

# GOING ON A TRIP?

Things to Know About Your Coverage



We all look forward to having a restful—or perhaps fun and exciting—vacation. The last thing we want to worry about when we travel is our health. Sutter Health Plus created this guide to help you understand a few things about your health care and medical benefits before, during and after your trip.

## Things to do before your trip

- ✓ Make sure you understand what services are covered by Sutter Health Plus while you're away from home
- ✓ Check your *Evidence of Coverage and Disclosure Form (EOC)* for specifics on what to do in case of an emergency while you're away
- ✓ Register for the Sutter Health Plus Member Portal by visiting [shplus.org/memberportal](http://shplus.org/memberportal); you can access your benefits, copays, member identification (ID) cards and more, from your smartphone, tablet or computer
- ✓ Remember to pack your Sutter Health Plus member ID card; it has important contact information
- ✓ Make sure your preventive immunizations are up-to-date, including your annual flu shot
- ✓ If you're leaving the country, talk to your doctor, in advance, about vaccinations or drugs you may need specific to the region you're visiting; vaccinations and drugs needed for travel may not be covered by Sutter Health Plus; review your Sutter Health Plus *EOC* for details
- ✓ Learn about travel alerts and warnings, safety, security, and health care at [travel.state.gov](http://travel.state.gov)
- ✓ Visit your doctor before you leave if you need to manage a medical condition during your trip
- ✓ Refill your eligible prescriptions to have enough to last while you're away
- ✓ Find and save the local emergency telephone number; not every country uses 9-1-1 as its emergency contact number

## If you need emergency or urgent care during your trip

- If you have a medical emergency or need urgent care, go to the nearest hospital or medical facility that can give you the care you need; you don't need approval from Sutter Health Plus to get emergency or urgent care
- If you are admitted to an out-of-network hospital, after your treating physician determines you are medically stable, contact Member Services as soon as reasonably possible to request authorization for post-stabilization care
- Sutter Health Plus will determine if you should receive care from the out-of-network provider, or arrange to have another designated provider care for you while you're away
- If you don't notify Sutter Health Plus as soon as reasonably possible, we may not cover services you receive after transfer to a network provider would have been possible

## Your drugs

There are several ways to get your prescription drug while you are away from home:

1. Request a vacation override, allowing you to pick up your prescription drug early (up to a 90-day supply) by calling Express Scripts at 1-877-787-8661; Members are eligible for one vacation override per-prescription within any 12-month period
2. If you have valid refills left on your prescription, transfer your prescription from your local pharmacy to an in-network pharmacy for pick-up (you can transfer certain drugs only once)
3. If you have a new prescription, fill it at any network pharmacy; For a list of network pharmacies, search Find a Pharmacy at [express-scripts.com](http://express-scripts.com)
4. If you use mail order, get up to a three-month supply, as your benefit plan allows, for the same copay as a two-month retail supply; sign up with Express Scripts Pharmacy<sup>SM</sup> at 1-877-787-8661 or visit [express-scripts.com](http://express-scripts.com). Mail order does not apply to specialty drugs

## How to file a claim after your trip

- If you received emergency or urgent care from an out-of-network provider and need to file a claim for out-of-pocket cost, you must file a claim for reimbursement
- For medical services, complete a Member Claim Form located on the Sutter Health Plus Member Portal and include any bills and receipts
- If you paid out-of-pocket for a prescription drug at a retail pharmacy, submit a claim at [express-scripts.com](http://express-scripts.com)
- Sutter Health Plus will send you a written decision within 30 days after we receive the claim from you or the out-of-network provider, unless we notify you within that initial 30 days that we need additional information
- If your claim is denied in whole or in part, we will send you a written decision that explains the denial and how to file a grievance



For more information on preparing for your trip, receiving urgent or emergency care, or claims submissions, call Sutter Health Plus Member Services at 1-855-315-5800 Monday through Friday, 8 a.m. to 7 p.m., or refer to your *EOC*.