Introduction

Medicare Plus Blue PPO & Medicare Plus Blue Group PPO Pharmacy Directory

This booklet provides a list of Medicare Plus Blue PPO’s and Medicare Plus Blue Group PPO’s network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and Medicare Plus Blue PPO’s and Medicare Plus Blue Group PPO’s formulary.

When this pharmacy directory refers to “we,” “us,” or “our,” it means Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means Medicare Plus Blue PPO and Medicare Plus Blue Group PPO.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under Medicare Plus Blue PPO and Medicare Plus Blue Group PPO only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

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 here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of August 1, 2016. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at www.bcbsm.com/providersmedicare. You may also call Customer Service for updated provider information.

You can go to all the pharmacies on this list, but your costs for some drugs may be less at pharmacies in this list that offer preferred cost sharing. We have marked these pharmacies with “P” to distinguish them from other pharmacies in our network that offer standard cost sharing. Pharmacies that offer standard cost sharing are labeled with “S”. Cost sharing information can be found in the Summary of Benefits.

You can get prescription drugs shipped to your home through our network mail order delivery program, which is called Express Scripts™ or Walgreens™. For more information, please contact us or see the mail order section of this pharmacy directory.

If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact Medicare Plus Blue PPO and Medicare Plus Blue Group PPO.

H9572 S5584_C_17IGPPOPDPPharmDir NM
H9572_C_17IGPPOPPrvDirMacomb NM
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H9572_C_17IGPPOPPrvDrNEMich NM
H9572_C_17IGPPOPPrvDrOkInd NM
H9572_C_17IGPPOPPrvDrSthMich NM
H9572_C_17IGPPOPPrvDrSthwst NM
H9572_C_17IGPPOPPrvDrUpMich NM
H9572_C_17IGPPOPPrvDirWyn NM
Introduction

Prescription Blue PDP

This booklet provides a list of Prescription Blue PDP’s network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and Prescription Blue PDP’s formulary.

When this pharmacy directory refers to “we”, “us” or “our,” it means Blue Cross Blue Shield of Michigan. When it refers to “plan” or “our plan,” it means Prescription Blue PDP.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to Plan members. In most cases, your prescriptions are covered under Prescription Blue PDP only if they are filled at a network pharmacy or through our mail order pharmacy service. Once you go to one pharmacy, you are not required to continue going to the same pharmacy to fill your prescription but can switch to any other of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your Evidence of Coverage.

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If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact Prescription Blue PDP. This directory provides a list of Prescription Blue PDP network providers. To get detailed information about your health care coverage, please see your Evidence of Coverage.
This booklet provides a list of Prescription Blue Group PDP’s network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and Prescription Blue Group PDP’s formulary.

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