



# BCN Advantage<sup>SM</sup> HMO and HMO-POS

2019

## Pharmacy Directory

**This pharmacy directory was updated in August 2018.**

For more recent information or other questions, please contact BCN Advantage Customer Service at 1-800-450-3680 or, TTY users 711, 8 a.m. to 8 p.m., Monday through Friday, with weekend hours Oct. 1 through March 31, or visit [bcbsm.com/medicare](http://bcbsm.com/medicare).

Changes to our pharmacy network occur during the benefit year. An updated Pharmacy Directory is located on our website at [www.bcbsm.com/pharmaciesmedicare](http://www.bcbsm.com/pharmaciesmedicare).

*The pharmacy network may change at any time. You will be notified when necessary.*

*BCN Advantage is an HMO-POS and HMO plan with a Medicare contract. Enrollment in BCN Advantage depends on contract renewal.*



# Pharmacy Directory

## Table of Contents

<b>Section 1 - Introduction .....</b>	<b>i</b>
<b>Section 2 - List of Pharmacies.....</b>	<b>1</b>
Retail Pharmacies, including Chains .....	1
Mail Order Pharmacies .....	235
Home Infusion Pharmacies .....	236
Long Term Care Pharmacies .....	238
Indian Health Service/Tribal/Urban Pharmacies .....	244
Network Pharmacies outside the 70-county BCN Advantage Service Area .....	245
Index .....	246



## **Discrimination is Against the Law**

Blue Cross Blue Shield of Michigan and Blue Care Network comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Blue Cross Blue Shield of Michigan and Blue Care Network:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Office of Civil Rights Coordinator.

If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Office of Civil Rights Coordinator  
600 E. Lafayette Blvd.  
MC 1302  
Detroit, MI 48226  
1-888-605-6461, TTY: 711  
Fax: 1-866-559-0578  
civilrights@bcbsm.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Multi-language Interpreter Services

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-450-3680 (TTY: 711).

**Arabic:** ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-450-3680 (رقم هاتف الصم والبكم: 711).

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。  
請致電 1-800-450-3680 (TTY: 711)。

**Syriac:** ܡܠܚܘܙܬܐ: ܐܕܐ ܟܢܬܐ ܬܬܚܕܬܐ ܐܠܟܘܢܝܬܐ، ܦܐܢ ܟܘܕܡܐܬ ܡܫܥܘܕܐ ܠܠܘܓܝܘܬܐ ܬܬܘܘܦܪ ܠܟ ܒܠܡܨܝܢ. ܐܬܘܩܠ ܒܪܩܡ ܡܠܚܘܙܬܐ: 1-800-450-3680 (ܐܪܩܡ ܗܐܬܦ ܐܠܟܘܢܝܬܐ: 711).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-450-3680 (TTY: 711).

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-450-3680 (TTY: 711).

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.  
1-800-450-3680 (TTY: 711) 번으로 전화해 주십시오.

**Bengali:** মনে রাখবেন: যদি আপনার ভাষা বাংলা হয়, ভাষা সহায়তা পরিষেবা আপনাকে বিনামূল্যে পেতে পারেন।  
কল করুন 1-800-450-3680 (TTY: 711)।

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej.  
Zadzwoń pod numer 1-800-450-3680 (TTY: 711).

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche  
Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-450-3680 (TTY: 711).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza  
linguistica gratuiti. Chiamare il numero 1-800-450-3680 (TTY: 711).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。  
1-800-450-3680 (TTY: 711) まで、お電話にてご連絡ください。

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные  
услуги перевода. Звоните 1-800-450-3680 (телетайп: 711).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne  
su vam besplatno. Nazovite 1-800-450-3680 (TTY: Telefon za osobe sa oštećenim govorom ili  
sluhom: 711).

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng  
tulong sa wika nang walang bayad. Tumawag sa 1-800-450-3680 (TTY: 711).

# Introduction

This booklet provides a list of BCN Advantage'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 BCN Advantage's formulary.

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 BCN Advantage 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 2018. For the most current list, please contact us. Our contact information appears on the front and back cover pages.

You can go to all the pharmacies on this list, but your costs for some drugs may be lower 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.

You can get prescription drugs shipped to your home through our network mail order delivery service. For more information, please contact us or see the mail order section of this pharmacy directory.

We also list pharmacies that are in our network but are outside the BCN Advantage service area in which you live. You may also fill your prescriptions at these pharmacies.

For more information, please see the section in this pharmacy directory on retail pharmacies, including chain pharmacies outside the BCN Advantage service area or call Customer Service at 1-800-450-3680, 8 a.m. to 8 p.m., Monday through Friday.

If you have questions about any of the above, including for instructions on how to submit claims for prescriptions that you had to fill at a non-network pharmacy, please see the first and last cover pages of this directory for information on how to contact BCN Advantage.





# Notes

**BCN Advantage<sup>SM</sup> HMO**  
**BCN Advantage<sup>SM</sup> HMO-POS**



**Blue Care  
Network  
of Michigan**

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Medicare and more

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Blue Care Network of Michigan is a nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association.

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