



Filling prescriptions outside the network

Generally, we only cover drugs filled at an out-of-network pharmacy in limited, non-routine circumstances when a network pharmacy is not available. Below are some circumstances when we would cover prescriptions filled at an out-of-network pharmacy. **Before you fill your prescription in these situations, 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 for the reasons listed below, you may have to pay the full cost (rather than just paying your copayment) 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 is higher than a network pharmacy would have charged. You should submit a claim to us if you fill a prescription at an out-of-network pharmacy as any amount you pay, consistent with the circumstances listed below, will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to the paper claims process described next.

- If you are traveling within the United States and territories and become ill, lose or run out of your prescription drugs, we will cover prescriptions that are filled at an out-of-network pharmacy.
- If prescriptions are related to care for a medical emergency or urgent care, we will cover prescriptions that are filled at an out-of-network pharmacy.

How do I submit a paper claim?

When you go to a network pharmacy, your claim is automatically submitted to us by the pharmacy. However, if you go to an out-of-network pharmacy for one of the reasons listed above, 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. When you return home, simply submit your claim and your receipt to the following address:

HealthPartners Medicare Part D Pharmacy Claims
P.O. Box 64060
St. Paul, MN 55164

Upon receipt we will make an initial coverage determination on the claim. Please refer to your Evidence of Coverage or call Member Services for more information on initial coverage determinations.

For more information

For more detailed information about your HealthPartners prescription drug coverage, please review your Evidence of Coverage and the HealthPartners Formulary.

HealthPartners® Freedom plan members please call 952-883-7979 or 1-800-233-9645 from 8 a.m. to 8 p.m., seven days a week. TTY users should call 952-883-6060 or 1-800-443-0156.

HealthPartners® Liberty plan members please call 952-883-7676 or 1-866-233-8734 from 8 a.m. to 8 p.m., seven days a week. TTY users should call 952-883-6060 or 1-800-443-0156.