



## PHARMACY TRAVELING/OUT OF NETWORK POLICIES

### **How do I fill my prescriptions when I am traveling or when I am outside of the plan services area or go out of network?**

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:

- **If there are no participating pharmacies near you, we will cover prescriptions filled at an out-of-network pharmacy in the event of an emergency as defined by the plan. We will cover up to a 30-day supply only.**

**To ensure that AgeWell New York will allow an out of network pharmacy before you fill your prescription**, call Member Services 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 due to a health emergency, you may have to pay the full cost (rather than paying just your co-payment), when you fill your prescription. In the event of using an out-of-network pharmacy for an emergency, 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. Regardless of the amount, we can only reimburse you the amount **that we would have paid** if you had the prescription filled at a network pharmacy. Even though you may not receive the full amount you paid in reimbursement, the amount that you paid may still be counted towards your required out-of-pocket costs.

To submit a paper claim when an out-of-network pharmacy is used in the case of an emergency, download and print the [Prescription Claim Form](#), or call Member Services at 1-866-237-3210 (TTY/TDD users should call 1-800-662-1220), Hours are 7 days a week from 8:00 am to 8:00 pm. Note: From April 1 to September 30, we may use alternate technologies on Weekends and Federal holidays. This form must be completed and returned along with your original paper receipt from the pharmacy within the first 90 days of receiving your prescription. This receipt is the one that normally is attached to the bag and shows the National Drug Code, Quantity, Days Supply, Date Filled, and your cost for the medication. If you do not have a copy of your pharmacy receipt, you can ask your pharmacy to reprint a copy for you. Mail the reimbursement form and the receipts within 90 days to the address below:

Elixir  
2181 East Aurora Road Suite 201  
Twinsburg, OH 44087

*For additional information, please call Elixir at 1-844-782-7670, 24 hours a day 7 days a week.*