

More information about... HealthPartners® Short Term Health Plan Prescription Drug Benefit and Prescription Claim Review

This is your guide on how to receive the most from your prescription drug benefits and complete the prescription drug claim review form.

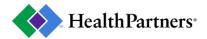
1. Remember to present your HealthPartners member ID card when your purchase a prescription drug at your pharmacy. HealthPartners negotiates special discounts with more than 60,000 pharmacies, so showing your card will ensure that you receive our contracted discounts.

In addition, when you present your card, HealthPartners will have the drug information that is needed for the claim review process.

Also, by showing your card, you'll be contributing to your safety – the pharmacy claims system automatically searches for possible drug interactions and keeps a personal pharmacy claims history that you can use at year-end to estimate next year's pharmacy expenditures.

- 2. You pay in full for your prescription drug at the time of purchase. Be sure to keep the receipt for your records, as you will need to submit it with your claim form.
- 3. Complete part two of the prescription drug reimbursement form found on the back of this page.
- 4. Your doctor or doctor's representative must certify that the drug being reviewed is not being used to treat a pre-existing condition, per the terms of your HealthPartners Short Term Health Plan. Have your doctor complete and sign part one of the reimbursement form. HealthPartners will not be able to review your prescription claim if your doctor does not complete this part.
- 5. Return the completed prescription drug review form. See form for more details.
- 6. HealthPartners will process the form to verify that the prescription drug is covered. The drug must be on the HealthPartners Preferred Drug List (formulary). For more information on our Preferred Drug List, please visit **healthpartners.com** or call the Member Services phone number listed on the back of your ID card. If the drug is covered and your deductible has been met, you will receive a reimbursement check.

If you have questions about your HealthPartners Short Term Health Plan, please call Member Services at 952-967-7540 or 866-232-1166.



Prescription Drug Claim Review Form Short Term Health Plan Coverage

See the back for instructions. Complete all information.

An incomplete form may delay your reimbursement.

PART ONE: to be completed by the physician or physician's office

1711(1 01)		impleted by the physic	ician of physicia		
	anifestation o	insured has received medicate of this injury, illness or conditions.		•	
I attest that the da	te above is co	orrect given the information	available to me.		
Signature					
received medical trea coverage. Please not * Antidepressants * Cosmetic Drugs * Infertility Drugs	used for family ple devices Drugs	ect to coverage, any injury, illness rice or diagnosis, symptoms, or a r g is a partial list of drugs that an olanning purposes, injectable contra	manifestation before the re not covered under th	effective date of the is plan:	
PART TW	O: to be co	ompleted by the mem	ber, one drug p	er form	
Member Name		Member Number Date of Birth		1	
Address	Street	City	State	Zip	
Drug Name					
Date Filled		Prescribed By	Amount Paid	Amount Paid by Member	
TAPE PHARMAO	CY RECEIPT	: NO STAPLES			
		lowing information:			
Pharmacy Name, A					
Date Prescription F	illed, Prescript	ion (RX) Number, NDC Numb	er, Drug Name and Str	ength,	

Return the completed form and receipt to:

Quantity, Days Supply, Amount Paid

HealthPartners Pharmacy Administration

P.O. Box 1289

Minneapolis, MN 55440-1289

You must complete and return this form to HealthPartners within 90 days of your pharmacy claim. Your doctor or doctor's representative needs to complete part one of this form. Additional forms can be found online at

healthpartners.com

Form # 706 3-06 440271 (06/17)