



Non-Prescription Contraception Drugs or Devices

You may submit a request for the reimbursement of covered non-prescription contraception drugs or devices within 90 days from the date of purchase by:

- Step One. Download and completing the Reimbursement Request Form to provide information such as your name, address, plan identification number, and a valid paid receipt.
- Step Two. A valid paid receipt must explicitly delineate the purchased covered non-prescription contraception drugs or devices.
- Step Three. Submit your completed and signed form and valid paid receipt within 90 days from the date of purchase to us:
 - By Email at WSCC.pharmacy@westernskycommunitycare.com;
 - By Fax at 1-833-395-5940; or
 - By U.S. Mail to Ambetter from Western Sky Community Care, Claims Department-Member Reimbursement, PO Box 5010, Farmington, MO 63640-5010.

Assuming that your Request for Reimbursement is complete and timely filed within 90 days from the date of purchase, it will be processed within 30 days for email or faxed requests, and within 45 days for mailed requests.

If you have any questions, contact Members Services at 1-877-687-1197 (TDD/TTY: 1-877-941-9238). The Reimbursement Request Form and its Help Sheet and FAQs will also provide more helpful information. You can download this form at

<https://ambetter.westernskycommunitycare.com/resources/handbooks-forms.html>.