



2020 Direct Member Reimbursement Policy CarePlus' Part D Prescription Drug Coverage

As a CarePlus member, you can save on your prescription drug costs from a wide variety of pharmacy chains as well as many independent pharmacies in our network.

In addition to obtaining medications from network retail pharmacies, you may also choose a mail-order pharmacy to have up to a 90-day supply of covered Part D drugs* shipped directly to your home or other address you designate. Information related to network mail-order pharmacies is available within the Provider Directories at:

www.CarePlusHealthPlans.com/Members/pharmacy-directories

**Specialty drugs are limited to a 30 day supply.*

If you use an out-of-network mail-order vendor or retail provider, standard retail rates will apply. That means you may pay more for your medications. Please check your Summary of Benefits or Evidence of Coverage for more information.

If you need help finding a network pharmacy, please contact Member Services at 1-800-794-5907; TTY: 711. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m.

From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays, and we will return your call within 1 business day. An updated Pharmacy Directory is also located on our website at:

www.CarePlusHealthPlans.com/physician-finder

Out-of-Network Pharmacies

We understand that you may need to use pharmacies outside your plan network from time to time. Generally, we only reimburse medications filled at an out-of-network pharmacy when a network pharmacy isn't available. Below you'll find some situations when we may reimburse medications from an out-of-network pharmacy. If possible, before you fill a prescription out-of-network, call our Member Services department at the number listed above and a representative will help and find out if a network pharmacy is available.

We may reimburse you for a prescription filled at an out-of-network pharmacy* if:

- You can't get a covered drug that you need immediately because there are no open in-network pharmacies within a reasonable driving distance.
- Your prescription is for a specialty drug in-network pharmacies don't usually keep in stock.
- You need a prescription because of a medical emergency.

- You need a covered prescription drug while you are traveling away from the plan's service area.
- You get a covered prescription drug from an institutional based pharmacy while a patient in an emergency room, provider based clinic, outpatient surgery clinic, or other outpatient setting.
- You were eligible for Medicaid at the time you got the prescription, even if you weren't enrolled yet. This is called retroactive enrollment period.
- You're evacuated from your home because of a state, federal, or public health emergency and don't have access to an in-network pharmacy.

If you go to an out-of-network pharmacy for the reasons listed above, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost if you submit a Prescription Drug Claim Form or written request. To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" in the "**Frequently Asked Questions**" (**FAQ**) section at the bottom of this document.

Reimbursement may not cover your full cost for the covered drug. You will be responsible for an out-of-network difference and any applicable cost-share. See the **FAQ section at the bottom of this document for an explanation of the out-of-network difference.*

In-Network Pharmacies

CarePlus' network pharmacies are required to automatically submit your claims online. You should always present your Member ID card at the pharmacy so the pharmacy can gather the information needed for this online submission. If you don't have your Member ID Card with you when you fill your prescription, ask the pharmacy to call the plan to get the necessary information.

If you do not present your ID card at the pharmacy, or the network pharmacy cannot submit your claim online for some other reason, you can pay the cash price for the prescription and submit a request to CarePlus for reimbursement. Please note, we will reimburse you the negotiated rate CarePlus agreed to pay the pharmacy. You are responsible for your cost-share plus the difference between the cash price and the negotiated rate, if the cash price is higher. While you will get credit on your True-Out-of-Pocket (TrOOP) for your cost-sharing, you will not get credit for the difference in price, if any. To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" in the **FAQ** section at the bottom of this document.

If you are getting extra help from Medicare to pay for your prescription drug premiums and costs, you will still only pay your reduced cost share amount as you normally would. If you have questions about whether a pharmacy is in CarePlus' network, you can call our Member Services department at 1-800-794-5907. TTY users should call 711.

Vaccines

What if I get a covered Part D vaccine in the doctor's office?

This is treated as an out-of-network situation whether or not the doctor is in your medical network because the doctor is not in your pharmacy network. If a Part D covered vaccine is appropriately administered or dispensed in a doctor's office, you'll have to pay the full cost of the vaccine and its administration at that time.

In most cases, we will not be able to reimburse you the full amount you paid in the doctor's office. We will pay you back our share of the cost if you submit a Prescription Drug Claim Form or written request. You will be responsible for an out-of-network difference and any applicable cost-share. See the **FAQ** section at the bottom of this document for an explanation of the out-of-network difference.

To submit a paper claim for reimbursement, see "**How do I submit a paper claim?**" in the **FAQ** section at the bottom of this document.

Remember, if you get the vaccine from a network pharmacy and it is processed at point of sale (POS), you may avoid extra costs.

Please refer to the table on the following page.

If you obtain the vaccine at the:	And the vaccine is administered at the:	Then you pay (and/or are reimbursed):
Pharmacy	Pharmacy	Copayment for the vaccine and any administration fee.
Doctor's office	Doctor's office	<p>You pay the full cost of the vaccine, including administration fee, when the vaccine is received. When you submit a reimbursement request along with a paper receipt, CarePlus reimburses the cost minus the out-of-network difference and the copay/cost share. The administration fee is only reimbursed up to a \$20 maximum.</p> <p>This is treated as an out-of-network situation whether or not the doctor participates with the member's medical plan because the doctor is not in the Pharmacy network. (If you get "Extra Help," we will reimburse you for this difference.)</p>
Network Pharmacy	Doctor's office	<p>You pay the coinsurance or copayment for the vaccine at the pharmacy. You must also pay the cost for administering the vaccine to the doctor and submit it as a paper claim to CarePlus. The administration fee is only reimbursed up to a \$20 maximum. You will be reimbursed the amount charged by the doctor for administering the vaccine less any difference between the amount the doctor charges and what we normally pay. (If you get "Extra Help" we will reimburse you for this difference.)</p>

Frequently Asked Questions (FAQ)

What if I need medicine while I'm traveling away from my plan's service area?

If you regularly take a prescription drug and you're planning a trip, check your drug supply before you leave. Try to take along all the medication you will need for the duration of your trip. You may also check a network mail-order or retail pharmacy to see if they can fill your prescription for an extended supply.

CarePlus has a national pharmacy network that can fill your prescriptions, even when you're outside your plan's service area. If you travel outside your plan's service area in the United States and need prescription drugs, call our Member Services department at 1-800-794-5907. TTY users should call 711. We'll help you find a network pharmacy where you can fill your prescription.

If a network pharmacy isn't available, you'll have to pay the full cost when you fill your prescription. We will pay you back our share of the cost minus any copays/cost-share you may have, if you submit a Prescription Drug Claim Form or written request. To submit a paper claim for reimbursement, see **"How do I submit a paper claim?"** further down in this section. You'll be responsible for the out-of-network difference.

Are there limitations to drugs received from an out-of-network pharmacy?

Out-of-network pharmacy coverage is intended for emergency or other extenuating circumstances as described above for a short-term basis only. Therefore, prescriptions filled outside the CarePlus pharmacy network are limited to a 30-day supply.

Sometimes your doctor may need to submit additional documentation so we can process your reimbursement payment request. This can happen if you get:

- A drug from an out-of-network pharmacy that isn't on our drug list
- A drug that's subject to coverage requirements or limits

You can call our Member Services department at 1-800-794-5907. TTY users should call 711 to:

- Find out if your drug is on the drug list
- See if the drug is subject to coverage requirements or limits
- Request a copy of our drug list

You can also get updated information about covered drugs on www.CarePlusHealthPlans.com/medicare-plans/

How do out-of-network pharmacy claims affect my cost share?

Usually, out-of-network pharmacy claims result in a greater cost to both you and to the plan. Because the out-of-network pharmacy typically charges a higher total cost for the drug than in-network pharmacies, your cost share goes up as well.

What is the in-network difference?

The in-network difference occurs when you pay the entire amount for a drug at an in-network pharmacy and you ask us to pay you back. You will be reimbursed the difference between the amount you paid for the drug and the negotiated rate CarePlus and the pharmacy agreed CarePlus

would pay. Please be aware this means that you might not receive the full amount that you paid for the drug. If the cash price you paid to the pharmacy is higher than the negotiated rate, then the reimbursement will be less than what you actually paid for the drug. You will have to pay this difference in addition to any cost-sharing you are responsible for under your plan.

What is the out-of-network difference?

The out-of-network difference is the difference between the price you paid for the drug at the out-of-network pharmacy and CarePlus' plan allowance for that drug. Please be aware this means that you might not receive the full amount that you paid for the drug. The cash price paid and CarePlus' plan allowance varies in cost. If the cash price you paid to the pharmacy is higher than the plan allowance, then the reimbursement will be less than what you actually paid for the drug. You will have to pay this difference in addition to any cost-sharing you are responsible for under your plan.

What happens if I use out-of-network pharmacies for reasons other than given in this policy?

Repeated out-of-network pharmacy use that isn't consistent with this policy may result in denial of your claim for reimbursement. In addition, CarePlus can't pay for lost or stolen prescriptions or prescriptions filled by pharmacies outside the United States, including drugs obtained on a cruise ship, even in a medical emergency.

Where do I find the Prescription Drug Claim Form?

The Prescription Drug Claim Form can be found on www.CarePlusHealthPlans.com, in the same area where the Prescription Drug Guides and Part D Information are displayed and can also be obtained by calling Member Services at 1-800-794-5907. TTY users should call 711.

How do I submit a paper claim?

Submit your claim by completing the Prescription Drug Claim Form or a written request for reimbursement. Include an explanation of your circumstances when submitting your request together with any bills, receipts, and/or medical record documentation.

Send the Prescription Drug Claim Form or written request to:

CarePlus Health Plans, Inc.
Attention: Member Services Department
11430 NW 20th Street, Suite 300
Miami, FL 33172

Please keep a copy of the receipts for your records.

Public Notice of Out-of-Network Pharmacy Access Policy

The Direct Member Reimbursement Policy and the Prescription Drug Claim Form are available on www.CarePlusHealthPlans.com, in the same area where the Prescription Drug Guides and Part D Information are displayed.

IMPORTANT!

At CarePlus, it is important you are treated fairly.

CarePlus Health Plans, Inc. does not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender identity, or religion. Discrimination is against the law. CarePlus complies with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by CarePlus, there are ways to get help.

- You may file a complaint, also known as a grievance, with:
CarePlus Health Plans, Inc. Attention: Member Services Department.
11430 NW 20th Street, Suite 300. Miami, FL 33172.
If you need help filing a grievance, call **1-800-794-5907 (TTY: 711)**. From October 1 - March 31, we are open 7 days a week, 8 a.m. to 8 p.m. From April 1 - September 30, we are open Monday - Friday, 8 a.m. to 8 p.m. You may always leave a voicemail after hours, Saturdays, Sundays, and holidays and we will return your call within 1 business day.
- You can also file a civil rights complaint with the **U.S. Department of Health and Human Services**, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**.

Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

CarePlus provides free auxiliary aids and services, such as qualified sign language interpreters and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Language assistance services, free of charge, are available to you. 1-800-794-5907 (TTY: 711)

Español (Spanish): Llame al número arriba indicado para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 撥打上面的電話號碼即可獲得免費語言援助服務。

Tiếng Việt (Vietnamese): Xin gọi số điện thoại trên đây để nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위의 번호로 전화하십시오.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas upang makatanggap ng mga serbisyo ng tulong sa wika nang walang bayad.

Русский (Russian): Позвоните по номеру, указанному выше, чтобы получить бесплатные услуги перевода.

Kreyòl Ayisyen (French Creole): Rele nimewo ki pi wo la a, pou resevwa sèvis èd pou lang ki gratis.

Français (French): Appelez le numéro ci-dessus pour recevoir gratuitement des services d'aide linguistique.

Polski (Polish): Aby skorzystać z bezpłatnej pomocy językowej, proszę zadzwonić pod wyżej podany numer.

Português (Portuguese): Ligue para o número acima indicado para receber serviços linguísticos, grátis.

Italiano (Italian): Chiamare il numero sopra per ricevere servizi di assistenza linguistica gratuiti.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

ગુજરાતી (Gujarati): નિઃશુલ્ક ભાષા સહાય સેવાઓ પ્રાપ્ત કરવા માટે ઉપરોક્ત નંબર પર કોલ કરો.

ภาษาไทย (Thai): โทรติดต่อที่หมายเลขด้านบนนี้เพื่อรับบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่าย.

Diné Bizaad (Navajo): Wóda'hí béésh bee hani'í bee wolta'ígíí bich'í' hódíílnih éí bee t'áá jiik'eh saad bee áká'ánída'áwo'déé níká'adoowoł.

العربية (Arabic):

الرجاء الاتصال بالرقم المبين أعلاه للحصول على خدمات مجانية للمساعدة بلغتك