



## Submitting a Prescription Claim Form for Prescription Drugs Paid Out of Pocket Policy

In what circumstances will I submit a Prescription Claim Form for Prescriptions Drugs Paid Out of Pocket?

- When your pharmacy did not process your prescription drugs under your eligible AgeWell insurance due to
  - Forgetting your health insurance card for urgently covered needed drugs
  - Other circumstances when you needed covered prescription drugs urgently but was unable to use your health insurance card
- When you are traveling or when you are outside of the plan services area
  - In general, we cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. You are encouraged to call AgeWell Member Services to see if there is a network pharmacy in your area

**We will cover prescriptions filled at an out-of-network pharmacy or in-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 the use of the Prescription Claim Form before you fill your prescription,** 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 8:00pm. Note: April 1 to September 30, we may use alternate technologies on Weekends and Federal Holidays. If you do need to fill your prescription drug at the pharmacy without your AgeWell insurance card, you can ask us to reimburse you for **our** share of the cost, you may pay more for a drug purchase 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 8:00pm. Note: 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 prescriptions. 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

7835 Freedom Avenue NW

North Canton, OH 44720

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