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

\<Plan Name\>

Pharmacy Directory

This booklet provides a list of \<Plan Name\>'s network pharmacies. [*Optional: If this directory is a subset of a service area, Plans must include the following disclaimer:* This directory is for \<geographic area\>. [We also list pharmacies that are in our network but are outside \<geographic area\>] All network pharmacies may not be listed in this directory. Please contact \<Plan Name\> at \<phone number\>, \<days and hours of operation\> for additional information.] Pharmacies may have been added or removed from the list after this directory was printed. To get current information about \<Plan Name\> network pharmacies in your area, please visit our Web site at \<Web address\> or call our \<Customer/Member Services\> Department at \<phone number\>, \<days and hours of operation\>. (TTY/TDD Users should call \<TTY/TDD number\>.)

\<Material ID\>
[\<CMS approval date\>]

Introduction

This booklet provides a list of <Plan Name>'s network pharmacies and includes some basic information about how to fill your prescriptions with <Plan Name>. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage.

We call the pharmacies on this list our "network pharmacies" because we have made arrangements with them to provide prescription drugs to Plan members. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by <Plan Name>. In most cases, your prescriptions are covered under <Plan Name> only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription, you can go to any of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described later.

Can the list of network pharmacies change?

Yes, <Plan Name> may add or remove pharmacies from our pharmacy directory. To get current information about <Plan Name> network pharmacies in your area, please visit our Web site at <Web address> or call our <Customer/Member Services> Department at <phone number>, <days and hours of operation>. (TTY/TDD Users should call <TTY/TDD Number>.)

How do I find <Plan Name> network pharmacy in my area?

[*Plans should describe how an enrollee can find a network pharmacy nearest his or her home relative to the organizational format used in the pharmacy directory.]*

Or, you can visit our Web site at <Web address> or call our <Customer/Member Services> at <Customer/Member Services phone number>, <days and hours of operation>. (TTY/TDD Users should call <TTY/TDD Number>.)

How do I fill a prescription at a network pharmacy?

To fill your prescription at a network pharmacy, you must show your <Plan Name> Member ID card. If you do not have your ID card with you when you fill your prescription, you may have to pay the full cost of the prescription (rather than paying just your co-payment). If this happens, you can ask us to reimburse you for our share of the cost by submitting a claim to us. To find out how to submit a claim, look in your Evidence of Coverage or call our <Customer/Member Services>.

[How do I fill a prescription through <Plan Name>'s mail order pharmacy service?

[Explain the rules that apply to mail order drugs using the model language in this subsection that is applicable. You may add more information if you wish.]

To get [order forms and] information about filling your prescriptions by mail, <insert instructions>. Please note that you must use the <Plan Name> mail order service. Prescription drugs that you get through any other mail order service are not covered.

[If your mail order service includes drugs other than "maintenance drugs," substitute the following sentence for the rest for the paragraph that follows, adapting as needed for accuracy: You can use the <Plan Name> mail order service to fill prescriptions for any drug that is marked as a mail-order drug on the formulary list.*]* You can use the mail order service to fill prescriptions for what we call <"mail order drugs" / "maintenance drugs.">. These are drugs that you take on a regular basis, for a chronic or long-term medical condition. The formulary list tells you which drugs we consider to be <mail order / maintenance drugs>. [*Add the following if applicable, adapting as needed:* These are the only drugs available through our mail order service.]

[Include the following, if applicable, adapting as needed for accuracy: When you order prescription drugs by mail, you must order at least a <XX>-day supply, and no more than a <XX>-day supply of the drug. For some <mail order / maintenance drugs>, a *refill* prescription is covered only if you get it through our mail order service (the formulary list tells you which drugs are subject to this rule). *]*

You are not required to use mail order prescription drug services to obtain an extended supply of maintenance medications. Instead, you have the option of using a [preferred or non-preferred] retail pharmacy in our network to obtain a maintenance supply of medications. Some retail pharmacies may agree to accept the mail order reimbursement rate for an extended supply of medications, which may result in no out-of-pocket payment difference to you. Please look in the Evidence of Coverage or call our <Customer/Member Services> Department for more information.

<State the maximum expected turnaround time for the processing and shipment of all mail orders. >

<Describe the process for enrollees to obtain a prescription if a mail order is delayed. >]

Filling prescriptions outside the network

[We have network pharmacies outside of the service area where you can get your drugs covered as a member of our plan.] Generally, we only cover drugs filled at an out-of-network pharmacy in limited circumstances when a network pharmacy is not available. Below are some circumstances when we would cover prescriptions filled at an out-of-network pharmacy. **Before you fill your prescription in these situations, call <Customer/Member Services> to see if there is a network pharmacy in your area where you can fill your prescription**. If you do go to an out-of-network pharmacy for the reasons listed below, you may have to pay the full cost (rather than paying just your co-payment) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form. You should submit a claim to

us if you fill a prescription at an out-of-network pharmacy as any amount you pay will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to the paper claims process described next.

> *[Plans should insert when they will cover prescriptions out of the network and any limits on their out-of-network policies (e.g. day supply limits, use of mail order during extended out of area travel, authorization or plan notification.]*

How do I submit a paper claim?

When you go to a network pharmacy, your claim is automatically submitted to us by the pharmacy. However, if you go to an out-of-network pharmacy for one of the reasons listed above, the pharmacy may not be able to submit the claim directly to us. When that happens, you will have to pay the full cost of your prescription. *[Insert how a member should submit a paper claim]*

[*Insert this section if the Plan has both preferred and non-preferred pharmacies. The Plan must identify each category if both preferred and non-preferred pharmacies are listed.*

<Plan Name> Preferred Network Pharmacies
Preferred pharmacies are pharmacies in <Plan Name>'s network where <Plan Name> has negotiated a lower price for covered prescription drugs. Non-preferred pharmacies are pharmacies in <Plan Name>'s network for which <Plan Name>has negotiated a lower price for covered prescription drugs, however the price may be more than what you would pay at a preferred pharmacy. *<Describe restrictions imposed on members that use non-preferred pharmacies. >*You may go to either of these types of pharmacies to receive your covered prescription drugs. In the pharmacy directory below, you will find both preferred and non-preferred pharmacies included in our network.]

For more information

For more detailed information about your <Plan Name> prescription drug coverage, please review the Evidence of Coverage and <Plan Name>'s formulary.

If you have questions about <Plan Name>, please call our <Customer/Member Services> Department at <phone number>, <days and hours of operation>. TTY/TDD Users should call <TTY/TDD number>. Or, visit <Web address>.

[*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 *(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.]

[Retail Pharmacies

<Pharmacy Name>
<Pharmacy Street Address, City, State, Zip Code>
<Phone Number>
[Web and e-mail addresses are optional]
<Special Services> [This field is optional. Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared.]
<Days/Hours of Operation> [This field is optional. You may also indicate if a pharmacy is open 7 days per week and/or 24 hours per day.]

<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.">]

[Chain Pharmacies

In lieu of providing addresses for all locations, chains may provide a toll-free customer service number and a toll-free TTY/TDD number that enrollees can call to get the locations and phone numbers of the chain pharmacies nearest their home. If the chain does not have a TTY/TDD number, insert the appropriate state relay number for hearing impaired members to use to call the chain's toll-free number.

<Chain Pharmacy Name>
<Toll-free number and toll-free TTY/TDD number>
<Web and e-mail addresses are optional>]

[Mail Order Pharmacies

<Pharmacy Name>
< Toll-free number and toll-free TTY/TDD number>
<Web and e-mail address are optional>]

[Home Infusion Pharmacies

Are home infusion pharmacies part of <Plan Name>'s pharmacy network?

<Plan Name> will cover home infusion therapy if:

- Your prescription drug is on <Plan Name>'s formulary;

- <Plan Name> has approved your prescription drug for home infusion therapy;
- Your prescription is written by a doctor; and
- You get your home infusion services from a <Plan Name> network pharmacy.

<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>
<Web and e-mail addresses are optional>]

[Long-Term Care Pharmacies

Are long-term care pharmacies part of <Plan Name>'s pharmacy network?

In some cases, residents of a long-term care facility may access their prescription drugs through their long-term care pharmacy.

<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>
<Web and e-mail addresses are optional>]

[Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Are Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies part of <Plan Name>'s pharmacy network?

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <Plan Name>'s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to access these pharmacies under limited circumstances (e.g. emergencies).

<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>
[Web and e-mail addresses are optional]
<Special Services> This field is optional. Examples of special services include: Home Delivery, Drive Thru, Compounds Prepared.

*<Days/Hours of Operation> This field is optional. You may also indicate if a pharmacy is open
24 hours a day and/or 7 days per week.*]

[Network Pharmacies outside the <Geographic Area>

<Pharmacy Name>
<Pharmacy Street Address, City, State, Zip Code>
<Phone Number>
<Web and e-mail addresses are optional>]