



2015 Pharmacy DIRECTORY

UnitedHealthcare® Group Medicare Advantage

This directory is a **partial** list of network pharmacies near your **ZIP code**.
For more information, please call Customer Service at:



Toll-Free 1-800-457-8506, TTY 711

8 a.m. to 8 p.m. local time, Monday through Friday



www.UHCRetiree.com



About this PHARMACY DIRECTORY

This directory is a **partial** list of the plan's network pharmacies. It lists pharmacies in your area based on your **ZIP code**. Pharmacies are listed in alphabetical order.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed may no longer be in our network, or there may be newer pharmacies in our network that are not listed. It is current as of the date printed on the front and back cover pages of this directory.

For the most current list of our network pharmacies, please see the front and back cover pages of this directory for information on how to contact us.

Network pharmacies

A network pharmacy is a pharmacy where you get prescription drug benefits provided by your plan. We call the pharmacies in this directory our "network pharmacies" because we have made arrangements with them to provide prescription drugs to our plan members. In most cases, your prescriptions are covered under the plan only if they are filled at one of our network pharmacies or through a mail order service pharmacy.

We have a large service area with many pharmacies where you may fill your prescription drugs. This directory lists network pharmacies in your area. For information about additional network pharmacies, please contact us using the information on the front and back cover pages.

You do not have to use the same network pharmacy every time you fill a prescription drug. You may use any of our network pharmacies. In certain situations we may cover prescriptions filled at pharmacies outside of the network. Please see your Evidence of Coverage for more information.

If you qualify for Extra Help, you may have lower or no co-pays or coinsurance.

For a complete description of your prescription drug coverage, including how to fill your prescriptions, please see your Evidence of Coverage and Drug List (Formulary).

If you have questions about any of the above, please see the front and back cover pages of this directory for information on how to contact us.

Pharmacy Saver™

Pharmacy Saver is a cost savings prescription drug program available to our plan members. The plan has worked with many of our network pharmacies to offer even lower prices on many common prescription drugs.¹ To learn more about Pharmacy Saver or to see the full list of participating pharmacies, visit www.UnitedPharmacySaver.com.

Pharmacies included in the Pharmacy Saver program are indicated by a **PS** symbol in the pharmacy listings on the following pages.

Mail order service pharmacy

A network mail service pharmacy is where members can get their prescription drugs delivered to their mailbox. You may go to any of the plan's network mail service pharmacies to get your covered prescription drugs.

You can use one of the plan's mail service pharmacies in our network, OptumRx[®] Mail Service Pharmacy. Members can get a 90-day supply² of some of their prescription drugs. Members may also use other mail service pharmacies to fill prescriptions.

You are not required to use OptumRx to obtain a 90-day supply of your maintenance medications, but you may pay more out-of-pocket compared to using OptumRx, your plan's Mail Service Pharmacy. Prescription orders sent directly to OptumRx from your doctor must have your approval before OptumRx can send your medications. This includes new prescriptions and prescription refills. OptumRx will contact you, by phone, to get your approval.

At that time you may also tell OptumRx to fill any future prescriptions they receive directly from your doctor(s) for up to one year. If OptumRx is unable to reach you for approval your prescription will not be sent to you. Refunds may be available for prescriptions you did not approve and did not want.

You may request a refund or cancel your approval by calling OptumRx at **1-888-279-1828, TTY 711**, 24 hours, 7 days a week. New prescriptions should arrive within ten business days from the date the completed order is received by the Mail Service Pharmacy. Completed refill orders should arrive in about seven business days. OptumRx will contact you if there will be an extended delay in the delivery of your medications.

You can find more information about Mail Service Pharmacy by calling OptumRx at the number listed in the "Mail service pharmacies" section of this directory.

Mail service pharmacies are indicated by a **MOS** symbol in the pharmacy listings on the following pages.

90-day supplies from retail pharmacies

You do not have to use a mail service pharmacy to get a 90-day supply of your prescription drugs. Some of the retail pharmacies in the plan's network also offer 90-day supplies of prescription drugs. If you fill a 90-day supply at a retail pharmacy, you may pay more.

Retail pharmacies in the network that fill 90-day supplies of prescription drugs are indicated by a 90 symbol in the pharmacy listings on the following pages.

E-prescribing

Some of our network pharmacies use electronic prescribing, or e-prescribing. The pharmacy receives your prescriptions electronically, directly from your doctor. Your prescription may be sent before you even leave your doctor's office.

E-prescribing can be a safe and efficient way for network pharmacies to get your prescriptions. It may help the pharmacy avoid reading mistakes and may alert your doctor to drugs that should not be taken together.

Network pharmacies that use e-prescribing are indicated by an @ symbol in the pharmacy listings on the following pages.

National pharmacy chains

Below are **some** of the national chains in the plan's pharmacy network.

For locations and phone numbers of stores in your area, call the numbers shown below.

Duane Reade /90 PS	1-866-375-6925	Martins /90 PS	1-888-562-7846
Food Lion /90 PS	1-800-210-9569	Publix /90 PS	1-800-782-5497
Giant /90 PS	1-888-469-4426	Safeway & Affiliates Carrs Quality Center /90 PS Pavilion's /90 PS Randalls /90 PS Safeway /90 PS Tom Thumb /90 PS Vons /90 PS	1-800-723-3929
Giant Food Stores /90 PS	1-888-814-4268		
Hannaford /90 PS	1-800-213-9040		
H-E-B /90 PS	1-800-432-3113		
Hy-Vee /90 PS	1-515-267-2800	Sam's Club /90 PS	1-888-746-7726
Kroger & Affiliates Baker's Pharmacy /90 e PS City Market /90 e PS Dillons /90 e PS Fred Meyer /90 PS Fry's Pharmacy /90 PS Gerbes /90 e PS JayCs /90 PS King Soopers /90 PS Kroger /90 PS Pay Less Pharmacy /90 PS QFC Pharmacy /90 e PS Ralphs /90 PS Scotts /90 PS Smith's Food & Drug /90 PS	1-800-576-4377	Stop & Shop /90 PS	1-800-767-7772
		Target Pharmacy /90 PS	1-800-440-0680
		Thrifty White /90 PS	1-888-558-9941
		Walgreens /90 PS	1-877-250-5823 TTY 1-877-924-7889
		Walmart /90 PS	1-800-925-6278
		Wegmans /90 e PS	1-800-934-6267

TTY users should call **711**, unless a different phone number is listed.

This list may change.

For a current list of national pharmacy chains or to check for a pharmacy not listed in this directory, call us at the number located on the front and back cover pages of this directory.

/90 = 90-day supply

e = e-prescribe

MOS = Mail order service

PS = Pharmacy Saver

Retail pharmacies, including chain pharmacies near you

Below are **some** of the retail and chain pharmacies in your area. Note: Pharmacies may have closed or moved locations since this directory was printed. Other pharmacies are available in our network.

Retail pharmacies, including chain pharmacies near you (continued)

90 = 90-day supply

MOS = Mail order service

e = e-prescribe

PS = Pharmacy Saver

Mail service pharmacies

Our mail service pharmacies will ship your prescription drugs directly to your home. For more information, please see your Evidence of Coverage. Below are the mail service pharmacies in the plan's network.

OptumRx

P.O. Box 2975

Mission, KS 66201

1-888-279-1828, TTY 711

www.OptumRx.com

 **90** **MOS**

Walgreens Mail Service

P.O. Box 628001, Orlando, FL 32862

P.O. Box 29061, Phoenix, AZ 85038

1-888-492-2956, TTY 1-888-492-2968

www.WalgreensHealth.com

 **90** **MOS**

Home infusion pharmacies near you

The plan will cover home infusion therapy if:

- The plan has approved your prescription drug for home infusion therapy; and
- You get your prescription from an authorized prescriber.

For more information, please see your Evidence of Coverage. Below are **some** of the home infusion network pharmacies in your area.

Long-term care pharmacies near you

Residents of a long-term care facility may get their covered prescription drugs from their facility's long-term care pharmacy or another network long-term care pharmacy. For more information, please see your Evidence of Coverage. Below are **some** of the long-term care network pharmacies in your area.

Indian health service/Tribal/Urban Indian health program (I/T/U) pharmacies near you

Only Native Americans and Alaska Natives can use I/T/U pharmacies in the plan's pharmacy network. Other people may be able to use these pharmacies under limited circumstances (for example, emergencies). For more information, please see your Evidence of Coverage. Below are **some** of the I/T/U network pharmacies in your area.

90 = 90-day supply

e = e-prescribe

MOS = Mail order service

PS = Pharmacy Saver

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A UnitedHealthcare® Medicare Solution

¹ Other pharmacies are available in our network. Members may use any pharmacy in the network, but may not receive Pharmacy Saver pricing. Pharmacies participating in the Pharmacy Saver program may not be available in all areas.

² Your plan sponsor may provide coverage beyond 90 days. Please refer to the Evidence of Coverage for more information.

This information is available for free in other languages. Please call our Customer Service number listed above.

Esta información está disponible sin costo en otros idiomas. Comuníquese con el Servicio al Cliente al número indicado arriba.

OptumRx is an affiliate of UnitedHealthcare Insurance Company.

Beneficiaries must use network pharmacies to access their prescription drug benefit. Benefits, formulary, pharmacy network, provider network, premium and/or co-payments/coinsurance may change each year.

NOTE: If you are receiving Extra Help from Medicare, your co-pays may be lower or you may have no co-pays.

Plan is insured or covered by UnitedHealthcare Insurance Company or one of its affiliates, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.