



South Carolina

*BlueCross BlueShield of South Carolina
is an independent licensee of the
Blue Cross and Blue Shield Association*

Medicare Advantage

Out-of-Network Coverage Rules

We May Cover Your Prescription in Certain Situations

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:

- If you need coverage because of a medical emergency
 - We will cover prescriptions that you fill at an out-of-network pharmacy if the prescriptions are related to care for a medical emergency or urgently needed care.

- If you need coverage while you are traveling or are away from the plan's service area

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. When possible, take along all the medication you will need. You may be able to order your prescription drugs ahead of time through our mail-order pharmacy or through a retail network pharmacy that offers an extended supply. If you are traveling outside of your plan's service area but within the United States and territories and become ill, or run out of your prescription drugs, call Customer Service at 1-888-645-6025 (TTY: 711) to find out if there is a network pharmacy in the area where you can fill your prescription. We are available 8 a.m. to 8 p.m., Eastern Time, Monday through Friday. Our automated phone system handles calls after 8 p.m. and on Saturdays, Sundays and holidays. From October 1 to March 31, we are available 8 a.m. to 8 p.m., Eastern Time, seven days a week.

- If you are unable to get a covered drug in a timely manner because there is no network pharmacy within a reasonable driving distance providing 24-hour service
- If you are trying to fill a covered prescription drug that is not regularly stocked at a network retail or mail-order pharmacy (these drugs include orphan drugs or other specialty pharmaceuticals)
- If you receive a covered prescription drug from an out-of-network, institution-based pharmacy while a patient in an emergency room, provider-based clinic, outpatient surgery clinic or other outpatient setting

If you go to an out-of-network pharmacy for the reasons listed, you may have to pay the full cost (rather than paying just your copayment or coinsurance) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a paper claim form. If you go to an out-of-network pharmacy, you may be responsible for paying the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescription. The plan allows for you to fill a maximum of 10 prescriptions per year across all out-of-network pharmacies. After you have reached this limit, the plan may not reimburse you for the costs.

We cannot pay for drugs when you fill the prescriptions outside the United States or its territories, even for medical emergencies.

In these situations, **please check first with Customer Service** to see if there is a network pharmacy nearby.

How Do You Ask For Reimbursement From the Plan?

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) when you fill your prescription. You can ask us to reimburse you for our share of the cost.

Send us your request for payment, along with your receipt documenting the payment you have made. It is a good idea to make a copy of your receipts for your records.

Mail your request for payment together with any receipts to us at this address:

OptumRx
P.O. Box 650287
Dallas, TX 75265-0287

Contact Customer Service if you have any questions. If you don't know what you should have paid, we can help. You can also call if you want to give us more information about a request for payment you have already sent to us.