

Pennsylvania Public School  
Employees' Retirement System (PSERS)

# Health Options Program

**GUAM**

## Participating Pharmacy Directory

### FOR THE BASIC AND ENHANCED MEDICARE Rx OPTIONS

**This booklet provides a list of the HOP Basic and Enhanced Medicare Rx Plan participating network pharmacies. *This directory is current as of January 1, 2009.* Pharmacies may have been added or removed from the list after this directory was printed. Therefore, all network**

**pharmacies may not be listed in this directory and *the fact that the pharmacy is listed in the directory does not guarantee that the pharmacy is still in the network.* To get current information about participating network pharmacies in your area, please visit the HOP Web site at [www.HOPbenefits.com](http://www.HOPbenefits.com) or contact Prescription Solutions Customer Service at (888) 239-1301, 24 hours a day, seven days a week. (TTY/TDD users should call (800) 498-5428.)**

### Introduction

This booklet provides a list of participating HOP Basic and Enhanced Medicare Rx Plan (Employer PDP) network pharmacies and includes some basic information about how to best utilize the pharmacy network to have your prescriptions filled. A complete description of your prescription drug coverage, including how to have your prescriptions filled, is included in the Annual Notice of Change and Evidence of Coverage document.

We call the pharmacies on this list our “network pharmacies” because we have contracted with them to dispense prescription drugs to HOP Basic and Enhanced Medicare Rx Plan beneficiaries. A network pharmacy is a pharmacy where beneficiaries can obtain prescription drug benefits provided under the HOP Basic and Enhanced Medicare Rx Plans. Your prescription drug claim can be processed at the point of sale whenever it is filled at a participating network

pharmacy or through our mail-order pharmacy service. Once you go to a particular pharmacy, you are not required to continue going to the same pharmacy to fill future prescriptions; you can go to any of our network pharmacies. We will reimburse beneficiaries for covered prescriptions filled at non-network pharmacies under certain circumstances as described later.

### Can the list of network pharmacies change?

Yes, although it is very unusual for a pharmacy to leave the network, HOP may remove or add new pharmacies to the network directory. To get current information about HOP Basic and Enhanced Medicare Rx Plan network pharmacies in your area, please visit our Web site at [www.HOPbenefits.com](http://www.HOPbenefits.com) or call Prescription Solutions Customer Service at (888) 239-1301, 24 hours a day, seven days a week. (TTY/TDD users should call (800) 498-5428.)

## How do I find a HOP Basic and Enhanced Medicare Rx Plan network pharmacy in my area?

To find a retail pharmacy in your area:

- **Chain Pharmacies** are listed alphabetically on page 5. If a chain is listed, pharmacies in the chain are in the network. The chain pharmacies all have a telephone number you can call to find a local chain pharmacy.
- **Other Retail and Independent Pharmacies** are listed by city beginning on page 6. The HOP Web site, [www.HOPbenefits.com](http://www.HOPbenefits.com), provides access to a lookup tool to help you locate a chain or independent retail pharmacy in your area.

For further assistance you can visit our Web site at [www.HOPbenefits.com](http://www.HOPbenefits.com) or call Prescription Solutions Customer Service at (888) 239-1301, 24 hours a day, seven days a week. (TTY/TDD users should call (800) 498-5428.)

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

To fill your prescription at a network pharmacy, present the prescription received from your physician along with your HOP Basic or Enhanced Medicare Rx Plan member ID card to your pharmacist. With each prescription order or refill you can obtain up to a 33-day supply of your medication. As an added HOP service, many participating retail pharmacies offer the option of obtaining up to a 90-day supply of maintenance medications. You can consult with your local pharmacist about the availability of this service. More information about this program is included in your Annual Notice of Change and Evidence of Coverage document.

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 coinsurance. If this happens, you should request reimbursement of the Plan's share of the cost by submitting a paper

claim form. To find out how to submit a claim, look in your Annual Notice of Change and Evidence of Coverage document or call Prescription Solutions Customer Service at (888) 239-1301 to request a claim form.

## How do I fill a prescription through the HOP mail-order pharmacy service?

You can use the mail-order service to fill prescriptions for what we call "maintenance drugs." These are drugs that you take on a regular basis for treatment of a chronic or long-term medical condition. When you order prescription drugs by mail, you can obtain up to a 90-day supply of the drug. If you need an immediate supply of a maintenance medication, ask your physician to write two prescriptions, one for a short-term supply to be filled at a local retail pharmacy and another for a long-term supply to be filled at the mail-order pharmacy.

To get order forms and information about filling your prescriptions by mail, call Prescription Solutions Customer Service at (888) 239-1301 and select the mail-order pharmacy option or go to the HOP Web site at [www.HOPbenefits.com](http://www.HOPbenefits.com). Please note that you must use the HOP Mail-Order Pharmacy; prescription drugs obtained through any other mail-order service are not covered.

## How do I fill a prescription at a non-network pharmacy?

The following are a few exceptions when we will pay for a prescription filled at a pharmacy outside of our network.

## How do I get coverage when I am traveling?

If you take a prescription drug on a regular basis and you are going on a trip, be sure to check your supply of the drug before you leave. When possible, take along all the medication you will need. You may be able to order your prescription drugs ahead of time through our mail-order pharmacy service.

Network pharmacies are available throughout the country. If you need to transfer your prescription, call the pharmacy you wish to transfer the prescription from and ask them to transfer the prescription. You will need to provide the pharmacy with the new pharmacy name, phone number, and Rx number.

If you are traveling within the United States and become ill or lose or run out of your prescription drugs, we will cover prescriptions that are filled at our network or out-of-network pharmacy. In this situation, you will have to pay the full cost (rather than paying just your coinsurance) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form. If you go to an out-of-network pharmacy, you may be responsible for paying the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescription. To learn how to submit a paper claim, please refer to the paper claims process described later.

You can also call Customer Service to find out if there is a network pharmacy in the area where you are traveling. If there are no network pharmacies in that area, Customer Service may be able to make arrangements for you to get your prescriptions from an out-of-network pharmacy.

We cannot pay for any prescriptions that are filled by pharmacies outside of the United States, even for a medical emergency.

***What if I need a prescription because of a medical emergency or because I need urgent care?***

We will cover prescriptions that are filled at an out-of-network pharmacy in the U.S. if the prescriptions are related to care for a medical emergency or urgent care. In this situation, you will have to pay the full cost (rather than

paying just your coinsurance) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a paper claim form. If you go to an out-of-network pharmacy, you may be responsible for paying the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescription. To learn how to submit a paper claim, please refer to the paper claims process described later.

***Will my prescription be covered if I 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 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 or some covered drugs that are administered in your doctor's office.

**Before you fill your prescription in any of these situations, call Prescription Solutions Customer Service 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 above, you will have to pay the full cost (rather than paying just your coinsurance) when you fill your prescription. You can ask us to reimburse you for our share of the cost by submitting a claim form. If you go to an out-of-network pharmacy, you may be responsible for paying the difference between what we would pay for a prescription filled at an in-network pharmacy and what the out-of-network pharmacy charged for your prescription. To learn how to submit a paper claim, please refer to the paper claims process described next.

### ***How do I submit a paper claim?***

Be sure to obtain a complete prescription drug receipt from the non-network pharmacy when you purchase your medication. To obtain a paper claim form call Prescription Solutions Customer Service at (888) 239-1301 and request a claim form. When completing the claim form you will need to refer to information on the pharmacy receipt including the amount charged, prescription number, name of drug dispensed, manufacturer, dosage form, strength, quantity and date dispensed. Submit your claim form and your receipt to the following address: Prescription Solutions, MS CA106, Attn: Claims Department, P.O. Box 6037, Cypress, CA 90630-0037. Upon receipt, we will make an initial coverage determination on the claim and determine the amount of reimbursement you are entitled

to based on what the plan would have paid to a participating pharmacy for the covered medication. For additional information on coverage determinations, please refer to your Annual Notice of Change and Evidence of Coverage or call Customer Service.

### **For more information**

For more detailed information about your HOP Basic and Enhanced Medicare Rx Plan prescription drug coverage, please review the Annual Notice of Change and Evidence of Coverage and HOP Basic and Enhanced Medicare Rx Plan formulary documents, visit [www.HOPbenefits.com](http://www.HOPbenefits.com) or call Prescription Solutions Customer Service at (888) 239-1301, 24 hours a day, seven days a week. TTY/TDD users should call (800) 498-5428.

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**CHAIN PHARMACIES**

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**Acme Pharmacy**

(877) 932-7948

**Albertson's**

(877) 932-7948

**Baker's Pharmacy**

(800) 362-2183

**Brooks**

(800) 325-3737

**Carrs Quality Centers**

(877) 723-3929

**City Market**

(877) 415-4647

**Costco**

(800) 607-6861

**CVS**

(800) SHOP-CVS

**Dillon Pharmacies**

(800) 362-2183

**Dominick's**

(877) 723-3929

**Food 4 Less**

(800) 362-2183

**Fred Meyer**

(888) 247-4439

**Fry's Pharmacy**

(623) 936-2100

**Genuardi's**

(877) 723-3929

**Gerbes**

(800) 362-2183

**Hilander Pharmacy**

(317) 579-8100

**K-Mart Pharmacies**

(800) 866-0086

**King Soopers**

(877) 415-4647

**Kroger**

(800) 576-4377

**Longs**

(800) 865-6647

**Osco Drug**

(877) 932-7948

**Pavilions**

(877) 723-3929

**Pay Less Pharmacy Group**

(317) 579-8100

**Quality Food Centers, Inc.**

(800) 201-6261

**Ralphs Grocery Company**

(888) 437-3496

**Randalls Pharmacies**

(877) 723-3929

**Rite Aid**

(800) 748-3243

**Safeway**

(877) 723-3929

**Sam's Club**

(800) 925-6278

**Sav-on Drugs**

(877) 932-7948

**Shaws/Osco Pharmacies**

(877) 932-7948

**Smith's Food & Drug**

(888) 876-4847

**Target**

(800) 440-0680

**Tom Thumb**

(877) 723-3929

**Vons**

(877) 723-3929

**Walgreens**

(800) 925-7433

**Wal-Mart**

(800) 925-6278

# Guam

## RETAIL PHARMACIES

### AGAT

- 90 Sagan Amot Pharmacy**  
875 N Rt 2 A 106 Pob 7282  
96928  
(671) 565-3043

### DEDEDO

- 90 Mega Drug li**  
136-D Harmon Loop Rd Ste  
A-6, 96929  
(671) 632-3385
- 90 Superdrug Dededo Payless**  
214 W Marine Drive, 96929  
(671) 637-9783

### HAGATNA

- 90 Superdrug Agana Payless**  
302 S Rte 4, 96910  
(671) 477-3627

### TAMUNING

- 90 Community Pharmacy**  
177-C Chalan Pasaheru, 96911  
(671) 646-6160
- 90 Community Pharmacy li**  
472 Chalan San Antonio #105  
96911  
(671) 646-6515
- 90 Cruz Pharmacy**  
224 Farenholt Ave, 96911  
(671) 646-5556
- 90 Guam Rexall Drugs**  
646 S Marine Dr, 96913  
(671) 646-4827
- 90 Harmon Drugs**  
PO Box 8682, 96931  
(671) 637-1473
- 90 Kmart Pharmacy 7705**  
404 N Marine Dr Rte 1, 96911  
(671) 649-7843
- 90 Mega Drug**  
255 Farenholt Ave, 96913  
(671) 646-5355

- 90 Oka Pharmacy Inc**  
241 Farenholt Ave Oka Bldg  
Ste 105, 96913  
(671) 647-1193

- 90 Superdrug Oka Payless**  
291 Farenholt Ave, 96913  
(671) 646-6183