

2018

Provider Directory

Directorio de proveedores

This directory was updated on
12/04/2018.

Este directorio fue actualizado el
12/04/2018.

Humana Gold Choice® PFFS
DME, Lab
Kansas

Changes to our network may occur during the benefit year. An updated Directory is located on our website at **Humana.com**. You may also call Customer Care for updated provider information.

Es posible que se produzcan cambios en nuestra red durante el año de beneficios. Puede consultar el Directorio actualizado en nuestro sitio Web en **Humana.com**. También puede llamar a nuestro departamento de Atención al cliente para obtener información actualizada sobre los proveedores.

To get the most up-to-date information about Humana Gold Choice PFFS network providers in your area, or for questions about the information in this directory, you can visit **Humana.com** or call Customer Care at **1-800-457-4708**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m.

However, please note that our automated phone system may answer your call during weekends and holidays from February 15 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Para obtener la información más actualizada acerca de los proveedores de la red de Humana Gold Choice PFFS localizados en su área, puede visitar **Humana.com** o llamar al departamento de Atención al cliente, al **1-800-457-4708**. Si usa un TTY, llame al **711**. Puede llamarnos. Sin embargo,

tenga en cuenta que nuestro sistema telefónico automatizado puede responder su llamada durante los fines de semana y los días festivos entre el 15 de febrero y el 30 de septiembre. Deje su nombre y número de teléfono y le devolveremos la llamada antes del final del siguiente día hábil.

Humana®

Humana Gold Choice PFFS Plan Provider Directory

This directory is current as of **12/04/2018**.

This directory provides a list of Humana Gold Choice PFFS network providers; however, it is only a partial listing of the providers in your area. For a full listing of the plan's network, please call Customer Care (details on front and back cover) or visit our website at **Humana.com**.

This directory contains providers in the following states, counties, parishes or municipalities:

KS: Allen, Atchison, Barber, Barton, Brown, Chase, Chautauqua, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Decatur, Doniphan, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jackson, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marshall, McPherson, Meade, Mitchell, Morton, Nemaha, Neosho, Ness, Norton, Osborne, Pawnee, Phillips, Pratt, Rawlins, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington, Wichita, Wilson, Woodson

This document is available in other formats such as Braille and large print. Contact Customer Care for more information.

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Introduction

This directory provides a list of Humana Gold Choice PFFS network providers. To get more detailed information about your health care coverage, please see your Evidence of Coverage.

We have network providers for Durable Medical Equipment, Freestanding Laboratory Services. You may still receive covered services from out-of-network providers who do not have a signed contract with our plan, as long as those providers agree to accept our plan's terms and conditions of payment. You may visit our website at: <http://www.humana-medicare.com/medicare-advantage-plans/humana-gold-choice-terms-conditions.asp> for more information about PFFS plan payments.

How to get the most out of your network

The network providers listed in this directory have agreed to provide you with your health care services. You may go to any of our network providers listed in this directory. Humana Gold Choice PFFS does not require enrollees or their providers to obtain a referral or authorization from our plan as a condition for covering medically necessary services that are covered by our plan. If you have any questions about whether we will pay for any medical service or care that you are considering, you have the right to ask us whether we will cover it before you get the service or care.

If you use out-of-network providers, your out-of-pocket costs may be higher except in emergencies or urgent care situations. In some cases where coinsurance is the same for services received both in and out-of-network, you may still pay more out-of-network. This occurs when the out-of-network provider bills the Medicare allowed charge, and the in-network contracted amount would have been lower. To get more information, please see your Evidence of Coverage or call Customer Care (details on front and back cover).

If your plan has providers with preferred cost-sharing as part of its benefits, please refer to the Evidence of Coverage for more information on the cost-sharing for each tier.

What you should do if you have bills from out-of-network providers that you think should be paid by Humana Gold Choice PFFS.

If an out-of-network provider asks you to pay for covered services, please call Customer Care (details on front and back cover). Or send the bill(s) with a note explaining the situation to:

**Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601**

You should never pay any out-of-network provider more than what the provider is allowed by Medicare. Ask the out-of-network provider to bill us first. If you have already paid for the covered services, we will reimburse you for our share of the cost. If you get a bill for the services, you can send the bill to us for payment. We will pay your out-of-network provider for our share of the bill and will let you know the amount, if any, you must pay.

If you have an emergency, we will talk with the doctors who are giving you emergency care to help manage and follow up on your care. The doctors who are giving you emergency care will decide when your condition is stable and the medical emergency is over.

After the emergency is over you are entitled to follow-up care to be sure your condition continues to be stable. Your follow-up care will be covered by our plan. If your emergency care is provided by out-of-network providers, we will try to arrange for network providers to take over your care as soon as your medical condition and the circumstances allow.

Suppose that you are temporarily outside the plan's service area, but still in the United States. If you have an urgent need for care, you probably will not be able to find or get to one of the providers in our plan's network. In this situation (when you are outside the service area and cannot get care from network providers), our plan will cover urgently needed care that you get from any provider.

Our plan does not cover urgently needed care or any other non-emergency care if you receive the care outside of the United States.

If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must move to a network hospital in order to pay the in-network cost-sharing amount for the part of your stay after you are stabilized. If you stay at the out-of-network hospital, your stay will be covered but you will pay the out-of-network cost-sharing amount for the part of your stay after you are stabilized.

Hospitalist Program

If your Physician participates in the Hospitalist Program, and you are admitted to the hospital, all aspects of your care will be actively directed and coordinated by a full time physician specially trained in inpatient care. The physician is referred to as a hospitalist and is independently contracted and board-certified or eligible for board certification by the American Board of Internal Medicine.

A case management coordinator, another member of the hospitalist team, is a licensed nurse trained in patient care management. He or she coordinates your needs and services (such as lab work, X-rays, consultations and more) with the hospitalist physician.

Your hospitalist physician and case management coordinator will report your condition and progress to your Physician regularly. They may also schedule a follow-up appointment with your Physician.

What is the service area for Humana Gold Choice PFFS?

The states, counties (parts of counties), parishes, or municipalities in our service area are listed below.

H2944-013-000: KS: Allen, Atchison, Chase, Chautauqua, Cheyenne, Clark, Coffey, Edwards, Elk, Finney, Ford, Geary, Gove, Graham, Gray, Jackson, Jewell, Kearny, Lane, Logan, Lyon, McPherson, Meade, Mitchell, Morton, Ness, Norton, Osborne, Phillips, Rawlins, Riley, Rush, Saline, Scott, Smith, Stevens, Trego, Washington, Wichita, Woodson; MO: Atchison, Bollinger, Butler, Camden, Cape Girardeau, Carter, Chariton, Clark, DeKalb, Dunklin, Grundy, Holt, Lewis, Macon, Marion, Mercer, Mississippi, Ralls, Schuyler, Scott, Stoddard, Sullivan, Wayne; OK: Atoka, Beckham, Bryan, Choctaw, Coal, Jackson, Love, McCurtain, Woodward

H2944-197-000: KS: Allen, Atchison, Barber, Barton, Brown, Chase, Chautauqua, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Decatur, Doniphan, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jackson, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marshall, McPherson, Meade, Mitchell, Morton, Nemaha, Neosho, Ness, Norton, Osborne, Pawnee, Phillips, Pratt, Rawlins, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington, Wichita, Wilson, Woodson; MO: Adair, Atchison, Bollinger, Butler, Camden, Cape Girardeau, Carter, Chariton, Clark, DeKalb, Dent, Dunklin, Gentry, Grundy, Holt, Iron, Lewis, Linn, Macon, Madison, Marion, Mercer, Mississippi, New Madrid, Nodaway, Putnam, Ralls, Ripley, Schuyler, Scotland, Scott, Stoddard, Sullivan, Wayne, Worth; OK: Atoka, Beckham, Bryan, Choctaw, Cimarron, Coal, Harper, Jackson, Johnston, Latimer, Love, McCurtain, Roger Mills, Washita, Woodward

How do you find Humana Gold Choice PFFS network providers in your area?

Providers are listed in this directory by the type of provider. Within each provider type, providers are listed alphabetically by state, and then by county, parish or municipality.

Some of our network providers may also be Medicaid certified. Please contact the provider's office in advance to verify their status.

If you have questions about Humana Gold Choice PFFS, please call our Customer Care Department (details on front and back cover). You can also visit our website at **Humana.com**.

Network Pharmacies

How to get the most out of your pharmacy network

The “network pharmacies” listed in this directory have agreed to provide you with your prescription coverage. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and the Humana Prescription Drug Guide. You may go to any of our network pharmacies listed in this directory. In most cases, your prescriptions are covered under Humana Gold Choice PFFS 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 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 or changed preferred cost-share status after this directory was printed. This means the pharmacies listed may no longer be in our network, or there may be newer pharmacies in our network that are not listed. Pharmacies listed may also have a different cost-share status. For the most current list, please contact us. Our contact information appears on the front and back cover.

We may also list pharmacies that are in our network but are outside the service area in which you live. You may also fill your prescriptions at these pharmacies. For more information please contact us at the numbers on the front and back cover.

This directory is for the geographic area listed on page 3 which includes the area in which you live. However, we cover a larger service area, and there are more pharmacies where your prescriptions may be covered by our Plan. For information on more pharmacies in our plan network not listed in this directory please see our contact information on the front and back covers.

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 three asterisks (***) to distinguish them from other pharmacies in our network that offer standard cost-sharing. Not all plans offer preferred cost-sharing. Please refer to your Evidence of Coverage (EOC) for more information.

Medicare Part B prescription drug coverage

Members with only Medicare Part B prescription drug coverage can use the network pharmacies included in this directory to receive their approved Medicare Part B drugs. For more information about receiving Medicare Part B drugs through out-of-network pharmacies, see "Filling prescriptions outside the network" and "How to submit a paper pharmacy claim" beginning on page 11.

Mail-Order Pharmacies

Pharmacies with preferred mail order cost-sharing are pharmacies in Humana's network in which Humana has negotiated lower cost-sharing than at pharmacies with standard mail order cost sharing for its plan members for covered prescription drugs. However, you will still have access to lower drug prices at pharmacies with standard mail-order cost-sharing than at out-of-network mail-order pharmacies. You may go to either of these types of network mail-order pharmacies to receive your covered prescription drugs.

If your plan does not have preferred and standard mail-order cost-sharing pharmacy benefits, you may use any mail-order pharmacy listed.

You can get prescription drugs shipped to your home through our network mail order delivery program. Typically, you should expect to receive your prescription drugs from 5 to 7 days for refills and 7 to 10 days for new prescriptions from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact Customer Care (details on front and back covers).

To refill your mail order prescriptions, please contact us 14 days before you think the drugs you have on hand will run out to make sure your next order is shipped to you in time.

If you are a member of a qualified State Pharmaceutical Assistance Program, please contact the program to verify that the mail-order pharmacy will coordinate with that program.

Are home infusion pharmacies part of the pharmacy network?

Humana Gold Choice PFFS will cover infusion therapy drugs if:

- Your prescription drug is on your Humana Gold Choice PFFS formulary, or you have a formulary exception;
 - Humana Gold Choice PFFS has approved your prescription drug for home infusion therapy; and
 - Your prescription is written by an authorized prescriber.
-

Are long-term care pharmacies part of the pharmacy network?

Residents of a long-term care facility may access their prescription drugs covered under Humana Gold Choice PFFS through the facility's long-term care pharmacy or another network long-term care pharmacy.

Are Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies part of the pharmacy network?

Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through Humana Gold Choice PFFS pharmacy.

What are Physician Dispensing Pharmacies?

These are Physicians/Clinics that are part of Humana's pharmacy networks that can dispense prescribed medications from within their office.

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. **Before you fill your prescription in these situations, call Customer Care (details on front and back cover) 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, you may have to pay the full cost (rather than paying just your copayment) 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 generally 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 will help you qualify for catastrophic coverage. To learn how to submit a paper claim, please refer to "How to submit a paper pharmacy claim" below.

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

How to submit a paper pharmacy 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, the pharmacy may not be able to submit the claim directly to us. When that happens, you may need to pay the full cost of your prescription. When you return home, simply submit your paper claim and your itemized receipt to the following address:

**Humana Claims Office
P.O. Box 14140
Lexington, KY 40512-4140**

Upon receipt, we will make an initial coverage determination on the claim. Please refer to your Evidence of Coverage or call Customer Care (details on front and back cover) for more information on initial coverage determinations.

Directorio de proveedores de Humana Gold Choice PFFS

Este directorio es vigente a fecha de **12/04/2018**.

Este directorio provee una lista de proveedores de la red de Humana Gold Choice PFFS; no obstante, es solo una lista parcial de los proveedores en su área. Para ver una lista completa de la red del plan, llame a Atención al cliente (detalles en la portada y contraportada) o visite nuestro sitio web en **espanol.humana.com**.

Este directorio contiene proveedores de los siguientes estados, condados, parroquias o municipalidades:
KS: Allen, Atchison, Barber, Barton, Brown, Chase, Chautauqua, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Decatur, Doniphan, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jackson, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marshall, McPherson, Meade, Mitchell, Morton, Nemaha, Neosho, Ness, Norton, Osborne, Pawnee, Phillips, Pratt, Rawlins, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington, Wichita, Wilson, Woodson

Es posible que se hayan añadido o eliminado algunos proveedores de nuestra red después de la impresión de este directorio. No garantizamos que cada uno de los proveedores continúe aceptando afiliados nuevos.

Este documento está disponible en otros formatos como Braille y letra grande. Contacte con Atención al cliente para obtener más información.

ESTA PÁGINA SE HA DEJADO EN BLANCO POR REQUISITOS DE IMPRESIÓN

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Introducción

Este directorio provee una lista de proveedores de la red de Humana Gold Choice PFFS. Para obtener información más detallada sobre su cobertura de cuidado de la salud, consulte su Evidencia de cobertura.

Tenemos proveedores de la red para Equipo médico duradero, Servicios de laboratorio independiente. Usted de todos modos puede recibir los servicios cubiertos de proveedores fuera de la red que no hayan firmado un contrato con nuestro plan, siempre y cuando esos proveedores acepten los términos y condiciones de pago de nuestro plan. Para obtener más información sobre los pagos del plan PFFS, puede visitar nuestro sitio web en: <http://www.humana-medicare.com/medicare-advantage-plans/humana-gold-choice-terms-conditions.asp>.

Cómo aprovechar al máximo su red

Los proveedores de la red que aparecen en este directorio han aceptado proporcionarle sus servicios de cuidado de la salud. Puede visitar a cualquiera de los proveedores de nuestra red que aparecen en este directorio. Humana Gold Choice PFFS no se exige que los afiliados o sus proveedores obtengan un referido o autorización de nuestro plan como condición para cubrir servicios necesarios por razones médicas que estén cubiertos por nuestro plan. Si tiene alguna pregunta con respecto a si nosotros pagaremos por algún servicio o cuidado médico que usted esté considerando, tiene derecho a preguntarnos si lo cubriremos antes de recibirlo.

Si utiliza proveedores fuera de la red, sus gastos de desembolso personal podrían ser mayores, excepto en situaciones de emergencia o que requieran cuidado de urgencia. En algunos casos en que el coseguro es igual por los servicios recibidos tanto dentro como fuera de la red, de todos modos, podría pagar más fuera de la red. Esto ocurre cuando el proveedor fuera de la red factura el cargo permitido por Medicare, y la cantidad contratada dentro de la red hubiese sido menor. Para obtener más información, consulte su Evidencia de cobertura o llame a Atención al cliente (detalles aparecen en la portada y contraportada).

Si su plan tiene proveedores con costos compartidos preferidos como parte de los beneficios, consulte la Evidencia de cobertura para más información sobre los costos compartidos en cada nivel.

Lo que debe hacer si tiene facturas de proveedores fuera de la red que cree que deben ser pagadas por Humana Gold Choice PFFS.

Si un proveedor fuera de la red le pide que pague por los servicios cubiertos, llame a Atención al cliente (detalles aparecen en la portada y contraportada). O envíe la(s) factura(s) con una nota que explique la situación a:

**Humana Claims Office
P.O. Box 14601
Lexington, KY 40512-4601**

Usted nunca debería pagarle a ningún proveedor fuera de la red más de la cantidad permitida por Medicare. Pídale al proveedor fuera de la red que nos envíe una factura primero. Si usted ya pagó por los servicios cubiertos, nosotros le reembolsaremos la parte que nos corresponde del costo. Si usted recibe una factura por los servicios, nos la puede enviar para que nosotros la paguemos. Nosotros le pagaremos al proveedor fuera de la red la parte que nos corresponde de la factura y le informaremos a usted la cantidad que debe pagar, si la hubiera.

Si tiene una emergencia, hablaremos con los médicos que le proveen cuidado de emergencia para ayudar a coordinar su cuidado médico y realizar el seguimiento posterior del mismo. Los médicos que le proveen cuidado médico de emergencia decidirán el momento en que su condición sea estable y la emergencia médica haya finalizado.

Después de que la emergencia médica haya finalizado, tiene derecho a recibir cuidado de seguimiento para garantizar que su condición siga estable. El plan cubrirá el cuidado de seguimiento. Si recibe cuidado médico de emergencia de proveedores fuera de la red, intentaremos coordinar que proveedores de la red se encarguen de su cuidado médico tan pronto como su afección médica y las circunstancias lo permitan.

Supongamos que se encuentra temporalmente fuera del área de servicio del plan, pero aún dentro de los Estados Unidos. Si tiene una necesidad urgente de recibir cuidado médico, probablemente no pueda encontrar o llegar a uno de los proveedores que integran la red del plan. En esta situación (cuando esté fuera del área de servicio y no pueda recibir cuidado médico de los proveedores de la red), nuestro plan cubrirá el cuidado que se necesita con urgencia que reciba de cualquier proveedor.

Nuestro plan no cubre el cuidado que se necesita con urgencia o cualquier otro cuidado médico que no sea de emergencia si recibe el cuidado fuera de los Estados Unidos.

Si usted recibe cuidado médico en caso de emergencia en un hospital fuera de la red y necesita cuidado de hospitalización después de que se estabilice su afección de emergencia, debe cambiar a un hospital de la red para poder pagar la cantidad de los costos compartidos dentro de la red por la parte de su estadía después de que usted se estabilice. Si usted se queda en el hospital fuera de la red, su estadía estará cubierta, pero usted tendrá que pagar la cantidad de costos compartidos fuera de la red por la parte de su estadía después de que se estabilice.

Programa de hospitalistas

Si su médico participa en el Programa de hospitalistas, y usted es admitido en el hospital, todos los aspectos de su cuidado médico serán dirigidos y coordinados activamente por un médico de tiempo completo especialmente capacitado en cuidado de hospitalización. El médico es denominado como hospitalista, es contratado de manera independiente y es un especialista certificado o reúne los requisitos necesarios para su certificación por la Junta Americana de Medicina Interna.

Un coordinador de administración de casos, otro miembro del equipo de hospitalistas, es un enfermero con licencia, capacitado en la coordinación del cuidado de los pacientes. Él o ella coordina sus necesidades y servicios (como los análisis de laboratorio, radiografías, consultas y mucho más) con el médico hospitalista.

Su médico hospitalista y su coordinador de administración de casos darán informes regulares sobre su afección y progreso a su médico. También pueden programar una cita de seguimiento con su médico.

¿Cuál es el área de servicio para Humana Gold Choice PFFS?

Los estados, condados (partes de condados), parroquias o municipalidades en nuestra área de servicio se detallan a continuación.

H2944-013-000: KS: Allen, Atchison, Chase, Chautauqua, Cheyenne, Clark, Coffey, Edwards, Elk, Finney, Ford, Geary, Gove, Graham, Gray, Jackson, Jewell, Kearny, Lane, Logan, Lyon, McPherson, Meade, Mitchell, Morton, Ness, Norton, Osborne, Phillips, Rawlins, Riley, Rush, Saline, Scott, Smith, Stevens, Trego, Washington, Wichita, Woodson; MO: Atchison, Bollinger, Butler, Camden, Cape Girardeau, Carter, Chariton, Clark, DeKalb, Dunklin, Grundy, Holt, Lewis, Macon, Marion, Mercer, Mississippi, Ralls, Schuyler, Scott, Stoddard, Sullivan, Wayne; OK: Atoka, Beckham, Bryan, Choctaw, Coal, Jackson, Love, McCurtain, Woodward

H2944-197-000: KS: Allen, Atchison, Barber, Barton, Brown, Chase, Chautauqua, Cheyenne, Clark, Clay, Cloud, Coffey, Comanche, Decatur, Doniphan, Edwards, Elk, Ellis, Ellsworth, Finney, Ford, Geary, Gove, Graham, Grant, Gray, Greeley, Greenwood, Hamilton, Harper, Haskell, Hodgeman, Jackson, Jewell, Kearny, Kiowa, Lane, Lincoln, Logan, Lyon, Marshall, McPherson, Meade, Mitchell, Morton, Nemaha, Neosho, Ness, Norton, Osborne, Pawnee, Phillips, Pratt, Rawlins, Republic, Rice, Riley, Rooks, Rush, Russell, Saline, Scott, Seward, Sheridan, Sherman, Smith, Stafford, Stanton, Stevens, Thomas, Trego, Wallace, Washington, Wichita, Wilson, Woodson; MO: Adair, Atchison, Bollinger, Butler, Camden, Cape Girardeau, Carter, Chariton, Clark, DeKalb, Dent, Dunklin, Gentry, Grundy, Holt, Iron, Lewis, Linn, Macon, Madison, Marion, Mercer, Mississippi, New Madrid, Nodaway, Putnam, Ralls, Ripley, Schuyler, Scotland, Scott, Stoddard, Sullivan, Wayne, Worth; OK: Atoka, Beckham, Bryan, Choctaw, Cimarron, Coal, Harper, Jackson, Johnston, Latimer, Love, McCurtain, Roger Mills, Washita, Woodward

¿Cómo puede encontrar proveedores de la red de Humana Gold Choice PFFS en su área?

En este directorio, los proveedores aparecen ordenados por tipo de proveedor. Dentro de cada tipo de proveedor, los proveedores aparecen en orden alfabético por estado, y luego por condado, parroquia o municipalidad.

Algunos de los proveedores de nuestra red también pueden estar certificados por Medicaid. Contacte al consultorio del proveedor con anticipación para verificar en qué estatus se encuentra.

Si tiene preguntas acerca de Humana Gold Choice PFFS, llame a nuestro Departamento de atención al cliente (detalles aparecen en la portada y contraportada). También puede visitar nuestro sitio web en **espanol.humana.com**.

Farmacias de la red

Cómo aprovechar al máximo su red de farmacias

Las "farmacias de la red" enumeradas en este directorio han aceptado proporcionarle su cobertura para medicamentos recetados. Para obtener una descripción completa de su cobertura para medicamentos recetados, incluyendo cómo surtir sus medicamentos recetados, revise la Evidencia de cobertura y la Guía de medicamentos recetados de Humana. Puede ir a cualquiera de las farmacias de nuestra red que aparecen en este directorio. En la mayoría de los casos, sus medicamentos recetados están cubiertos por Humana Gold Choice PFFS únicamente si las recetas se surten en una farmacia de la red o a través de nuestro servicio de farmacia de pedido por correo. Una vez que vaya a una farmacia, no se le exige que continúe yendo a la misma farmacia para surtir sus medicamentos recetados. Puede ir a cualquiera de las farmacias de nuestra red. Bajo ciertas circunstancias, surtiremos medicamentos recetados en farmacias que no pertenecen a la red, según se describe en su Evidencia de cobertura.

Es posible que no todas las farmacias de la red estén incluidas en este directorio. Tal vez se hayan añadido o eliminado farmacias de la lista o hayan cambiado su estatus de costos compartidos preferidos después de la impresión de este directorio. Esto significa que las farmacias enumeradas podrían ya no formar parte de nuestra red, o podría haber farmacias nuevas en nuestra red que no han sido incluidas. Las farmacias incluidas también podrían tener un estatus diferente de costos compartidos. Contáctenos para obtener la lista más actualizada. Nuestra información de contacto aparece en la portada y la contraportada.

También es posible que incluyamos farmacias que están en nuestra red, pero están fuera del área de servicio donde usted vive. Usted también puede surtir sus medicamentos recetados en estas farmacias. Para obtener más información contáctenos a los números que aparecen en la portada y la contraportada.

Este directorio corresponde al área geográfica que aparece en la página 3, que incluye el área donde vive usted. Sin embargo, cubrimos un área de servicio más grande, y hay más farmacias donde nuestro Plan puede cubrir sus medicamentos recetados. Para obtener información sobre más farmacias de la red de nuestro plan que no aparecen en este directorio, consulte nuestra información de contacto en la portada y la contraportada.

Puede ir a todas las farmacias de esta lista, pero sus costos por algunos medicamentos podrían ser menores en las farmacias de esta lista que ofrecen costos compartidos preferidos. Hemos marcado estas farmacias con tres asteriscos (***) para distinguirlas de las demás farmacias en nuestra red que ofrecen costos compartidos estándares. No todos los planes ofrecen costos compartidos preferidos. Consulte su Evidencia de cobertura (EOC, por sus siglas en inglés) para obtener más información.

Cobertura para medicamentos recetados de la Parte B de Medicare

Los afiliados que solo tienen cobertura para medicamentos recetados de la Parte B de Medicare pueden utilizar las farmacias de la red incluidas en este directorio para recibir sus medicamentos aprobados de la Parte B de Medicare. Para obtener más información acerca de cómo recibir medicamentos de la Parte B de Medicare a través de farmacias fuera de la red, consulte "Cómo surtir medicamentos recetados fuera de la red" y "Cómo presentar una reclamación de farmacia en papel", a partir de la página 20.

Farmacias de pedido por correo

Las farmacias de pedido por correo con costos compartidos preferidos son farmacias de la red de Humana con las cuales Humana ha negociado costos compartidos menores a los de las farmacias de pedido por correo con costos compartidos estándares para los afiliados del plan para medicamentos recetados cubiertos. Sin embargo, usted aún tendrá acceso a precios de medicamentos más bajos en farmacias de pedido por correo con costos compartidos estándares que en las farmacias de pedido por correo fuera de la red. Usted puede ir a cualquiera de estos tipos de farmacias de pedido por correo de la red para recibir sus medicamentos recetados cubiertos.

Si su plan no tiene beneficios de farmacias de pedido por correo con costos compartidos estándares y preferidos, puede utilizar cualquier farmacia de pedido por correo de la lista.

Puede recibir los medicamentos recetados en su hogar a través del programa de envío de pedidos por correo de la red. Por lo general, puede esperar recibir sus medicamentos recetados de 5 a 7 días para repeticiones y de 7 a 10 días para nuevas recetas desde el momento en que la farmacia de pedido por correo recibe el pedido. Si no recibe su(s) medicamento(s) recetado(s) en este tiempo, contacte a Atención al cliente (detalles aparecen en la portada y contraportada).

Para obtener repeticiones de sus recetas de pedido por correo, contáctenos 14 días antes del momento en que cree que se le acabarán los medicamentos, para asegurarse de que se le envíe a tiempo el próximo pedido.

Si usted está afiliado a un Programa estatal de asistencia farmacéutica acreditado, contacte al programa para verificar que la farmacia de pedido por correo coordina con dicho programa.

¿Forman parte de la red de farmacias las farmacias de infusión en el hogar?

Humana Gold Choice PFFS cubrirá los medicamentos para terapia de infusión si:

- Su medicamento recetado aparece en su formulario de Humana Gold Choice PFFS, o si cuenta con una excepción al formulario;
 - Humana Gold Choice PFFS ha aprobado su medicamento recetado para terapia de infusión en el hogar, y
 - Su medicamento ha sido recetado por una persona autorizada.
-

¿Forman parte de la red de farmacias las farmacias de cuidado a largo plazo?

Los residentes de un centro de cuidado a largo plazo pueden tener acceso a sus medicamentos recetados cubiertos por Humana Gold Choice PFFS a través de la farmacia del centro de cuidado a largo plazo u otra farmacia de cuidado a largo plazo de la red.

¿Forman parte de la red de farmacias las farmacias del Programa de servicios de salud indígena/tribal/urbana (I/T/U)?

Solo los indios americanos y los nativos de Alaska tienen acceso a farmacias del Programa de servicios de salud indígena/tribal/urbana (I/T/U) a través de la red de farmacias de Humana Gold Choice PFFS.

¿Qué son las farmacias con médicos que despachan medicamentos?

Son médicos o clínicas que forman parte de la red de farmacias de Humana que pueden despachar los medicamentos recetados dentro de su consultorio.

Cómo surtir sus medicamentos recetados fuera de la red

Por lo general, solo cubrimos medicamentos surtidos en una farmacia fuera de la red en circunstancias limitadas y no rutinarias, cuando no hay disponible una farmacia de la red. **Antes de surtir su medicamento recetado en estas situaciones, llame a Atención al cliente (detalles aparecen en la portada y contraportada) para**

verificar si hay una farmacia de la red en su área donde pueda surtir su medicamento recetado. Si usted va a una farmacia fuera de la red, es posible que deba pagar la totalidad del costo (en lugar de pagar solo su copago) cuando surta su medicamento recetado. Puede solicitarnos que le reembolsemos la parte del costo que nos corresponde enviándonos un formulario de reclamación.

No obstante, incluso después de que le hayamos reembolsado la cantidad que nos corresponde del costo, puede que usted pague más por un medicamento comprado en una farmacia fuera de la red porque el precio de la farmacia fuera de la red, por lo general, es mayor al que cobraría una farmacia de la red. Debería enviarnos una reclamación si surte un medicamento recetado en una farmacia fuera de la red, ya que cualquier cantidad que pague le ayudará a ser elegible para la cobertura catastrófica. Para aprender cómo se envía una reclamación por escrito, consulte a continuación: "Cómo enviar una reclamación de farmacia por escrito".

No podemos pagar por medicamentos recetados que sean surtidos por farmacias fuera de los Estados Unidos y sus territorios, incluso si se trata de una emergencia médica.

Cómo enviar una reclamación de farmacia por escrito

Cuando usted va a una farmacia de la red, esta nos envía automáticamente su reclamación. Sin embargo, si usted va a una farmacia fuera de la red, la farmacia tal vez no nos pueda enviar directamente la reclamación. Cuando eso sucede, es posible que usted necesite pagar el costo total de su medicamento recetado. Al regresar a casa, simplemente debe enviar su reclamación por escrito y su recibo desglosado a la siguiente dirección:

**Humana Claims Office
P.O. Box 14140
Lexington, KY 40512-4140**

Una vez recibida la reclamación, tomaremos una determinación de cobertura inicial sobre la reclamación. Consulte su Evidencia de cobertura o llame a Atención al cliente (detalles aparecen en la portada y contraportada) para obtener más información sobre las determinaciones de cobertura iniciales.

Provider Type Listing

Spanish	English
Equipo médico duradero	Durable Medical Equipment
Farmacia	Pharmacy
Hospitales	Hospitals

Spanish	English
Servicios de atención médica en el hogar	Home Health Care Services
Servicios de laboratorio	Laboratory Services

Discrimination is Against the Law

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Humana Inc. and its subsidiaries do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Humana Inc. and its subsidiaries provide:

- Free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.
- Free language services to people whose primary language is not English when those services are necessary to provide meaningful access, such as translated documents or oral interpretation.

If you need these services, call 1-800-281-6918, or if you use a TTY, call 711.

If you believe that **Humana Inc. and its subsidiaries** 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:

Discrimination Grievances

P.O. Box 14618
Lexington, KY 40512 - 4618

If you need help filing a grievance, call 1-800-281-6918 or if you use a TTY, call 711.

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, 800-537-7697 (TDD)

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

La discriminación es contra la ley

Humana, Inc. y sus subsidiarias cumplen con todas las leyes aplicables de derechos civiles federales y no discriminan por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo. Humana Inc. y sus subsidiarias no excluyen a nadie, ni los tratan de manera diferente por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo.

Humana Inc. y sus subsidiarias proporcionan:

- Ayudas y servicios auxiliares gratuitos, como por ejemplo intérpretes acreditados para hablar por señas, interpretación remota por video e información escrita en otros formatos para personas con discapacidades cuando dichas ayudas y servicios auxiliares sean necesarios para garantizar la igualdad de oportunidades de participación.
- Servicios gratuitos de idiomas para personas cuyo idioma principal no es el inglés, cuando dichos servicios sean necesarios para proporcionar acceso útil, tales como documentos traducidos o interpretación oral.

Si necesita estos servicios, llame al 1-800-281-6918 o bien, si utiliza un TTY, llame al 711.

Si usted cree que **Humana Inc. y sus subsidiarias** han fallado en proveer estos servicios o le han discriminado de otra forma por motivos de raza, color de la piel, origen nacional, edad, discapacidad o sexo, puede presentar una queja formal ante:

Discrimination Grievances
P.O. Box 14618
Lexington, KY 40512 - 4618

Si necesita ayuda para presentar una queja formal, llame al 1-800-281-6918 o bien, si utiliza un TTY, llame al 711.

También puede presentar una queja de derechos civiles con el **Departamento de Salud y Servicios Humanos**, Oficina de Derechos Civiles, por medios electrónicos a través del portal de quejas de la Oficina de Derechos Civiles, en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, por correo postal o por teléfono al:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Los formularios de quejas están disponibles en <http://www.hhs.gov/ocr/office/file/index.html>

Multi-Language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-800-281-6918 **(TTY: 711)**.

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-281-6918 **(TTY: 711)**.

繁體中文 (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 1-800-281-6918 **(TTY: 711)**。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-281-6918 **(TTY: 711)**.

한국어 (Korean): 주의 : 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-281-6918 **(TTY: 711)** 번으로 전화해 주십시오 .

Tagalog (Tagalog – Filipino): PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-281-6918 **(TTY: 711)**.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-281-6918 **(телетайп: 711)**.

Kreyòl Ayisyen (French Creole): ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-281-6918 **(TTY: 711)**.

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-281-6918 **(ATS : 711)**.

Polski (Polish): UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-281-6918 **(TTY: 711)**.

Português (Portuguese): ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-281-6918 **(TTY: 711)**.

Italiano (Italian): ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-281-6918 **(TTY: 711)**.

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-281-6918 **(TTY: 711)**.

日本語 (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。1-800-281-6918 **(TTY : 711)** まで、お電話にてご連絡ください。

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-800-281-6918 **(TTY: 711)** تماس بگیرید.

Diné Bizaad (Navajo): Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíłnih 1-800-281-6918 **(TTY: 711)**.

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-281-6918 **(رقم هاتف الصم والبكم: 711)**.

List of Network Providers

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Durable Medical Equipment

DURABLE MEDICAL EQUIPMENT & MEDICAL SUPPLIES

180 Medical Inc**
(877) 688-2729
Medicaid Certified

A Breast Pump and More
Mail Order
(855) 786-7296

A Plus Breast Pumps by Yummy Mummy
Mail Order
(855) 879-8669

ABC Home Medical Supply Inc
Mail Order
(866) 897-8588

Advanced Bionics LLC**
(877) 829-0026

Advanced Diabetic Solutions
Mail Order
(770) 339-1190

Advanced Respiratory Inc
Mail Order
(800) 426-4224

Advanced Tissue Mail Order
Mail Order
(501) 217-9900

AeroCare Holdings Inc**
(719) 346-7356
Medicaid Certified

AeroCare Home Medical Equipment Inc**
(417) 667-6224

Aeroflow Breastpumps**
(844) 867-9890

Alere Home Monitoring Inc
Mail Order
(877) 262-4669

American Home Patient**
(918) 301-4300
Medicaid Certified

American HomePatient**
(816) 632-2183
Medicaid Certified

(877) 221-8763

American Medical Rental and Sales**
(918) 622-4444
Medicaid Certified

American Medical Supply
Mail Order
(718) 232-0653

Anderson Healthcare**
(316) 283-4230
Medicaid Certified

Apria Healthcare
408 W Frontview St
Dodge City, KS 67801
(866) 689-8098

Apria Healthcare**
(866) 689-8098

Apria Healthcare LLC**
(866) 689-8098

Bioventus LLC
Mail Order
(800) 836-4080

Biowatch Medical Inc
Mail Order
(803) 233-0244

BREATHE EASY RESPIRATORY**
(785) 537-3373

Byram Healthcare Centers Inc
Mail Order
(877) 902-9726

Care Connection Plus
Mail Order
(586) 755-3830

Carolina Brace Systems**
(919) 929-5550

Carolina Medical Sales
Mail Order
(800) 493-7277

CCS Medical
Mail Order
(877) 531-7959

CCS Medical**
(800) 690-1255
Medicaid Certified

Colorado Brace Systems**
(303) 270-7426

Comfort Medical LLC
Mail Order
(800) 700-4246

Community Medical Equipment
910 Broadway
Marysville, KS 66508
(785) 562-2311
Medicaid Certified

Cork Medical Kansas**
(913) 495-9703

Cranial Technologies Inc**
(866) 362-2263

Destiny Medical Supply
Mail Order
(866) 564-3494

DexCom Inc
Mail Order
(877) 339-2664

Dia Care
Mail Order
(800) 920-0411

Diabetic and Medical Resources
Mail Order
(800) 605-0367

Diabetic Medic LLC Mail Order
Mail Order
(800) 338-6316

Diabetic Solutions
Mail Order
(877) 686-3600

DIRECT DIABETES SUPPLY
Mail Order
(888) 880-8378

Discount Diabetic
Mail Order
(800) 714-0490

DJO LLC**
(800) 328-2536
Medicaid Certified

Doctor Diabetic Supply Inc
Mail Order
(888) 201-3556

EBI LLC
Mail Order
(800) 526-2579

Edgepark Medical Supplies
Mail Order
(800) 321-0591

** Provider has expanded service area.

Preferred cost-sharing providers are for individual plans only. To determine if your plan has preferred cost-sharing providers, please refer to your Evidence of Coverage. Humana Medicare Advantage Plans are not providers of medical services. Humana Medicare Advantage Plans do not endorse, control, or interfere with the clinical judgment or treatment recommendations made by the physicians or other providers listed in this directory or otherwise selected by you.

Durable Medical Equipment

Edwards Healthcare Services Inc Mail Order (888) 344-3434	Home Care Delivered INC** (800) 565-6167	Liberator Medical Supply Mail Order (800) 755-7880	(620) 624-6888
Electromed Inc Mail Order (952) 758-0335	Home Delivery Incontinent Supplies Mail Order (314) 997-8771	Life Care Diabetic Supplies Inc Mail Order (800) 815-1577	(620) 663-1919 (785) 242-8481
EMPI Inc Mail Order (800) 328-2536	Homeline 360 Mail Order (800) 644-2558	LifeSure LLC** (954) 585-0184	(785) 354-1000 (785) 452-9751
Express Rx LLC Mail Order (800) 503-7604	Homelink US Rehab** (888) 899-6193	Lincare Inc 1013 Main St Goodland, KS 67735 (785) 899-6848 Medicaid Certified	(785) 628-3819 (785) 899-6848 Medicaid Certified
Firma Medical LP Mail Order (817) 473-7473	Humana Pharmacy Mail Order (800) 379-0092 Preferred cost-share provider	Lincare Inc** 11 Village Plz Liberal, KS 67901 (620) 624-6888	(816) 233-9777 (918) 333-4800
First Care** (316) 685-5400 Medicaid Certified	Indiana Brace Sytems** (317) 815-3710	1106 E 27th St Ste 2 Hays, KS 67601 (785) 628-3819	Louisiana Brace Systems** (318) 798-5583 Medicaid Certified
Firstcare 122 N Main St Pratt, KS 67124 (620) 672-6429 Medicaid Certified	Infusystem Inc Mail Order (248) 546-7047	1900 S Broadway Blvd Salina, KS 67401 (785) 452-9751	(318) 798-9833 Medicaid Certified
Firstcare** (620) 672-6429 Medicaid Certified	Innovative Supply Group** (732) 363-3001	Lincare Inc** (316) 684-4689 (620) 229-8396	Luna Medical Inc Mail Order (800) 380-4339
Gordian Medical Inc Mail Order (714) 556-0200	Jay Hatfield Mobility LLC 801 E Crawford St Salina, KS 67401 (877) 277-4545	Lincare Inc** (620) 421-2774 Medicaid Certified	Lynncore Med Group Inc Mail Order (888) 625-9899
Government Medical Supply Inc Mail Order Mail Order (202) 507-8723	Joint Active Systems Inc Mail Order (800) 879-0117		Maryland Respiratory Group Mail Order (800) 253-0984
Hightech Rehab Solutions Mail Order (866) 734-2224	Kansas Brace Systems** (785) 271-2271		Maxor Pharmacies** (806) 324-5541
	Lantz Medical Mail Order (317) 536-4870		McKesson Patient Care Solutions Inc Mail Order (800) 451-6510
	LGS Medical Supply LLC Mail Order (985) 649-1152		Medical Dynamics LLC Mail Order (316) 634-0808

** Provider has expanded service area.

Preferred cost-sharing providers are for individual plans only. To determine if your plan has preferred cost-sharing providers, please refer to your Evidence of Coverage. Humana Medicare Advantage Plans are not providers of medical services. Humana Medicare Advantage Plans do not endorse, control, or interfere with the clinical judgment or treatment recommendations made by the physicians or other providers listed in this directory or otherwise selected by you.

Durable Medical Equipment

Medical Finance Resources Inc

Mail Order
(732) 390-9751

Medical Technology Resources

Mail Order
(888) 250-5699

MedLife Health Solution Inc

Mail Order
(818) 784-4440

Midwest Medical Services

Mail Order
(913) 956-4065

Missouri Brace Systems**

(314) 963-3360

Mlk Medical

Mail Order
(888) 701-0050

National Seating & Mobility Inc**

(316) 821-9988
Medicaid Certified

National Seating and Mobility Inc**

(417) 840-8371

NationsHealth

Mail Order
(800) 977-0351

Neighborhood Pharmacy**

(781) 503-6404
Medicaid Certified

Northeast Express

Mail Order
(302) 709-2371

Novocure Inc**

(855) 281-9301

Numotion**

(303) 781-1474
Medicaid Certified

(719) 520-5577

Medicaid Certified

(800) 729-0871

Medicaid Certified

One Source Medical Group

Mail Order
(866) 834-7473

Orthofix Inc

Mail Order
(800) 535-4492

Outpatient Infusion Systems

Mail Order
(678) 513-3849

Pain Management Technologies Mail Order**

(800) 239-7880

Pharmco LLC

Mail Order
(305) 919-7399

Pos-T-Vac

Mail Order
(800) 279-7434

Prentke Romich Company

Mail Order
(800) 262-1984

Pride Pharmacy

Mail Order
(214) 954-7389

Primo Medical Supplies Inc

Mail Order
(866) 224-5811

Prism Medical Products LLC

Mail Order
(888) 244-6421

Professional Healing Solutions LLC

Mail Order
(877) 949-6863

Pumping Essentials**

(866) 688-4203
Medicaid Certified

Rocklyn Medical Supply Inc

Mail Order
(509) 725-7008

Sizewise Rentals

210 Jefferson St
Ellis, KS 67637
(800) 814-9389

Sizewise Rentals**

(800) 814-9389

Sleep Disorder Services**

(757) 251-2705

Sleepcair Inc**

(913) 438-8200
Medicaid Certified

Smiths Medical MD Inc**

(800) 826-9703

Solara Medical Supplies

Mail Order
(888) 568-8145

STAR MEDICAL RX**

(800) 638-0942

Strive Medical

Mail Order
(888) 771-9229

Summit Medical Supply

Mail Order
(501) 327-5426

SunMed Medical Systems

Mail Order
(800) 714-7434

Texas Brace Systems**

(214) 501-0300
Medicaid Certified

TLC Group LLC

Mail Order
(855) 255-4545

Tobii Dynavox

Mail Order
(800) 344-1778

Total eMedical Inc

Mail Order
(877) 750-5252

Unique Medical Supply Inc

Mail Order
(562) 428-0833

Uromed Inc

Mail Order
(800) 841-2133

Via Christi Home Medical Dodge City

2601 Central Ave
Dodge City, KS 67801
(620) 227-7080

Via Christi Home Medical Garden City

322 N Main St
Garden City, KS 67846
(620) 275-0863

Via Christi Home Medical Manhattan

2439 Claflin Rd
Manhattan, KS 66502
(785) 537-3699

Wellness Life Systems Mail Order**

(816) 268-6853

** Provider has expanded service area.

Preferred cost-sharing providers are for individual plans only. To determine if your plan has preferred cost-sharing providers, please refer to your Evidence of Coverage. Humana Medicare Advantage Plans are not providers of medical services. Humana Medicare Advantage Plans do not endorse, control, or interfere with the clinical judgment or treatment recommendations made by the physicians or other providers listed in this directory or otherwise selected by you.

Durable Medical Equipment

Western Diabetic Supplies

Mail Order
(877) 937-8342

Wilmington Island DME Inc

Mail Order
(877) 854-9363

World Health Industries Inc

Mail Order
(601) 878-6945

WoundKair Concepts Inc**

(866) 968-6352

DURABLE MEDICAL EQUIPMENT

** Provider has expanded service area.

Preferred cost-sharing providers are for individual plans only. To determine if your plan has preferred cost-sharing providers, please refer to your Evidence of Coverage. Humana Medicare Advantage Plans are not providers of medical services. Humana Medicare Advantage Plans do not endorse, control, or interfere with the clinical judgment or treatment recommendations made by the physicians or other providers listed in this directory or otherwise selected by you.

CLINICAL MEDICAL LABORATORY

Accupath Diagnostic Laboratories Inc

Mail Order
(602) 453-6600

Advanced Toxicology Network

Mail Order
(901) 794-5570

Aegis Sciences Corporation**

(800) 533-7052

Berkeley HeartLab Inc

Mail Order
(877) 454-7437

BIOTAP MEDICAL**

(502) 566-3588

Caris Life Sciences**

(866) 771-8946

Cohen Dermatology PC**

(617) 969-4100

Cohen Dermatopathology PC**

(617) 969-4100

Crescendo Bioscience Inc**

(650) 351-1354

Dodge City Medical Center Lab

2020 Central Ave
Dodge City, KS 67801
(620) 227-1371

Exact Sciences Laboratory LLC**

(844) 870-8870

Genomic Health Inc**

(866) 662-6897

Hina Qureshi LLC

Mail Order
(434) 220-4599

Home Healthcare Lab America**

(800) 903-3530

Inform Diagnostics**

(602) 648-8900

(800) 979-8292

LabCorp

1133 College Ave
Bldg E
Manhattan, KS 66502
(785) 539-2542

520 S Santa Fe Ave

Salina, KS 67401

(785) 493-0218

520 S Santa Fe Ave

Ste 120

Salina, KS 67401

(785) 493-0211

Lakewood Pathology Associates Inc dba Inform

Diagnostic**

(732) 901-7575

Lakewood Pathology Associates Inc dba Inform

Diagnostics**

(949) 614-8030

Mako Medical

Laboratories**

(505) 348-9628

(919) 390-3060

Myriad Genetic Laboratories Inc**

(800) 469-7423

Patients Choice Laboratories of Indiana LLC**

(317) 299-5227

(317) 736-9855

PremierTox 2.0 Inc**

(877) 412-8330

Premiertox Laboratory**

(270) 873-4906

(270) 873-8253

Quest Diagnostics

2501 Canterbury Dr
Hays, KS 67601
(785) 621-4300

Quest Diagnostics at Marshall County Health Department

600 Broadway
Marysville, KS 66508
(785) 562-3485

Quest Diagnostics Atlanta**

(770) 934-9200

(800) 729-6432

Quest Diagnostics Nichols Valencia**

(800) 421-7110

Synergy Diagnostic Laboratory Inc**

(954) 581-3959

** Provider has expanded service area.

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Pharmacies

ALL COUNTIES	Mail Order: Preferred Cost-Sharing	IOLA PHARMACY CLINIC*** - 90 Day 1408 EAST STREET IOLA, KS 66749 620-365-6848	BARBER COUNTY	Long Term Care	Physician Dispensing
	HUMANA PHARMACY MAIL ORDER 800-379-0092	IOLA PHARMACY*** - 90 Day 109 E MADISON IOLA, KS 66749 620-365-3176		HIBBARD'S PRESCRIPTIONS PLUS 126 N MAIN ST MEDICINE LODGE, KS 67104 620-886-5161	CENTRAL CARE CANCER CENTER*** - 90 Day 204 CLEVELAND ST GREAT BEND, KS 67530 620-792-5511
	HUMANA SPECIALTY PHARMACY MAIL ORDER 800-486-2668	WALMART*** - 90 Day All Locations 800-925-6278 711 (TTY/TDD)		KIOWA PRESCRIPTIONS PLUS 6208254782 530 MAIN ST KIOWA, KS 67070 620-825-4782	Retail
	Mail Order: Standard Cost-Sharing			Cardinal Pharmacy*** - 90 Day 821 N. MAIN ST. HOISINGTON, KS 67544 620-653-2200	
KANSAS	WALMART PHARMACY MAIL ORDER 800-273-3455	ATCHISON COUNTY	BARTON COUNTY	Retail	DILLON PHARMACY 615051*** - 90 Day 4107 10TH ST GREAT BEND, KS 67530 620-792-5944
				HIBBARD'S PRESCRIPTIONS PLUS*** - 90 Day 126 N MAIN ST MEDICINE LODGE, KS 67104 620-886-5161	MEDICAL PARK PHARMACY*** - 90 Day 1309 POLK ST GREAT BEND, KS 67530 620-792-1221
				KIOWA PRESCRIPTIONS PLUS 6208254782*** - 90 Day 530 MAIN ST KIOWA, KS 67070 620-825-4782	THE MEDICINE SHOPPE 1196*** - 90 Day 1000 ADAMS ST GREAT BEND, KS 67530 620-792-3030
					WALGREENS*** - 90 Day All Locations 800-925-4733 877-924-7889 (TTY/TDD)
ALLEN COUNTY	Long Term Care	Long Term Care	WALMART*** - 90 Day All Locations 800-925-6278 711 (TTY/TDD)	Long Term Care	WALMART*** - 90 Day All Locations 800-925-6278 711 (TTY/TDD)
	GERICARE LTC 113 E MADISON IOLA, KS 66749 620-365-5555	KEX RX PHARMACY 3 807 MAIN ST ATCHISON, KS 66002 913-367-5252		CARDINAL PHARMACY 821 N. MAIN ST. HOISINGTON, KS 67544 620-653-2200	
	Retail	Retail			
	HUMBOLDT PHARMACY - 90 Day 204 SOUTH 9TH ST HUMBOLDT, KS 66748 620-473-2520	CVS*** - 90 Day All Locations 800-746-7287 711 (TTY/TDD)			

***For individual members only, this pharmacy offers preferred retail cost-sharing.

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BROWN COUNTY

Indian Health Services

KICKAPOO NATION HEALTH CENTER*** - 90 Day

1117 GOLDFINCH RD
HORTON, KS 66439
785-486-2154

WHITE CLOUD IHS PHARMACY*** - 90 Day

3313 TRASHER ROAD
WHITE CLOUD, KS 66094
785-595-3450

Long Term Care

KEX RX PHARMACY & HOME CARE 1

101 S 6TH ST
HIAWATHA, KS 66434
785-742-2125

KEX RX PHARMACY & HOME CARE 2

1903 EUCLID AVE
HORTON, KS 66439
785-486-3651

TICE HEALTHMART

618 OREGON ST
HIAWATHA, KS 66434
785-742-2191

Retail

KEX RX PHARMACY & HOME CARE 1*** - 90 Day

101 S 6TH ST
HIAWATHA, KS 66434
785-742-2125

KEX RX PHARMACY & HOME CARE 2*** - 90 Day

1903 EUCLID AVE
HORTON, KS 66439
785-486-3651

KICKAPOO NATION HEALTH CENTER*** - 90 Day

1117 GOLDFINCH RD
HORTON, KS 66439
785-486-2154

TICE HEALTHMART*** - 90 Day

618 OREGON ST
HIAWATHA, KS 66434
785-742-2191

WALMART*** - 90 Day

All Locations
800-925-6278
711 (TTY/TDD)

WHITE CLOUD IHS PHARMACY*** - 90 Day

3313 TRASHER ROAD
WHITE CLOUD, KS 66094
785-595-3450

CHAUTAUQUA COUNTY

Long Term Care

MYERS FAMILY CENTER 1

616 CEDAR ST
CEDAR VALE, KS 67024
620-758-2711

SEDAN PHARMACY

129 E MAIN
SEDAN, KS 67361
620-725-3262

Retail

MYERS FAMILY CENTER 1*** - 90 Day

616 CEDAR ST
CEDAR VALE, KS 67024
620-758-2711

SEDAN PHARMACY*** - 90 Day

129 E MAIN
SEDAN, KS 67361
620-725-3262

CHEYENNE COUNTY

Long Term Care

KRIEN PHARMACY INC

105 W WASHINGTON ST
SAINT FRANCIS, KS 67756
785-332-2177

Retail

KRIEN PHARMACY INC*** - 90 Day

105 W WASHINGTON ST
SAINT FRANCIS, KS 67756
785-332-2177

CLARK COUNTY

Long Term Care

MINNEOLA PHARMACY INC

131 S MAIN ST
MINNEOLA, KS 67865
620-885-4544

Retail

MINNEOLA PHARMACY INC*** - 90 Day

131 S MAIN ST
MINNEOLA, KS 67865
620-885-4544

CLAY COUNTY

Long Term Care

PATTERSON FMLY APOTHECARY 9675

708 LIBERTY ST
CLAY CENTER, KS 67432
785-632-3032

Retail

FERGUSON REXALL DRUGS - 90 Day

713 5TH ST
CLAY CENTER, KS 67432
785-632-3121

PATTERSON FMLY APOTHECARY 9675*** - 90 Day

708 LIBERTY ST
CLAY CENTER, KS 67432
785-632-3032

PATTERSON HEALTHMART PHARMACY 2-07255*** - 90 Day

422 LINCOLN AVE
CLAY CENTER, KS 67432
785-632-3115

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Pharmacies

CLOUD COUNTY	COFFEY COUNTY	DECATUR COUNTY	ELLIS COUNTY
Long Term Care	Long Term Care	Long Term Care	Long Term Care
AUBURN PHARMACY 185 1526 LINCOLN CONCORDIA, KS 66901 785-243-1212	AUBURN PHARMACY 171 6 WEST BROADWAY LEBO, KS 66856 620-256-6122	WARD DRUG 142 S PENN AVE OBERLIN, KS 67749 785-475-2285	GENOA HEALTHCARE, LLC 10270 208 EAST 7TH ST HAYS, KS 67601 785-621-4488
FUNK PHARMACY 1020 ELMHURST AVENUE CONCORDIA, KS 66901 785-243-4414	Retail	Retail	U SAVE PHARMACY 2505 CANTERBURY DR HAYS, KS 67601 785-625-2529
Retail	AUBURN PHARMACY 171*** - 90 Day 6 WEST BROADWAY LEBO, KS 66856 620-256-6122	WARD DRUG*** - 90 Day 142 S PENN AVE OBERLIN, KS 67749 785-475-2285	Retail
AUBURN PHARMACY 185*** - 90 Day 1526 LINCOLN CONCORDIA, KS 66901 785-243-1212	PRESCRIPTION CENTRE*** - 90 Day 312 CROSS ST BURLINGTON, KS 66839 620-364-5523	EDWARDS COUNTY	DILLON PHARMACY 615014*** - 90 Day 517 W 27TH HAYS, KS 67601 785-625-2523
FUNK PHARMACY*** - 90 Day 1020 ELMHURST AVENUE CONCORDIA, KS 66901 785-243-4414	THE MEDICINE SHOPPE PHARMACY 1490*** - 90 Day 716 NORTH 4TH STREET BURLINGTON, KS 66839 620-364-3388	Retail	DILLON PHARMACY 615061*** - 90 Day 1902 VINE ST HAYS, KS 67601 785-628-6148
PANTHER PRIDE PHARMACY*** - 90 Day 124 W 6TH ST CONCORDIA, KS 66901 785-614-3492	COMANCHE COUNTY	ELK COUNTY	MEDICAL PAVILION PHARMACY*** - 90 Day 2214 CANTERBURY DR HAYS, KS 67601 785-650-2789
WALMART*** - 90 Day All Locations 800-925-6278 711 (TTY/TDD)	Long Term Care	Long Term Care	U SAVE PHARMACY*** - 90 Day 2505 CANTERBURY DR HAYS, KS 67601 785-625-2529
	MAIN STREET PHARMACY 113 E MAIN ST COLDWATER, KS 67029 620-582-2134	BATSONS DRUG STORE 102 N WABASH HOWARD, KS 67349 620-374-2265	WALGREENS*** - 90 Day All Locations 800-925-4733 877-924-7889 (TTY/TDD)
	Retail	Retail	
	MAIN STREET PHARMACY - 90 Day 113 E MAIN ST COLDWATER, KS 67029 620-582-2134	BATSONS DRUG STORE*** - 90 Day 102 N WABASH HOWARD, KS 67349 620-374-2265	

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Pharmacies

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

ELLSWORTH COUNTY

Retail

F & M DRUG LLC* - 90 Day**
209 N DOUGLAS
ELLSWORTH, KS 67439
785-472-3131

SEITZ DRUG* - 90 Day**
206 N DOUGLAS AVE
ELLSWORTH, KS 67439
785-472-3212

FINNEY COUNTY

Retail

**DILLON PHARMACY
615005*** - 90 Day**
1305 E KANSAS AVE
GARDEN CITY, KS 67846
620-275-1957

**DILLON PHARMACY
615060*** - 90 Day**
1211 BUFFALO JONES AVE
GARDEN CITY, KS 67846
620-275-0194

PLAZA PHARMACY INC* - 90 Day**
911 N MAIN STREET
GARDEN CITY, KS 67846
620-276-8251

SAM'S CLUB* - 90 Day**
All Locations
888-746-7726
711 (TTY/TDD)

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

FORD COUNTY

Long Term Care

GIBSON'S PHARMACY
2401 CENTRAL AVE
DODGE CITY, KS 67801
620-227-8193

MEDICAL CENTER PHARMACY
2020 CENTRAL AVE
DODGE CITY, KS 67801
620-227-8506

Retail

DILLON PHARMACY 001* - 90 Day**
1700 N 14TH
DODGE CITY, KS 67801
620-225-6140

GIBSON'S PHARMACY* - 90 Day**
2401 CENTRAL AVE
DODGE CITY, KS 67801
620-227-8193

MEDICAL CENTER PHARMACY* - 90 Day**
2020 CENTRAL AVE
DODGE CITY, KS 67801
620-227-8506

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

GEARY COUNTY

Long Term Care

KOLLHOFF PHARMACY
407 S WASHINGTON ST
JUNCTION CITY, KS 66441
785-238-1000

Retail

CVS* - 90 Day**
All Locations
800-746-7287
711 (TTY/TDD)

**DILLON PHARMACY
615044*** - 90 Day**
618 W 6TH ST
JUNCTION CITY, KS 66441
785-238-4141

KOLLHOFF PHARMACY* - 90 Day**
407 S WASHINGTON ST
JUNCTION CITY, KS 66441
785-238-1000

KONZA PRAIRIE COMMUNITY HEALTH CENTER,* - 90 Day**
361 GRANT AVE
JUNCTION CITY, KS 66441
785-238-4711

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

GOVE COUNTY

Long Term Care

RAYS PHARMACY
414 MAIN ST
QUINTER, KS 67752
785-754-3312

Retail

RAYS PHARMACY - 90 Day
414 MAIN ST
QUINTER, KS 67752
785-754-3312

GRAHAM COUNTY

Retail

WISE DRUG INC* - 90 Day**
308 N POMEROY
HILL CITY, KS 67642
785-421-5632

GRANT COUNTY

Long Term Care

GRANT COUNTY DRUG
219 N MAIN ST
ULYSSES, KS 67880
620-356-1446

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Pharmacies

Retail

GRANT COUNTY DRUG* - 90 Day**
219 N MAIN ST
ULYSSES, KS 67880
620-356-1446

GRAY COUNTY

Long Term Care

COAST HEALTH SERVICES
202 N MAIN ST
CIMARRON, KS 67835
620-855-2055

MONTEZUMA DRUG
300 N AZTEC
MONTEZUMA, KS 67867
620-846-2202

Retail

CLARK PHARMACY* - 90 Day**
101 S MAIN ST
CIMARRON, KS 67835
620-855-2242

MONTEZUMA DRUG* - 90 Day**
300 N AZTEC
MONTEZUMA, KS 67867
620-846-2202

GREELEY COUNTY

Long Term Care

DIXON DRUG
422 BROADWAY
TRIBUNE, KS 67879
620-376-4224

Retail

DIXON DRUG - 90 Day
422 BROADWAY
TRIBUNE, KS 67879
620-376-4224

HAMILTON COUNTY

Retail

HAMILTON COUNTY DRUG* - 90 Day**
302 E AVE A
SYRACUSE, KS 67878
620-384-7424

HARPER COUNTY

Long Term Care

HARPER PHARMACY
615 W 12TH STREET
HARPER, KS 67058
620-896-7700

IRWIN-POTTER DRUG
202 W MAIN ST
ANTHONY, KS 67003
620-842-5119

Retail

HARPER PHARMACY* - 90 Day**
615 W 12TH STREET
HARPER, KS 67058
620-896-7700

IRWIN-POTTER DRUG* - 90 Day**
202 W MAIN ST
ANTHONY, KS 67003
620-842-5119

HASKELL COUNTY

Long Term Care

SATANTA RETAIL PHARMACY
401 CHEYENNE ST
SATANTA, KS 67870
620-649-2450

Retail

SATANTA RETAIL PHARMACY* - 90 Day**
401 CHEYENNE ST
SATANTA, KS 67870
620-649-2450

HODGEMAN COUNTY

Retail

HODGEMAN COUNTY PHARMACY* - 90 Day**
519 MAIN STREET
JETMORE, KS 67854
620-357-8305

JACKSON COUNTY

Indian Health Services

PRAIRIE BAND POTAWATOMI HEALTH CENTER * - 90 Day**
11400 158TH RD
MAYETTA, KS 66509
866-727-6330

Long Term Care

MEDICAL PHARMACY PA
1100 COLUMBINE DR
HOLTON, KS 66436
785-364-2114

Retail

MEDICAL PHARMACY PA* - 90 Day**
1100 COLUMBINE DR
HOLTON, KS 66436
785-364-2114

PRAIRIE BAND POTAWATOMI HEALTH CENTER * - 90 Day**
11400 158TH RD
MAYETTA, KS 66509
866-727-6330

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

JEWELL COUNTY

Long Term Care

MANKATO PROFESSIONAL PHARM
125 N COMMERCIAL
MANKATO, KS 66956
785-378-3183

Retail

MANKATO PROFESSIONAL PHARM* - 90 Day**
125 N COMMERCIAL
MANKATO, KS 66956
785-378-3183

KEARNY COUNTY

Retail

J&J PHARMACY* - 90 Day**
500 THORPE STREET
LAKIN, KS 67860
620-355-7712

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Pharmacies

KIOWA COUNTY

Long Term Care

KIOWA COUNTY PHARMACY
721 W KANSAS AVE STE 101
GREENSBURG, KS 67054
620-723-3112

Retail

KIOWA COUNTY PHARMACY* - 90 Day**
721 W KANSAS AVE STE 101
GREENSBURG, KS 67054
620-723-3112

LANE COUNTY

Retail

DIGHTON PHARMACY* - 90 Day**
105 E. PEARL
DIGHTON, KS 67839
620-397-5778

LINCOLN COUNTY

Long Term Care

PATTERSON HEALTH MART PHARMACY LINCOLN 2-13077
204 W LINCOLN AVE
LINCOLN, KS 67455
785-524-4649

Retail

PATTERSON HEALTH MART PHARMACY LINCOLN* - 90 Day**
204 W LINCOLN AVE
LINCOLN, KS 67455
785-524-4649

LOGAN COUNTY

Long Term Care

OAKLEY HEALTH MART
103 CENTER AVE
OAKLEY, KS 67748
785-672-4727

Retail

OAKLEY HEALTH MART* - 90 Day**
103 CENTER AVE
OAKLEY, KS 67748
785-672-4727

LYON COUNTY

Long Term Care

GENOA HEALTHCARE, LLC 00157
104 E 8TH AVE STE 100
EMPORIA, KS 66801
253-218-0830

GRAVES DRUG STORE EMPORIA INC
609 COMMERCIAL ST
EMPORIA, KS 66801
620-343-2323

HAAG PHARMACY 1430
1400 W. 12TH AVE
EMPORIA, KS 66801
620-342-1242

Retail

CVS* - 90 Day**
All Locations
800-746-7287
711 (TTY/TDD)

GENOA HEALTHCARE, LLC 00157* - 90 Day**
104 E 8TH AVE STE 100
EMPORIA, KS 66801
253-218-0830

GRAVES DRUG STORE EMPORIA INC - 90 Day
609 COMMERCIAL ST
EMPORIA, KS 66801
620-343-2323

HAAG PHARMACY 1430* - 90 Day**
1400 W. 12TH AVE
EMPORIA, KS 66801
620-342-1242

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

MARSHALL COUNTY

Long Term Care

AR-EX DRUG STORE
801 BROADWAY
MARYSVILLE, KS 66508
785-562-3196

YUNGBERG DRUG
17 PUBLIC SQ
BLUE RAPIDS, KS 66411
785-363-7444

Retail

AR-EX DRUG STORE* - 90 Day**
801 BROADWAY
MARYSVILLE, KS 66508
785-562-3196

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

YUNGBERG DRUG* - 90 Day**
17 PUBLIC SQ
BLUE RAPIDS, KS 66411
785-363-7444

MCPHERSON COUNTY

Long Term Care

AUBURN PHARMACY 190
216 N HARRISON ST
LINDSBORG, KS 67456
785-227-3374

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Pharmacies

CK PHARMACY - MCPHERSON
200 N MAIN ST
MCPHERSON, KS 67460
620-241-0022

CK PHARMACY - MOUNDRIDGE
200 E PACK ST
MOUNDRIDGE, KS 67107
620-345-8650

Retail

AUBURN PHARMACY 190* - 90 Day**
216 N HARRISON ST
LINDSBORG, KS 67456
785-227-3374

CK PHARMACY - MCPHERSON* - 90 Day**
200 N MAIN ST
MCPHERSON, KS 67460
620-241-0022

CK PHARMACY - MOUNDRIDGE* - 90 Day**
200 E PACK ST
MOUNDRIDGE, KS 67107
620-345-8650

DILLON'S PHARMACY 036* - 90 Day**
1320 N MAIN
MCPHERSON, KS 67460
620-241-6108

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

MEADE COUNTY

Long Term Care

BACHMAN DRUG
129 S FOWLER
MEADE, KS 67864
620-873-2641

Retail

BACHMAN DRUG* - 90 Day**
129 S FOWLER
MEADE, KS 67864
620-873-2641

MITCHELL COUNTY

Long Term Care

GRAY DRUG & FOUNTAIN
100 S MILL ST
BELOIT, KS 67420
785-534-1200

S AND S DRUGS
110 S MILL ST
BELOIT, KS 67420
785-738-2285

Retail

GRAY DRUG & FOUNTAIN* - 90 Day**
100 S MILL ST
BELOIT, KS 67420
785-534-1200

S AND S DRUGS* - 90 Day**
110 S MILL ST
BELOIT, KS 67420
785-738-2285

MORTON COUNTY

Long Term Care

C AND R CLINIC PHARMACY INC
411 SUNSET DR
ELKHART, KS 67950
620-697-2131

Retail

C AND R CLINIC PHARMACY INC* - 90 Day**
411 SUNSET DR
ELKHART, KS 67950
620-697-2131

NEMAHA COUNTY

Long Term Care

MEDICAL ARTS PHARMACY
701 MAIN STREET
SENECA, KS 66538
785-336-6146

SABETHA FAMILY PHARMACY
1118 MAIN ST
SABETHA, KS 66534
785-284-3432

SABETHA HEALTHMART
934 MAIN ST
SABETHA, KS 66534
785-284-3414

SHOPKO PHARMACY 2697
1710 NORTH ST
SENECA, KS 66538
785-336-2145

Retail

MEDICAL ARTS PHARMACY* - 90 Day**
701 MAIN STREET
SENECA, KS 66538
785-336-6146

SABETHA FAMILY PHARMACY* - 90 Day**
1118 MAIN ST
SABETHA, KS 66534
785-284-3432

SABETHA HEALTHMART* - 90 Day**
934 MAIN ST
SABETHA, KS 66534
785-284-3414

SHOPKO PHARMACY 2697* - 90 Day**
1710 NORTH ST
SENECA, KS 66538
785-336-2145

NEOSHO COUNTY

Long Term Care

CARDINAL DRUGSTORE
103 E MAIN ST
CHANUTE, KS 66720
620-431-9150

MEDICAP 8151
1720 S SANTA FE
CHANUTE, KS 66720
620-431-4270

RICHEY'S DRUG STORE
511 N. MAIN STREET
ERIE, KS 66733
620-244-3661

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Pharmacies

Retail

ASHLEY CLINIC PHARMACY* - 90 Day**
505 S PLUMMER
CHANUTE, KS 66720
620-431-2510

CARDINAL DRUGSTORE* - 90 Day**
103 E MAIN ST
CHANUTE, KS 66720
620-431-9150

MEDICAP 8151* - 90 Day**
1720 S SANTA FE
CHANUTE, KS 66720
620-431-4270

RICHEY'S DRUG STORE* - 90 Day**
511 N. MAIN STREET
ERIE, KS 66733
620-244-3661

THE MEDICINE SHOPPE PHARMACY 1137* - 90 Day**
421 MAIN ST
CHANUTE, KS 66720
620-431-7193

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

NESS COUNTY

Long Term Care

G AND L PHARMACY
207 S PENNSYLVANIA AVE
NESS CITY, KS 67560
785-798-2897

Retail

G AND L PHARMACY* - 90 Day**
207 S PENNSYLVANIA AVE
NESS CITY, KS 67560
785-798-2897

NORTON COUNTY

Long Term Care

MOFFET DRUG
102 S STATE ST
NORTON, KS 67654
785-877-2721

SHOPKO PHARMACY 2696
505 W HOLME ST
NORTON, KS 67654
785-877-2133

Retail

MOFFET DRUG* - 90 Day**
102 S STATE ST
NORTON, KS 67654
785-877-2721

SHOPKO PHARMACY 2696* - 90 Day**
505 W HOLME ST
NORTON, KS 67654
785-877-2133

OSBORNE COUNTY

Long Term Care

CORNER DRUG AND GIFT INC
823 MORGAN AVE
DOWNS, KS 67437
785-454-6614

MAIN STREET DRUG
103 W MAIN ST
OSBORNE, KS 67473
785-346-2136

Retail

CORNER DRUG AND GIFT INC* - 90 Day**
823 MORGAN AVE
DOWNS, KS 67437
785-454-6614

MAIN STREET DRUG* - 90 Day**
103 W MAIN ST
OSBORNE, KS 67473
785-346-2136

PAWNEE COUNTY

Long Term Care

SHOPKO PHARMACY 2702
908 E 14TH
LARNED, KS 67550
620-285-3118

Retail

REED PHARMACY* - 90 Day**
326 W 14TH
LARNED, KS 67550
620-285-6286

SHOPKO PHARMACY 2702* - 90 Day**
908 E 14TH
LARNED, KS 67550
620-285-3118

PHILLIPS COUNTY

Long Term Care

MIDWEST FAMILY HEALTH
300 STATE ST
PHILLIPSBURG, KS 67661
785-543-5131

WITMER DRUG STORE INC
779 3RD ST
PHILLIPSBURG, KS 67661
785-543-2032

Retail

MIDWEST FAMILY HEALTH* - 90 Day**
300 STATE ST
PHILLIPSBURG, KS 67661
785-543-5131

WITMER DRUG STORE INC* - 90 Day**
779 3RD ST
PHILLIPSBURG, KS 67661
785-543-2032

PRATT COUNTY

Long Term Care

PRATT MEDICAL ARTS PHARMACY
420 COUNTRY CLUB RD
PRATT, KS 67124
620-672-7447

Retail

DILLON PHARMACY 615023* - 90 Day**
1108 E 1ST ST
PRATT, KS 67124
620-672-5584

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Pharmacies

GATLIN PHARMACY*** - 90 Day

112 N. MAIN ST.
PRATT, KS 67124
620-770-8008

PRATT MEDICAL ARTS PHARMACY*** - 90 Day

420 COUNTRY CLUB RD
PRATT, KS 67124
620-672-7447

WALMART*** - 90 Day

All Locations
800-925-6278
711 (TTY/TDD)

RAWLINS COUNTY

Long Term Care

CURRIER DRUG

416 STATE ST
ATWOOD, KS 67730
785-626-3214

Retail

CURRIER DRUG*** - 90 Day

416 STATE ST
ATWOOD, KS 67730
785-626-3214

REPUBLIC COUNTY

Long Term Care

B & C DRUG COMPANY

702 12TH ST
BELLEVILLE, KS 66935
785-527-2146

Retail

B & C DRUG COMPANY - 90 Day

702 12TH ST
BELLEVILLE, KS 66935
785-527-2146

RICE COUNTY

Long Term Care

REED PHARMACY

118 S BROADWAY
STERLING, KS 67579
620-278-2110

SHOPKO PHARMACY 2701

1212 W MAIN
LYONS, KS 67554
620-257-2821

Retail

REED PHARMACY - 90 Day

118 S BROADWAY
STERLING, KS 67579
620-278-2110

SHOPKO PHARMACY 2701*** - 90 Day

1212 W MAIN
LYONS, KS 67554
620-257-2821

RILEY COUNTY

Long Term Care

BARRYS DRUG CENTER

414 POYNTZ AVE
MANHATTAN, KS 66502
785-776-8833

CANDLEWOOD HEALTH MART PHARMACY

3254 KIMBALL AVE
MANHATTAN, KS 66503
785-776-4100

DUNNES PHARMACY

2429 CLAFLIN RD
MANHATTAN, KS 66502
785-539-2345

HY-VEE PHARMACY 1398

601 THIRD STREET
MANHATTAN, KS 66502
785-587-8648

KELLSTROM PHARMACY LTC 209807

1862 CLAFLIN RD
MANHATTAN, KS 66502
785-776-1200

Retail

BARRYS DRUG CENTER*** - 90 Day

414 POYNTZ AVE
MANHATTAN, KS 66502
785-776-8833

CANDLEWOOD HEALTH MART PHARMACY*** - 90 Day

3254 KIMBALL AVE
MANHATTAN, KS 66503
785-776-4100

CVS*** - 90 Day

All Locations
800-746-7287
711 (TTY/TDD)

DILLON PHARMACY

615094*** - 90 Day
1101 WESTLOOP PL
MANHATTAN, KS 66502
785-539-9454

DUNNES PHARMACY*** - 90 Day

2429 CLAFLIN RD
MANHATTAN, KS 66502
785-539-2345

HY-VEE PHARMACY 1398*** - 90 Day

601 THIRD STREET
MANHATTAN, KS 66502
785-587-8648

KELLSTROM PHARMACY*** - 90 Day

1860 CLAFLIN RD
MANHATTAN, KS 66502
785-776-1200

LAFENE HEALTH CENTER PHARMACY*** - 90 Day

1105 SUNSET AVE
MANHATTAN, KS 66502
785-532-7758

WALGREENS*** - 90 Day

All Locations
800-925-4733
877-924-7889 (TTY/TDD)

ROOKS COUNTY

Long Term Care

MIDWEST FAMILY HEALTH

210 W MILL ST
PLAINVILLE, KS 67663
785-434-4615

Retail

MIDWEST FAMILY HEALTH***

- 90 Day
210 W MILL ST
PLAINVILLE, KS 67663
785-434-4615

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Pharmacies

RUSH COUNTY

Long Term Care

RUSH COUNTY PHARMACY
708 MAIN ST
LA CROSSE, KS 67548
785-222-9091

Retail

RUSH COUNTY PHARMACY* - 90 Day**
708 MAIN ST
LA CROSSE, KS 67548
785-222-9091

RUSSELL COUNTY

Long Term Care

GREGWIRE DRUG STORE
714 N MAIN ST
RUSSELL, KS 67665
785-483-3301

MIDWEST FAMILY HEALTH
208 S FOSSIL ST
RUSSELL, KS 67665
785-483-2119

Retail

GREGWIRE DRUG STORE* - 90 Day**
714 N MAIN ST
RUSSELL, KS 67665
785-483-3301

MIDWEST FAMILY HEALTH* - 90 Day**
208 S FOSSIL ST
RUSSELL, KS 67665
785-483-2119

SALINE COUNTY

Long Term Care

B AND K PRESCRIPTION SHOP
601 E IRON AVE
SALINA, KS 67401
785-827-4455

GENOA HEALTHCARE, LLC 20006

809 ELMHURST BLVD STE A
SALINA, KS 67401
785-914-5491

KEY REXALL PHARMACY
901 E CRAWFORD ST
SALINA, KS 67401
785-827-0408

PATTERSON DAILY HEALTH-CARE PHARMACY
685 LEWIS AVE
SALINA, KS 67401
785-825-0778

Retail

B AND K PRESCRIPTION SHOP* - 90 Day**
601 E IRON AVE
SALINA, KS 67401
785-827-4455

CVS* - 90 Day**
All Locations
800-746-7287
711 (TTY/TDD)

DILLON PHARMACY 615041* - 90 Day**
1201 W CRAWFORD
SALINA, KS 67401
785-827-0417

DILLON PHARMACY 615074* - 90 Day**
2350 PLANET AVE
SALINA, KS 67401
785-823-9515

DILLONS PHARMACY 095* - 90 Day**
1235 E CLOUD ST
SALINA, KS 67401
785-452-3951

GENOA HEALTHCARE, LLC 20006* - 90 Day**
809 ELMHURST BLVD STE A
SALINA, KS 67401
785-914-5491

KEY REXALL PHARMACY* - 90 Day**
901 E CRAWFORD ST
SALINA, KS 67401
785-827-0408

KMART* - 90 Day**
All Locations
800-416-7565
711 (TTY/TDD)

PATTERSON DAILY HEALTH-CARE PHARMACY* - 90 Day**
685 LEWIS AVE
SALINA, KS 67401
785-825-0778

SALINA FAMILY HEALTHCARE PHARMACY* - 90 Day**
651 E. PRESCOTT
SALINA, KS 67401
785-452-3900

SAM'S CLUB* - 90 Day**
All Locations
888-746-7726
711 (TTY/TDD)

SRHC PHARMACY* - 90 Day**
400 SOUTH SANTA FE STREET
SALINA, KS 67401
785-452-7531

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

SCOTT COUNTY

Retail

SCOTT CITY PHARMACY* - 90 Day**
102 ALBERT AVE
SCOTT CITY, KS 67871
620-872-2146

SEWARD COUNTY

Retail

DILLON PHARMACY 615073* - 90 Day**
1417 N KANSAS
LIBERAL, KS 67901
620-626-4234

ELKAN DRUG* - 90 Day**
1033 N KANSAS
LIBERAL, KS 67901
620-624-4065

WALGREENS* - 90 Day**
All Locations
800-925-4733
877-924-7889 (TTY/TDD)

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Pharmacies

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

SHERIDAN COUNTY

Long Term Care

MAHANNA PHARMACY INC
833 MAIN ST
HOXIE, KS 67740
785-675-3461

Retail

MAHANNA PHARMACY INC* - 90 Day**
833 MAIN ST
HOXIE, KS 67740
785-675-3461

SHERMAN COUNTY

Retail

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

SMITH COUNTY

Long Term Care

KRILEYS FAMILY DRUG CENTER
125 S MAIN ST
SMITH CENTER, KS 66967
785-282-6843

MIDWEST FAMILY HEALTH
317 E US HIGHWAY 36
SMITH CENTER, KS 66967
785-282-3333

Retail

KRILEYS FAMILY DRUG CENTER* - 90 Day**
125 S MAIN ST
SMITH CENTER, KS 66967
785-282-6843

MIDWEST FAMILY HEALTH* - 90 Day**
317 E US HIGHWAY 36
SMITH CENTER, KS 66967
785-282-3333

STANTON COUNTY

Long Term Care

WALDRONS PHARMACY
111 S MAIN
JOHNSON, KS 67855
620-492-3263

Retail

WALDRONS PHARMACY* - 90 Day**
111 S MAIN
JOHNSON, KS 67855
620-492-3263

STEVENS COUNTY

Long Term Care

HUGOTON DRUG
531 S MAIN ST
HUGOTON, KS 67951
620-544-4065

STEVENS COUNTY RETAIL PHARMACY
1042 S JACKSON
HUGOTON, KS 67951
620-544-8512

Retail

HUGOTON DRUG* - 90 Day**
531 S MAIN ST
HUGOTON, KS 67951
620-544-4065

STEVENS COUNTY RETAIL PHARMACY* - 90 Day**
1042 S JACKSON
HUGOTON, KS 67951
620-544-8512

THOMAS COUNTY

Long Term Care

PALACE DRUG STORE
460 N FRANKLIN
COLBY, KS 67701
785-460-7507

Retail

DILLON PHARMACY 615050* - 90 Day**
1605 S RANGE RD
COLBY, KS 67701
785-462-1310

PALACE DRUG STORE* - 90 Day**
460 N FRANKLIN
COLBY, KS 67701
785-460-7507

WALMART* - 90 Day**
All Locations
800-925-6278
711 (TTY/TDD)

TREGO COUNTY

Long Term Care

GIBSON HEALTH MART
125 N MAIN ST
WAKEENEY, KS 67672
785-743-5753

Retail

GIBSON HEALTH MART* - 90 Day**
125 N MAIN ST
WAKEENEY, KS 67672
785-743-5753

WALLACE COUNTY

Long Term Care

DIXON DRUG-WALLACE COUNTY
107 W 2ND ST
SHARON SPRINGS, KS 67758
785-852-4219

Retail

DIXON DRUG-WALLACE COUNTY* - 90 Day**
107 W 2ND ST
SHARON SPRINGS, KS 67758
785-852-4219

WASHINGTON COUNTY

Long Term Care

PIERSON HANOVER PROFESSIONAL PHARMACY
103 NORTH ST
HANOVER, KS 66945
785-337-2241

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WASHINGTON HEALTH MART
227 C STREET
WASHINGTON, KS 66968
785-325-3130

Retail

PIERSON HANOVER PROFESSIONAL PHARMACY* - 90**

Day
103 NORTH ST
HANOVER, KS 66945
785-337-2241

WASHINGTON HEALTH MART* - 90 Day**
227 C STREET
WASHINGTON, KS 66968
785-325-3130

WICHITA COUNTY

Retail

WICHITA COUNTY PHARMACY* - 90 Day**
111 W BROADWAY
LEOTI, KS 67861
620-375-2323

WILSON COUNTY

Long Term Care

PORTER DRUGS
506 MAIN ST
NEODESHA, KS 66757
620-325-2671

Retail

FREDONIA PHARMACY* - 90**

Day
628 MADISON ST
FREDONIA, KS 66736
620-378-4422

PORTER DRUGS* - 90 Day**

506 MAIN ST
NEODESHA, KS 66757
620-325-2671

WOODSON COUNTY

Long Term Care

YATES CENTER PHARMACY
122 W RUTLEDGE ST
YATES CENTER, KS 66783
620-625-2221

Retail

YATES CENTER PHARMACY - 90 Day
122 W RUTLEDGE ST
YATES CENTER, KS 66783
620-625-2221

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This directory was updated on 12/04/2018.
Este directorio fue actualizado el 12/04/2018.

To get the most up-to-date information about Humana Gold Choice PFFS network providers in your area, or for questions about the information in this directory, you can visit **Humana.com** or call Customer Care at **1-800-457-4708**. If you use a TTY, call **711**. You can call us seven days a week, from 8 a.m. to 8 p.m. However, please note that our automated phone system may answer your call during weekends and holidays from February 15 to September 30. Please leave your name and telephone number, and we'll call you back by the end of the next business day.

Para obtener la información más actualizada acerca de los proveedores de la red de Humana Gold Choice PFFS localizados en su área, puede visitar **Humana.com** o llamar al departamento de Atención al cliente, al **1-800-457-4708**. Si usa un TTY, llame al **711**. Puede llamarnos los siete días de la semana, entre las 8 a.m. y las 8 p.m. Sin embargo, tenga en cuenta que nuestro sistema telefónico automatizado puede responder su llamada durante los fines de semana y los días festivos entre el 15 de febrero y el 30 de septiembre. Deje su nombre y número de teléfono y le devolveremos la llamada antes del final del siguiente día hábil.

Changes to our network may occur during the benefit year. An updated Directory is located on our website at **Humana.com**. You may also call Customer Care for updated provider information.

Es posible que se produzcan cambios en nuestra red durante el año de beneficios. Puede consultar el Directorio actualizado en nuestro sitio Web en **Humana.com**. También puede llamar a nuestro departamento de Atención al cliente para obtener información actualizada sobre los proveedores.

Humana is a Medicare Advantage PFFS plan with a Medicare contract. Enrollment in this Humana Plan depends on contract renewal. The provider network may change at any time. You will receive notice when necessary.

Humana es un plan PFFS Medicare Advantage con un contrato con Medicare. La afiliación a este plan de Humana depende de la renovación del contrato. La red de proveedores puede cambiar en cualquier momento. Usted recibirá un aviso cuando sea necesario.

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