

**PriorityMedicare<sup>SM</sup>**  
**PriorityMedicarePlus<sup>SM</sup>**  
**PriorityMedicareRx<sup>SM</sup>**

**Pharmacy Directory**

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Locations and phone numbers  
for pharmacies in our network

**PriorityMedicare<sup>SM</sup>**

**PriorityMedicarePlus<sup>SM</sup>**

**PriorityMedicareRx<sup>SM</sup>**

This booklet provides a list of **PriorityMedicare**, **PriorityMedicarePlus**, and **PriorityMedicareRx**'s network pharmacies. This directory is for Medicare Region 13, State of Michigan. All network pharmacies may not be listed in this directory. Please contact **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761 for additional information. Pharmacies may have been added or removed from the list after this directory was printed. To get current information about **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** network pharmacies in your area, please visit our Web site at [www.priorityhealth.com/medicare](http://www.priorityhealth.com/medicare) or call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

# Introduction

This booklet provides a list of **PriorityMedicare**, **PriorityMedicarePlus**, and **PriorityMedicareRx**'s network pharmacies and includes some basic information about how to fill your prescriptions with **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx**. 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 **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx**. In most cases, your prescriptions are covered under **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** 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, **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** may add or remove pharmacies from our pharmacy directory. To get current information about **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** network pharmacies in your area, please visit our Web site at [www.priorityhealth.com/medicare](http://www.priorityhealth.com/medicare) or call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

## **How do I find a PriorityMedicare, PriorityMedicarePlus, or PriorityMedicareRx network pharmacy in my area?**

The Pharmacy Directory lists network pharmacy locations alphabetically according to city. You can find the nearest pharmacy on this list. Or you can visit our Web site at [www.priorityhealth.com/medicare](http://www.priorityhealth.com/medicare) or call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

## **How do I fill a prescription at a network pharmacy?**

To fill your prescription at a network pharmacy, you must show your **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** 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 Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

## **How do I fill a prescription through PriorityMedicare, PriorityMedicarePlus, or PriorityMedicareRx's mail order pharmacy service?**

To get order forms and information about filling your prescriptions by mail, call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761. Please note that you must use the **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** mail order service. Prescription drugs that you get through any other mail order service are not covered.

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 retail pharmacy in our network to obtain a supply of maintenance medications. Some retail pharmacies may agree to accept the mail order reimbursement rate for an extended supply of medications for up to 90 days per dispensing, which may result in no out-of-pocket payment difference to you. Other retail pharmacies may not agree to accept the mail order reimbursement rate for an extended supply of medication. In this case, you will be responsible for the difference in price. Please look in the Evidence of Coverage or call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761 for more information.

Please allow two weeks for delivery from the date that you mail your order. If your order does not arrive before you run out of medication, please call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761.

### **Filling prescriptions outside the network**

Generally, we only cover drugs filled at an out-of-network pharmacy in limited, non-routine 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 our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761 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. However, even after we reimburse you for our share of the cost, you may pay more for a drug purchased at an out-of-network pharmacy because the out-of-network pharmacy's price is higher than what a network pharmacy would have charged. You should submit a claim to us if you fill a prescription at an out-of-network pharmacy as any amount you pay, consistent with the circumstances listed above, will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to the paper claims process described next.

## **Other times you can get your prescription covered if you go to an out-of network pharmacy**

We will cover your prescription at an out-of-network pharmacy if at least one of the following applies:

- If you are unable to obtain a covered drug in a timely manner within our service area because there is no network pharmacy within a reasonable driving distance that provides 24 hour service.
- If you are trying to fill a prescription drug that is not regularly stocked at an accessible network retail or mail-order pharmacy (including high cost and unique drugs).
- If you are getting a vaccine that is medically necessary but not covered by Medicare Part B and some covered drugs that are administered in your doctor's office.

## **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. When you return home, simply submit your claim and your receipt to the following address: Priority Health Managed Benefits, Attention: Claims, P.O. Box 232, Grand Rapids, MI 49501-0232. Upon receipt, we will make an initial coverage determination on the claim. Please refer to your Evidence of Coverage or call Customer Service for more information on initial coverage determinations.

## **For more information**

For more detailed information about your **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx** prescription drug coverage, please review the Evidence of Coverage and **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx**'s formulary.

If you have questions about **PriorityMedicare**, **PriorityMedicarePlus**, or **PriorityMedicareRx**, please call our Customer Service Department at 616 464-8820 or toll-free 888 389-6648, from 8:00 a.m. to 8:00 p.m., 7 days a week. TTY/TDD users should call 616 464-8485 or toll-free 888 551-6761. Or, visit our Web site at [www.priorityhealth.com/medicare](http://www.priorityhealth.com/medicare).