

Liberty Health Advantage HMO

Liberty Health Advantage is an HMO Plan, and therefore the rules of an HMO apply, such as using In Network providers for medical services.

In most cases, care you receive from an **out-of-network provider** (a provider who is not part of our plan's network) will not be covered. **Here are two exceptions:**

- o The plan covers emergency care or urgently needed care that you get from an out-of-network provider.
- o If you need medical care that Medicare requires our plan to cover and the providers in our network cannot provide this care, you can get this care from an out-of-network provider. ***These services will require Prior Authorization from the Plan.*** In this situation, you will pay the same as you would pay if you got the care from a network provider. Your PCP will arrange Prior Authorization from our Plan for these services.

Emergency Care

- You may get covered emergency medical care whenever you need it, anywhere in the United States or its territories.
- Our plan covers ambulance services in situations where getting to the emergency room in any other way could endanger your health.
- Our plan also offers additional emergency medical care worldwide.

For more information, see the Medical Benefits Chart in Chapter 4 of the Liberty Health Advantage Preferred Choice or Dual Power Evidence of Coverage.

Urgent Care

Whenever possible, you must use our network providers when you are in the plan's service area and you have an urgent need for care. (For more information about the plan's service area, see Chapter 1, Section 2.3 of the Liberty Health Advantage Preferred Choice or Dual Power Evidence of Coverage.)

In most situations, if you are in the plan's service area, we will cover urgently needed care *only* if you get this care from a network provider and follow the other rules described earlier in the Evidence of Coverage. If the circumstances are unusual or extraordinary, and network providers are temporarily unavailable or inaccessible, our plan will cover urgently needed care that you get from an out-of-network provider.

What if you are outside the plan's service area when you have an urgent need for care?

Suppose that you are temporarily outside our plan's service area, but still in the United States. If you have an urgent need for care, you probably will not be able to find or get to one of the providers in our plan's network. In this situation (when you are outside the service area and cannot get care from a network provider), our plan will cover urgently needed care that you get from any provider.

Prescription Drugs Out of Network

In most case you need to get your prescription (as well as your other care) from a provider in the plan's provider network. This person would often be your primary care provider (your PCP). It could also be another professional in our provider network if your PCP has referred you for care.

To find network providers, look in the *Provider Directory*.

The plan will cover prescriptions from providers who are not in the plan's network only in a few special circumstances. These include:

- Prescriptions you get in connection with emergency care.
- Prescriptions you get in connection with urgently needed care when network providers are not available.
- Dialysis you get when you are traveling outside of the plan's service area.

Other than these circumstances, you must have approval in advance ("prior authorization") from the plan to get coverage of a prescription from an out-of-network provider.

If you pay "out-of-pocket" for a prescription written by an out-of-network provider and you think we should cover this expense, please contact Member Services or send the bill to us for payment.