

## Out of Network Policy

### Medical Services

You will have to choose one of our network providers to be your Primary Care Physician (PCP). Your PCP focuses on all your healthcare needs, integrates care across all specialties and healthcare settings, and focuses on wellness and prevention. Generally, your Primary Care Physician will provide most of your care and will help arrange or coordinate the rest of the covered services that you get as a member of our Plan. When your PCP thinks you need specialized treatment, he/she will give you a referral (approval in advance) to see a specialist or certain other providers in our network. For some types of referrals, your PCP may need to get approval in advance from our plan (this is called getting “prior authorization”). It’s important that you follow the plan’s rules in obtaining prior approval for services when required. If you have been seeing one network provider, you are not required to continue going to that same provider. If your doctor/other health care provider leaves the plan, your plan will make a good faith effort to provide you with 30 days’ notice that your provider is leaving our plan so that you may have time to choose another doctor from within the network.

You are always covered for emergencies. If you have an emergency, call 911 or go to the nearest emergency room. You do not need the Plan’s or your PCP’s approval before getting emergency care and you are not required to use network hospitals or doctors when seeking emergency care. If you are out of the area when you have an emergency, go to the nearest emergency room and all emergency care and post-stabilization care at the out-of-network provider will be covered. After your emergency room visit or as soon as is reasonably possible, please call your PCP and the Plan. Your PCP can coordinate or provide follow-up care that you may require after your emergency room visit. Urgently needed services may be furnished by network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible.

You should always try to obtain urgently needed services from network providers. However, if providers are temporarily unavailable or inaccessible and it is not reasonable to wait to obtain care from your network provider when the network provider becomes available, we will cover urgently needed services that you get from an out-of-network provider.

If you should receive a bill directly from an out-of-network provider, you should not pay the bill. **Send the bill to the Plan for processing.** The Plan will determine any copays or coinsurance that you are responsible for, if any. If approved, we will pay the Plan's share of cost or send you a notice in case of denial to let you know why we may have determined the service you received was not covered. The notice will include your appeal rights. Please send your bill to:

**Optimum Healthcare, Inc.**

P.O. Box 151258  
Tampa, FL 33684

For more information, please refer to your Evidence of Coverage (EOC) or contact our Member Services Department at 1-866-245-5360, TTY/TDD 711.

**You must submit your Part C (medical) claim to us within 12 months** of the date you received the service, item or Part B drug. Contact Member Services if you have any questions. If you don't know what you should have paid, or you receive bills and you don't know what to do about those bills, 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.

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### Pharmacy Services

The Plan has a vast number of in-network pharmacies for prescription drug coverage. To see if an in-network pharmacy is available out-of-network, you may contact our Member Services Department at 1-833-272-9773, TTY/TDD 711.

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) at the time you fill your prescription. You can ask us to reimburse you for our share of the cost have made. It's a good idea to make a copy of your bill and receipts for your records. **You must submit your Part D (prescription drug) claim to us within 36 months** of the date you received the drug. Mail your request for payment together with any bills or receipts to us at this address:

**Optimum Healthcare, Inc.**

Attention: Pharmacy Claims  
P.O. Box 52077  
Phoenix, AZ 85072  
Fax: 1-401-652-1911