provider.

You may check your **Evidence of Coverage - Chapter 3: Using the plan's coverage for your medical services** for additional information.

#### Pharmacy

We encourage you to use Healthfirst Medicare Plan's in-network pharmacies at all times to fill your prescriptions. If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave.

We have network pharmacies outside of our service area where you can get your prescriptions filled as a member of our plan. Generally, we cover drugs filled at an out-of-network pharmacy **only** when you are not able to use a network pharmacy. Here are the circumstances when we would cover prescriptions filled at an out-of-network pharmacy:

- Example 1: You are traveling outside of the service area and you run out of or lose your covered Part D drug(s) or become ill and need a covered Part D drug, and you cannot access a network pharmacy.
- Example 2: You cannot obtain a covered Part D drug in a timely manner within the service area because there is no network pharmacy within a reasonable driving distance that provides 24-hour-a-day/7-day-per-week service.
- Example 3: You must fill a prescription for a covered Part D drug and that drug is not regularly stocked at accessible network retail or mail-order pharmacies.
- Example 4: You are provided covered Part D drugs dispensed by an out-of-network institution-based pharmacy while you are a patient in an emergency department, provider-based clinic, outpatient surgery, or other outpatient setting.

- Example 5: During any Federal disaster declaration or other public health emergency declaration in which our members are evacuated or otherwise displaced from their places of residence and cannot reasonably be expected to obtain covered Part D drugs at a network pharmacy.

In these situations, **please check first with Healthfirst Member Services** to see if there is a network pharmacy nearby. You may be required to pay the difference between what you pay for the drug at the out of network pharmacy and the cost that we would cover at an in network pharmacy.

If you must use an out of network pharmacy, you will generally have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost.

You may also check your **Evidence of Coverage - Chapter 5: Using the plan's coverage for your Part D prescription drugs and Chapter 7: Asking us to pay our share of a bill you have received for covered medical services or drugs** for additional information.

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