

2018 年 D 部分藥房目錄範本

[Note: Optional language and guidance appears in bracketed and italicized text. All variable, required fields are denoted by carets and must be populated with Plan-specific information].

[All references to Member Services and Pharmacy Directory can be changed to the appropriate name your plan uses.]

[When indicated as “mandatory” sponsors must provide the name by which their plan is known (HPMS marketing name). In all other instances, sponsors may replace <plan name> as appropriate with “plan” or “our plan” and may use those terms interchangeably. Sponsors may also use the terms “we,” “us” , or “our,” to refer to themselves. Sponsors may correct plural and singular references as appropriate (such as pharmacy versus pharmacies). Sponsors should consult the Medicare Marketing Guidelines, as well as the most recent applicable chapters of the Prescription Drug Benefit Manual (PDBM) for more information on marketing, benefits and beneficiary protections, beneficiary communications, and formularies (these would include PDBM chapters 5 and 6).]

[COVER PAGE:

The following items must appear on the cover page:]

<mandatory Plan Name>

<Year> 年藥房目錄

*The following contact and revision date information is expected to appear on both the front and back covers of the document:**[Insert one:<本藥房目錄於 <MM/YYYY> 更新。>or<本藥房目錄上次修訂日期為 MM/DD/YYYY。>]*更多最新資訊或如有其他疑問，請聯絡*[optional<我們>，]* **<mandatory Plan or Sponsor Name>** *[optional <會員服務部>，]*電話號碼：**<Toll-free Number>** 或聽障專線：**<Toll-free TTY Number>**，服務時間為：**<Days/Hours of Operation>**，或瀏覽 **<insert web address>**。

The following contact and revision date information is expected to appear on both the front and back covers of the document:

[Insert applicable section:For a plan that has changes in its pharmacy network [Insert one:在福利年期間，我們的藥房網絡可能會發生變化。在我們的網站 [insert URL] 上可找到最新的藥房目錄。您也可以致電會員服務部瞭解最新的醫療服務提供者資訊。

或

[For a plan that will have a higher than normal number of pharmacies leaving its pharmacy network:] 我們的網絡在 2018 年的變更比往年更多。在我們的網站 [insert URL] 上可找到最新的藥房目錄。您也可以致電會員服務部瞭解最新的醫療服務提供者資訊。強烈建議您審查我們最新的藥房目錄，以確定您的藥房是否仍在我們的網絡內。

[The rest of the language need not appear on the cover page.]

簡介

本目錄提供 <Plan Name> 的網絡內藥房清單。若要取得關於您的處方藥保險的完整說明（包括如何配取處方藥），請參閱「承保範圍說明書」與 <mandatory Plan Name> 的處方藥一覽表。

[Optional:當此藥房目錄中出現「我們」或「我們的」時，是指 <sponsor name>。當出現「計劃」或「我們的計劃」時，是指 <mandatory plan name>。]

我們將本目錄上的這些藥房稱為「網絡內藥房」，因為我們已和這些藥房達成協議為計劃會員提供處方藥。在大多數的情況下，您只有在網絡內藥房配取處方藥時[或透過我們的藥房郵寄服務購買時]，才會由 <Plan Name> 承保。如果您曾到其中一間藥房配藥，日後您配藥時也可以去我們網絡內的其他任意一間藥房，而不一定要去同一間。在特定情況下，我們將會允許您在網絡外的藥房配藥，如同您的「承保範圍說明書」所述。

可能有部分網絡內藥房未列於本目錄上。在本目錄印刷完成後，可能有增加或刪減了某些藥房。這表示本目錄所列的某些藥房可能不再屬於我們的網絡，或者可能有新藥房加入我們的網絡而未被列出。本目錄的最近更新時間為 <insert date name>。如需最新目錄，請與我們聯絡。我們的聯絡資訊載於封面和封底。

[Include if plan has network pharmacies that offer preferred cost-sharing: 「您可前往目錄所列的任何藥房，但對於某些藥物，您在本目錄中提供首選分攤費用的藥房中配藥的費用可能會更低」我們使用 [insert identification method, such as asterisk () or “P”, etc.] 標記了這些藥房，以便您將它們與我們網絡中提供標準分攤費用的其他藥房區分開來。[Note:If applicable, describe restrictions imposed on members that use pharmacies that offer standard cost-sharing.] ”]*

[Include if plan has network pharmacies that offer mail order services:您可以透過我們名為 optional 「[insert <name>]」的網絡內郵購計劃獲取處方藥寄送到家服務。更多資訊，請聯絡我們或參閱本藥房目錄的郵購部分。]

[If this directory is a subset of a service area, sponsors must include the following: 「本目錄適用於 <geographic area>，其中包含您所居住的地區。然而，我們承保的服務地區範圍不止於此，而且還有更多藥房可使您的處方獲得我們計劃承保。如需本目錄中未列出的更多計劃網絡內藥房的資訊，請 [insert contact information。]」]

[If a pharmacy directory lists pharmacies in its network that are outside of the service area, the sponsor must include the following: 「同時，目錄內也列出了屬於我們的網絡但不在您所居住的<geographic area>地區內的藥房。您也可以在這些藥房配取處方藥。更多資訊，請參閱本藥房目錄關於 [<geographic area>之外的網絡內藥房的部分，或[insert contact information。]」]

若您對上述內容有任何疑問，請參閱本目錄的封面和封底頁，以獲得<我們or Plan Name> 的聯絡資訊。

[Recommended organization:

Type of Pharmacy (Retail, Mail Order, Home Infusion, LTC, I/T/U)

State (Include only if directory includes multiple states)

County (Listed alphabetically)

City (Listed alphabetically)

Neighborhood/Zip Code (Listed Numerically) Optional; For larger cities, pharmacies may be further subdivided by zip code or neighborhood)

Pharmacy (Listed alphabetically)

[Note: Plans must indicate how types of pharmacies can be identified and located relative to organizational format.]

[Note: Plans must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.]

[Note: Plans must indicate when a pharmacy is a pharmacy that offers preferred cost-sharing. If symbols are used, a legend must be provided.]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]

[Retail Pharmacies, including Chain Pharmacies

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

Note: Sponsors are expected to create one alphabetical list integrating both retail and chain pharmacies but the information supplied may vary for retail versus chain pharmacies.

Sponsors are required to provide the address and phone number for independent (non-chain) pharmacies.

- *For chain pharmacies only, in lieu of providing addresses for all locations, sponsors may provide, as shown directly below, a toll-free customer service number and a TTY number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest his or her home. If the chain pharmacy does not have a toll-free number, sponsors should include a central number for the pharmacy chain. If the chain pharmacy does not have a central number for enrollees to call, then sponsors must list each plan's chain pharmacy and phone number in the directory. If the chain pharmacy does not have a TTY/ number, sponsors are instructed to list the TRS Relay number 711. A sponsor should not list its Member Services number as a pharmacy phone number or TTY/ number.*
- *Sponsors that choose to provide phone numbers for all the chains are expected to be consistent and also provide TTY phone numbers for independent retail pharmacies. This would include accessibility numbers; however, we do not require that sponsors research whether every retail*

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pharmacy has a TTY or not, so long as the pharmacy directory clearly indicates for every retail pharmacy, including chains, a pathway for hearing impaired, which could be 711.

[Optional: <Web and e-mail addresses>]

[Optional: <Special Services:>] **[Note:** Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared.]

[Note: Indicate whether the pharmacy provides an extended day supply of medications]

[Optional: <Days/Hours of Operation>] **[Note:** You may also indicate if a pharmacy is open 7 days per week and/or 24 hours per day.][**Optional:** Plans may indicate network pharmacies that support electronic prescribing.]

[Note: You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day, however, it is easier for readers if the directory simply states, “Open 24 hours.”]

郵購藥房

[optional: insert <Name of Mail Order Program>]

<Pharmacy Name>

<Phone Number>

[Optional: Web and e-mail address >]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]

Sponsors of all plans offering mail order programs should insert the below language.]

您可以透過我們名為 **optional** 「[insert <name of program>]」的網絡內郵購計劃獲取處方藥寄送到家服務。

[Sponsors of plans whose network mail order services received a CMS exception to deliver new prescriptions without obtaining prior beneficiary consent insert the following:] 如果您在目前的計劃中使用過郵購服務，或如果您現在選擇使用，我們的藥房將根據直接從您的醫生或其他處方醫師處收到的新處方為您自動配藥並進行寄送。您可隨時聯絡我們[**optional insert contact information**]，表明不想自動配送新處方上的藥物。如果您從未使用過郵購服務和/或決定停止自動配取新處方上的藥物，我們將在每次從醫療服務提供者處取得新處方時聯絡您，以確認屆時您是否希望配取並寄送藥物。這樣您將有機會確認寄送了正確的藥物（包括規格、份量和劑型），而且在必要時，您可以在自己付款及藥物發運前，取消或延遲藥物的寄送。

[Sponsors that do not offer a program that automatically process mail order refills, insert the following.]

對於重配郵購處方藥，請在您認為手上的藥物將在 [insert recommended number of days] 天後用完時聯絡我們，以確保郵購的藥物可以及時寄送給您。

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[Sponsors that offer a program that automatically processes mail order refills, insert the following.]

對於重配郵購藥物處方藥，您可選擇參加一項自動重配計劃[*optional: insert auto refill program name*]。參加此計劃後，當我們的記錄顯示您即將用完藥物時，我們將自動開始處理您的下次藥物重配。我們將在每次寄送重配藥物前聯絡您，確定您是否需要更多藥物。如果您有足夠藥物或您的藥物發生變化，您可取消預定的重配藥物。如果您選擇不使用自動重配計劃，請在您認為手上的藥物將在 [*insert recommended number of days*] 天後用完時聯絡我們，以確保郵購的藥物可以及時寄送給您。如要退出自動重配計劃，請與我們聯絡，聯絡方式為[*insert instructions here*]。

[Sponsors of all plans offering mail order programs should insert the following sentences. Sponsors have the option to insert either <business> or <calendar> or neither in front of “days” .] 通常而言，您應自郵購藥房收到訂單之時起的 [*sponsors have the option to insert either [insert 「<number> 日」] 或 「 [insert <number>] 至 [insert <number> 日」] 內收到您的處方藥。* 如果您未在該時段內收到處方藥，請與我們聯絡，電話：[*insert <Toll-free number and TTY number/TRS Relay number 711> and optionally other contact information*]。

居家輸液藥房

<Note: Plans should provide any additional information on home infusion pharmacy services in their network and how enrollees can get more information. >

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

[Optional: <Web and e-mail address>]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]

長期護理藥房

長期護理機構的居住者可透過該機構的長期護理藥房，或其他網絡內長期護理藥房，取得 <Plan Name> 承保的處方藥。

<Note: Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information. >

<Pharmacy/Long-Term Facility Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

[Optional: <Web and e-mail address>]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]

印地安醫療保健服務/部落/城區印地安醫療保健計劃 (I/T/U) 藥房

只有美國原住民及阿拉斯加原住民才可透過 <Plan Name> 的藥房網絡使用印第安醫療保健服務/部落/城區印第安醫療保健計劃 (I/T/U) 藥房。在限定情況下（例如緊急情況），不屬於美國原住民及阿拉斯加原住民的人士才可使用這些藥房。emergencies).

<Note: Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information>

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

[Optional: <Web and e-mail address>]

[Optional: <Special Services:>] [Note: This field is optional. Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared].

[Optional: <Days/Hours of Operation>] [Note: You may also indicate if a pharmacy is open 24 hours a day and/or 7 days per week.]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]

[<Geographic Area>外的網絡內藥房]

[我們在服務區外也有網絡內藥房，您可藉由我們計劃會員的身份取得承保藥物。]

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

[Optional: <Web and e-mail addresses >]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]]

[Optional: Create categories for additional types of network pharmacies not encompassed in the categories above]

<Pharmacy Name>

<Pharmacy Street Address, City, State, Zip Code>

<Phone Number>

[Optional: <Web and e-mail addresses >]

[Optional: Plans may indicate network pharmacies that support electronic prescribing.]]

[Appropriate language, including disclaimers, is expected to appear in this document on topics including: pharmacy disclaimers including mail order (MMG §50.15); Federal contracting (MMG §50.1); material ID Number (MMG §40.1); non-English translations (MMG §50.4); pharmacy directory (MMG §60.4).]

[BACK COVER]

[Please see the front cover for information that must also appear on the back cover.]