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

Missouri

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:
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

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: 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

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

Índice

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'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih 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**).

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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 Home Medical Equipment Inc
101 E Monroe St
Memphis, MO 63555
(660) 465-2233
Medicaid Certified

1808 N Elson St
Kirksville, MO 63501
(660) 665-5550

AeroCare Home Medical Equipment Inc**
(417) 533-3073
Medicaid Certified

(573) 761-5941

AeroCare Home Medical Equipment INC**
(573) 818-2959

AeroCare Home Medical Equipment Inc**
(660) 465-2233
Medicaid Certified

(660) 665-5550

Aeroflow Breastpumps**
(844) 867-9890

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

American HomePatient
215 W Jefferson St
Kirksville, MO 63501
(877) 214-7913

8965 Highway 36
Ste 4
Hannibal, MO 63401
(573) 221-7603
Medicaid Certified

American Homepatient
8965 Highway 36
Ste 4
Hannibal, MO 63401
(573) 221-7603

American HomePatient
8965 Highway 36
Unit G & Ste 1
Hannibal, MO 63401
(573) 221-7603

American HomePatient**
(573) 221-7603
Medicaid Certified

(573) 547-2684

(816) 632-2183
Medicaid Certified

(870) 239-2101
Medicaid Certified

(877) 214-7913

(877) 221-8763

American Medical Equipment Inc**
(618) 651-8000

American Medical Supply
Mail Order
(718) 232-0653

Apria Healthcare
1104 Vine St
Poplar Bluff, MO 63901
(866) 689-8098

823 S Kingshighway St
Ste A & B
Cape Girardeau, MO 63703
(866) 689-8098

Apria Healthcare**
(866) 689-8098
Medicaid Certified

Apria Healthcare LLC**
(866) 689-8098

Bioventus LLC
Mail Order
(800) 836-4080

Biowatch Medical Inc
Mail Order
(803) 233-0244

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

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

** 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

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

Edwards Healthcare Services Inc
Mail Order
(888) 344-3434

Electromed Inc
Mail Order
(952) 758-0335

EMPI Inc
Mail Order
(800) 328-2536

Express Rx LLC
Mail Order
(800) 503-7604

Firma Medical LP
Mail Order
(817) 473-7473

Four Rivers Home Care Equipment**
(573) 468-6688
Medicaid Certified

Gibson Medical Clinic**
(660) 886-6558
Medicaid Certified

Gordian Medical Inc
Mail Order
(714) 556-0200

Government Medical Supply Inc Mail Order
Mail Order
(202) 507-8723

Hannibal Medical Supplies LLC
118 Steamboat Bend Shopping Ctr
Hannibal, MO 63401
(573) 231-0556

Heartland Home Health Care
1006 Linn St
Sikeston, MO 63801
(573) 471-5831
Medicaid Certified

2121 Broadway St
Cape Girardeau, MO 63701
(800) 365-0781
Medicaid Certified

338 S Silver Springs Rd
Cape Girardeau, MO 63703
(573) 334-0781

705 Independence Ave
Kennett, MO 63857
(573) 888-4514
Medicaid Certified

Heartland Home Health Care**
(573) 334-0781

(573) 471-5831
Medicaid Certified

(800) 365-0781
Medicaid Certified

Hightech Rehab Solutions
Mail Order
(866) 734-2224

Home Care Delivered INC**
(800) 565-6167

Home Care Medical Equipment**
(217) 223-0035

Home Delivery Incontinent Supplies
Mail Order
(314) 997-8771

Homeline 360
Mail Order
(800) 644-2558

Homelink US Rehab**
(888) 899-6193

Humana Pharmacy
Mail Order
(800) 379-0092
Preferred cost-share provider

Indiana Brace Sytems**
(317) 815-3710

Infu-Care
Mail Order
(601) 605-1699

Infusystem Inc
Mail Order
(248) 546-7047

IV Solutions of Amarillo**
(806) 355-5029
Medicaid Certified

Joint Active Systems Inc
Mail Order
(800) 879-0117

Joint Technology Inc**
(205) 314-5700

(865) 310-6988
Medicaid Certified

Kansas Brace Systems**
(785) 271-2271

Kinex Medical Company LLC**
(800) 845-6364

Lantz Medical
Mail Order
(317) 536-4870

LGS Medical Supply LLC
Mail Order
(985) 649-1152

Liberator Medical Supply
Mail Order
(800) 755-7880

Life Care Diabetic Supplies Inc
Mail Order
(800) 815-1577

LifeSure LLC**
(954) 585-0184

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Lincare Inc
1063 Armory Dr
Osage Beach, MO 65065
(573) 348-9393
Medicaid Certified

2100 Themis St
Ste C
Cape Girardeau, MO 63701
(573) 332-0020
Medicaid Certified

310 E Main St
Portageville, MO 63873
(573) 379-2121

3831 Highway Mm
Ste A
Hannibal, MO 63401
(573) 221-3685

407 E Northtown Rd
Kirksville, MO 63501
(660) 665-6071

954 S Westwood Blvd
Poplar Bluff, MO 63901
(573) 776-6896

Lincare Inc**
(417) 255-8478
Medicaid Certified

(573) 221-3685

(573) 332-0020
Medicaid Certified

(573) 364-1000

(573) 449-0206

(573) 581-1721

(573) 756-7747

(573) 776-6896

(660) 263-1939

(660) 646-9991
Medicaid Certified

(660) 665-6071

(816) 233-9777

(816) 474-4744

(870) 972-8839

Louisiana Brace Systems**
(318) 798-5583
Medicaid Certified

(318) 798-9833
Medicaid Certified

Luna Medical Inc
Mail Order
(800) 380-4339

Lynncore Med Group Inc
Mail Order
(888) 625-9899

Maryland Respiratory Group
Mail Order
(800) 253-0984

Maxor Pharmacies**
(806) 324-5541

McKesson Patient Care Solutions Inc
Mail Order
(800) 451-6510

Medical Dynamics LLC
Mail Order
(316) 634-0808

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 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

Not Alone Fitting Boutique**
(270) 898-1819

Novocure Inc**
(855) 281-9301

Numotion
126 Airport Rd
Scott City, MO 63780
(573) 334-0600

Numotion**
(417) 883-2125
Medicaid Certified

(573) 443-2212
Medicaid Certified

(816) 761-2526
Medicaid Certified

One Source Medical Group
Mail Order
(866) 834-7473

Orsini Home Medical Equipment**
(847) 734-7373

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

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Durable Medical Equipment

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

Restorative Support Systems Co.**
(330) 286-3414

Rocklyn Medical Supply Inc
Mail Order
(509) 725-7008

Rotech**
(417) 881-2830
Medicaid Certified

SEMO Medical Equipment
254 S Mount Auburn Rd
Cape Girardeau, MO 63703
(573) 334-5994

Sizewise Rentals**
(800) 814-9389

Sleep Disorder Services**
(757) 251-2705

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

Suntec Home Respiratory Equipment
2001 S Halliburton St
Kirksville, MO 63501
(660) 665-6557
Medicaid Certified

Suntec Home Respiratory Equipment**
(660) 665-6557
Medicaid Certified

Team Medical Supply LLC
Mail Order
(870) 881-8240

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 Supplyn Inc
Mail Order
(562) 428-0833

Uromed Inc
Mail Order
(800) 841-2133

Wellness Life Systems Mail Order**
(816) 268-6853

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

** 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

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
62 Doctors Park
Ste B
Cape Girardeau, MO 63703
(573) 334-7563

Labcorp of America Holdings
62 Doctors Park
Ste B
Cape Girardeau, MO 63703
(573) 334-7492

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

PremierTox 2 0 Inc**
(877) 412-8330

Premiertox Laboratory**
(270) 873-4906

Quest Diagnostics
1417 N Mount Auburn Rd
Ste B
Cape Girardeau, MO 63701
(573) 339-5753

611 W Main St
Fredericktown, MO 63645
(573) 783-3341

Quest Diagnostics at Madison Medical Center
611 W Main St
Fredericktown, MO 63645
(573) 783-3341

Quest Diagnostics at Physicians Park Lab
225 Physicians Park
Fl 1
Poplar Bluff, MO 63901
(573) 727-5500

Quest Diagnostics at Salem Memorial District Hospital
35629 Highway 72
Physicians Office Bldg 3
Salem, MO 65560
(573) 729-5917

Quest Diagnostics Atlanta**
(770) 934-9200

(800) 729-6432

Quest Diagnostics Nichols Valencia**
(800) 421-7110

Synergy Diagnostic Laboratory Inc**
(954) 581-3959

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Pharmacies

ALL COUNTIES

Mail Order: Preferred Cost-Sharing

HUMANA PHARMACY
MAIL ORDER
800-379-0092

HUMANA SPECIALTY PHARMACY
MAIL ORDER
800-486-2668

Mail Order: Standard Cost-Sharing

WALMART PHARMACY
MAIL ORDER
800-273-3455

MISSOURI

ADAIR COUNTY

Long Term Care

HY-VEE PHARMACY (1335) 1335
500 N BALTIMORE
KIRKSVILLE, MO 63501
660-665-7400

MED DEPOT PHARMACY
800 W JEFFERSON ST
KIRKSVILLE, MO 63501
660-665-7239

RIDER DRUG INC
1207 S BALTIMORE
KIRKSVILLE, MO 63501
660-665-4666

Retail

HY-VEE PHARMACY (1335) 1335* - 90 Day**
500 N BALTIMORE
KIRKSVILLE, MO 63501
660-665-7400

KIRKSVILLE PHARMACY* - 90 Day**
1611 S BALTIMORE ST
KIRKSVILLE, MO 63501
660-956-7010

MED DEPOT PHARMACY - 90 Day
800 W JEFFERSON ST
KIRKSVILLE, MO 63501
660-665-7239

RIDER DRUG INC* - 90 Day**
1207 S BALTIMORE
KIRKSVILLE, MO 63501
660-665-4666

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

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

ATCHISON COUNTY

Long Term Care

ROGERS PHARMACY 3
411 MAIN ST
TARKIO, MO 64491
660-736-5512

Retail

ROGERS PHARMACY 3* - 90 Day**
411 MAIN ST
TARKIO, MO 64491
660-736-5512

STONER DRUG 2* - 90 Day**
315 S MAIN ST
ROCK PORT, MO 64482
660-744-2433

BOLLINGER COUNTY

Long Term Care

TWIN CITY PHARMACY
106 NORTH FIRST ST
MARBLE HILL, MO 63764
573-238-4177

Retail

TWIN CITY PHARMACY* - 90 Day**
106 NORTH FIRST ST
MARBLE HILL, MO 63764
573-238-4177

BUTLER COUNTY

Long Term Care

DILLE'S DISCOUNT PHARMACY
909 W PINE ST
POPLAR BLUFF, MO 63901
573-785-0984

EASTSIDE PHARMACY
400 E PINE
POPLAR BLUFF, MO 63901
573-686-7238

LETASSY HEALTH SERVICES INC
1002 W PINE ST
POPLAR BLUFF, MO 63901
573-785-0048

PHYSICIAN'S PARK PHARMACY
225 PHYSICIAN PARK DRIVE
POPLAR BLUFF, MO 63901
573-778-9238

Retail

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

DILLE'S DISCOUNT PHARMACY* - 90 Day**
909 W PINE ST
POPLAR BLUFF, MO 63901
573-785-0984

EASTSIDE PHARMACY* - 90 Day**
400 E PINE
POPLAR BLUFF, MO 63901
573-686-7238

HARPS PHARMACY 272* - 90 Day**
1301 SHELBY RD
POPLAR BLUFF, MO 63901
573-778-9156

KEY DRUGS AT NORTHWEST* - 90 Day**
2210 BARRON RD
POPLAR BLUFF, MO 63901
573-727-9444

KEY DRUGS* - 90 Day**
910 N WESTWOOD
POPLAR BLUFF, MO 63901
573-785-8218

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KNEIBERT CLINIC PHARMACY* - 90 Day**
686 LESTER STREET
POPLAR BLUFF, MO 63901
573-778-7190

KROGER PHARMACY 25386* - 90 Day**
2770 NORTH WESTWOOD
POPLAR BLUFF, MO 63901
573-686-6974

LETASSY PHARMACY* - 90 Day**
1014 W PINE ST
POPLAR BLUFF, MO 63901
573-785-8421

PHYSICIAN'S PARK PHARMACY* - 90 Day**
225 PHYSICIAN PARK DRIVE
POPLAR BLUFF, MO 63901
573-778-9238

SOUTHEASTHEALTH PHARMACY* - 90 Day**
2002 KANELL BLVD
POPLAR BLUFF, MO 63901
573-778-1608

SUPER SAVER DISCOUNT PHARMACY* - 90 Day**
449 HWY 53 S
POPLAR BLUFF, MO 63901
573-686-1919

THE MEDICINE SHOPPE PHARMACY 0468* - 90 Day**
200 N 10TH STREET
POPLAR BLUFF, MO 63901
573-686-7216

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

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

CAMDEN COUNTY

Long Term Care

AUBURN PHARMACY 280
113 E US HWY 54
CAMDENTON, MO 65020
573-346-3396

HY-VEE CLINIC PHARMACY (1475) 1475
5816 OSAGE BEACH PKWY STE 104
OSAGE BEACH, MO 65065
573-348-2721

LAKER DRUG
72 S BUSINESS ROUTE 5
CAMDENTON, MO 65020
573-873-2626

Retail

AUBURN PHARMACY 280* - 90 Day**
113 E US HWY 54
CAMDENTON, MO 65020
573-346-3396

GERBES PHARMACY 615119* - 90 Day**
1159 EAST HWY 54
CAMDENTON, MO 65020
573-346-4155

HY-VEE CLINIC PHARMACY (1475) 1475* - 90 Day**
5816 OSAGE BEACH PKWY STE 104
OSAGE BEACH, MO 65065
573-348-2721

LAKE REGIONAL PHARMACY - CMC* - 90 Day**
1930 N BUSINESS ROUTE 5
UNIT 1C
CAMDENTON, MO 65020
573-346-2300

LAKE REGIONAL PHARMACY - LO* - 90 Day**
1870-C BAGNELL DAM BLVD
LAKE OZARK, MO 65049
573-964-6200

LAKE REGIONAL PHARMACY - OBMP* - 90 Day**
1057-B MEDICAL PARK DR
OSAGE BEACH, MO 65065
573-302-2700

LAKER DRUG* - 90 Day**
72 S BUSINESS ROUTE 5
CAMDENTON, MO 65020
573-873-2626

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

WOODS PHARMACY 477* - 90 Day**
13655 N STATE HIGHWAY 5
SUNRISE BEACH, MO 65079
573-372-8305

CAPE GIRARDEAU COUNTY

Home Infusion

HOME PARENTERAL SERVICES OF SEMO
286 CHRISTINE ST
CAPE GIRARDEAU, MO 63703
573-332-1955

Long Term Care

BROADWAY PHARMACY
710 BROADWAY
CAPE GIRARDEAU, MO 63701
573-335-8207

BROADWAY PHARMACY LTC
37 DOCTORS PARK # 7
CAPE GIRARDEAU, MO 63703
573-335-8207

GENOA HEALTHCARE, LLC 00098
402 S SILVER SPRINGS RD STE 101A
CAPE GIRARDEAU, MO 63703
573-837-1982

HORST PHARMACY
2705 E JACKSON BLVD
JACKSON, MO 63755
573-243-8173

JOHN'S RX
2003 INDEPENDENCE ST
CAPE GIRARDEAU, MO 63703
573-651-4004

JONES DRUG STORE
125 COURT ST
JACKSON, MO 63755
573-243-3524

MEDICENTER PHARMACY
465 S MOUNT AUBURN RD STE 101
CAPE GIRARDEAU, MO 63703
573-651-5250

MISSOURI MED, LLC
121 S BROADVIEW ST
CAPE GIRARDEAU, MO 63703
573-803-5500

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Pharmacies

PARK PHARMACY
37 DOCTORS PARK
CAPE GIRARDEAU, MO 63703
573-334-4432

Retail

BROADWAY PHARMACY* - 90 Day**
710 BROADWAY
CAPE GIRARDEAU, MO 63701
573-335-8207

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

GENOA HEALTHCARE, LLC 00098* - 90 Day**
402 S SILVER SPRINGS RD STE 101A
CAPE GIRARDEAU, MO 63703
573-837-1982

HEALING ARTS & SPECIALTY PHARMACY* - 90 Day**
3250 GORDONVILLE RD
CAPE GIRARDEAU, MO 63703
573-339-0999

HORST PHARMACY* - 90 Day**
2705 E JACKSON BLVD
JACKSON, MO 63755
573-243-8173

JOHN'S PHARMACY* - 90 Day**
2001 INDEPENDENCE ST
CAPE GIRARDEAU, MO 63703
573-334-1300

JONES DRUG STORE* - 90 Day**
125 COURT ST
JACKSON, MO 63755
573-243-3524

MEDICAP PHARMACY 8082* - 90 Day**
1020 NORTH KINGSHIGHWAY SUITE A
CAPE GIRARDEAU, MO 63701
573-335-1002

MEDICENTER PHARMACY 8083* - 90 Day**
200 W WASHINGTON
JACKSON, MO 63755
573-243-1303

MEDICENTER PHARMACY* - 90 Day**
465 S MOUNT AUBURN RD STE 101
CAPE GIRARDEAU, MO 63703
573-651-5250

PARK PHARMACY* - 90 Day**
37 DOCTORS PARK
CAPE GIRARDEAU, MO 63703
573-334-4432

PHARMACY PLUS* - 90 Day**
150 S MT AUBURN RD
CAPE GIRARDEAU, MO 63703
573-331-5555

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

SCHNUCKS PHARMACY 702* - 90 Day**
19 SOUTH KINGSHIGHWAY
CAPE GIRARDEAU, MO 63703
573-334-9125

SOUTHEAST PHARMACY 817* - 90 Day**
817 S MOUNT AUBURN RD, SUITE 130
CAPE GIRARDEAU, MO 63703
573-519-4550

SOUTHEAST PHARMACY* - 90 Day**
1723 BROADWAY STE 110
CAPE GIRARDEAU, MO 63701
573-331-7900

THE MEDICINE SHOPPE PHARMACY 0312* - 90 Day**
864 NORTH KINGSHIGHWAY
CAPE GIRARDEAU, MO 63701
573-334-4761

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

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

CARTER COUNTY

Long Term Care

VAN BUREN DRUG
406 MAIN ST
VAN BUREN, MO 63965
573-323-8159

Retail

VAN BUREN DRUG* - 90 Day**
406 MAIN ST
VAN BUREN, MO 63965
573-323-8159

CHARITON COUNTY

Long Term Care

CVS PHARMACY 11317
227 S BROADWAY ST
SALISBURY, MO 65281
660-388-6482

Retail

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

HILS PHARMACY* - 90 Day**
501 E. 24 HWY STE. A
SALISBURY, MO 65281
660-388-6000

CLARK COUNTY

Long Term Care

CLARK COUNTY PHARMACY INC
250 S JOHNSON STREET
KAHOKA, MO 63445
660-727-2214

Retail

CLARK COUNTY PHARMACY INC - 90 Day
250 S JOHNSON STREET
KAHOKA, MO 63445
660-727-2214

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DEKALB COUNTY

Long Term Care

CAMERON FAMILY PHARMACY
1303 N WALNUT ST
CAMERON, MO 64429
816-632-2201

Retail

CAMERON FAMILY PHARMACY* - 90 Day**
1303 N WALNUT ST
CAMERON, MO 64429
816-632-2201

RANDOLPH DRUG STORE* - 90 Day**
301 SOUTH POLK STREET
MAYSVILLE, MO 64469
816-449-2700

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

DENT COUNTY

Long Term Care

VANDIVORT DRUG
117 W 4TH STREET
SALEM, MO 65560
573-729-4114

Retail

COUNTRY MART PHARMACY 2442* - 90 Day**
1204 E HWY 32
SALEM, MO 65560
573-729-4091

MOSER PHARMACY* - 90 Day**
900 S MAIN
SALEM, MO 65560
573-729-3300

VANDIVORT DRUG* - 90 Day**
117 W 4TH STREET
SALEM, MO 65560
573-729-4114

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

DUNKLIN COUNTY

Long Term Care

HARRIS PHARMACY
1224 FIRST STREET
KENNETT, MO 63857
573-888-6006

SCOTT FAMILY PHARMACY LLC
414 W GRAND AVE
CAMPBELL, MO 63933
573-246-2514

SEMO DRUGS
102 W COMMERCIAL ST
SENATH, MO 63876
573-738-2097

Retail

CORNERSTONE PHARMACY* - 90 Day**
123 FIRST STREET
KENNETT, MO 63857
573-888-9094

HARRIS PHARMACY* - 90 Day**
1224 FIRST STREET
KENNETT, MO 63857
573-888-6006

MALDEN PHARMACY & HOME MEDICAL EQUIPME* - 90 Day**
214 W MAIN STREET
MALDEN, MO 63863
573-276-3784

SCOTT FAMILY PHARMACY LLC* - 90 Day**
414 W GRAND AVE
CAMPBELL, MO 63933
573-246-2514

SEMO DRUGS OF KENNETT* - 90 Day**
1300 FIRST ST
KENNETT, MO 63857
573-888-8880

SEMO DRUGS* - 90 Day**
102 W COMMERCIAL ST
SENATH, MO 63876
573-738-2097

TEKO PHARMACY* - 90 Day**
501 TEACO RD
KENNETT, MO 63857
573-888-6673

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

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

GENTRY COUNTY

Long Term Care

FAMILY HEALTH LTC PHARMACY
102 W 1ST ST STE 100
STANBERRY, MO 64489
660-783-3192

FAMILY HEALTH PHARMACY
102 W 1ST ST
STANBERRY, MO 64489
660-783-0700

SHOPKO PHARMACY 2707
102 S POLK
ALBANY, MO 64402
660-726-3154

Retail

FAMILY HEALTH PHARMACY* - 90 Day**
102 W 1ST ST
STANBERRY, MO 64489
660-783-0700

SHOPKO PHARMACY 2707* - 90 Day**
102 S POLK
ALBANY, MO 64402
660-726-3154

GRUNDY COUNTY

Long Term Care

HOMETOWN PHARMACY-TRENTON
1903 E 9TH ST
TRENTON, MO 64683
660-359-5700

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Pharmacies

HY-VEE PHARMACY (1667) 1667
1617 E 9TH ST
TRENTON, MO 64683
660-359-4955

Retail

HOMETOWN PHARMACY-TRENTON* - 90 Day**
1903 E 9TH ST
TRENTON, MO 64683
660-359-5700

HY-VEE PHARMACY (1667) 1667* - 90 Day**
1617 E 9TH ST
TRENTON, MO 64683
660-359-4955

SHOPKO PHARMACY 2705* - 90 Day**
2001 E 9TH ST
TRENTON, MO 64683
660-359-2970

HOLT COUNTY

Long Term Care

ROGERS PHARMACY
607 STATE STREET
MOUND CITY, MO 64470
660-442-3355

Retail

ROGERS PHARMACY* - 90 Day**
607 STATE STREET
MOUND CITY, MO 64470
660-442-3355

IRON COUNTY

Retail

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

IRON COUNTY DRUG STORE* - 90 Day**
1 VIBURNUM CENTER RD STE B
VIBURNUM, MO 65566
573-244-3784

PARKLAND HEALTH MART PHARMACY* - 90 Day**
1500 N HIGHWAY 21
IRONTON, MO 63650
573-546-6000

USA DRUG 15820* - 90 Day**
605 N MAIN ST
IRONTON, MO 63650
573-546-7915

LEWIS COUNTY

Long Term Care

COUNTY MARKET PHARMACY 191
219 W MAIN
LEWISTOWN, MO 63452
573-497-2727

Retail

COUNTY MARKET PHARMACY 191* - 90 Day**
219 W MAIN
LEWISTOWN, MO 63452
573-497-2727

COUNTY MARKET PHARMACY 409* - 90 Day**
1805 ELM STREET
CANTON, MO 63435
573-288-5151

LINN COUNTY

Long Term Care

GREEN HILLS PHARMACY
712 S MAIN ST
BROOKFIELD, MO 64628
660-258-2122

MARCELINE FAMILY PHARMACY 6603762700
1509 N. MO. AVE
MARCELINE, MO 64658
660-376-2700

Retail

GREEN HILLS PHARMACY* - 90 Day**
712 S MAIN ST
BROOKFIELD, MO 64628
660-258-2122

MARCELINE FAMILY PHARMACY 6603762700* - 90 Day**
1509 N. MO. AVE
MARCELINE, MO 64658
660-376-2700

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

MACON COUNTY

Long Term Care

CVS PHARMACY 11314
1105 N. RUTHERFORD
MACON, MO 63552
660-385-2147

LA PLATA PHARMACY
29936 JULY ROAD
LA PLATA, MO 63549
660-332-4456

MILLER REXALL DRUG
115 VINE STREET
MACON, MO 63552
660-385-2167

Retail

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

LA PLATA PHARMACY* - 90 Day**
29936 JULY ROAD
LA PLATA, MO 63549
660-332-4456

MILLER REXALL DRUG* - 90 Day**
115 VINE STREET
MACON, MO 63552
660-385-2167

PROKUP'S FAMILY PHARMACY* - 90 Day**
221 N MACON ST
BEVIER, MO 63532
660-346-0449

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

MADISON COUNTY

Long Term Care

PARKLAND HEALTH MART PHARMACY
1025 HIGHWAY 72 BYPASS
FREDERICKTOWN, MO 63645
573-783-6000

1025 HWY 72 BYPASS
FREDERICKTOWN, MO 63645
573-783-6000

Retail

DICUS DRUGS* - 90 Day**
210 E MURTA
FREDERICKTOWN, MO 63645
573-783-2788

PARKLAND HEALTH MART PHARMACY* - 90 Day**
1025 HIGHWAY 72 BYPASS
FREDERICKTOWN, MO 63645
573-783-6000

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

MARION COUNTY

Long Term Care

COUNTY MARKET PHARMACY 184
5 DIAMOND BLVD
HANNIBAL, MO 63401
573-221-3000

COUNTY MARKET PHARMACY 375
1208 SOUTH MAIN STREET
PALMYRA, MO 63461
573-769-0343

GOSNEY LONG TERM CARE
2902 SAINT MARYS AVE
HANNIBAL, MO 63401
573-629-1506

Retail

COUNTY MARKET PHARMACY 184* - 90 Day**
5 DIAMOND BLVD
HANNIBAL, MO 63401
573-221-3000

COUNTY MARKET PHARMACY 375* - 90 Day**
1208 SOUTH MAIN STREET
PALMYRA, MO 63461
573-769-0343

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

GRAND PHARMACY* - 90 Day**
733 GRAND AVE
HANNIBAL, MO 63401
573-221-2792

HANNIBAL REGIONAL HOSPITAL PHARMACY* - 90 Day**
6000 HOSPITAL DR
HANNIBAL, MO 63401
573-248-5238

MAXWELL PHARMACY, INC.* - 90 Day**
200 S 9TH ST
HANNIBAL, MO 63401
573-719-3530

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

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

MERCER COUNTY

Long Term Care

HY-VEE CLINIC PHARMACY (1036) 1036
710 MAIN
PRINCETON, MO 64673
660-748-7730

Retail

HY-VEE CLINIC PHARMACY (1036) 1036* - 90 Day**
710 MAIN
PRINCETON, MO 64673
660-748-7730

MISSISSIPPI COUNTY

Long Term Care

MAIN STREET PHARMACY
117 E MAIN ST
EAST PRAIRIE, MO 63845
573-649-9229

SIMMON'S & GRAHAM PHARMACY
101 NORTH MAIN
CHARLESTON, MO 63834
573-683-3366

Retail

BEAUTON DRUG* - 90 Day**
124 N WASHINGTON ST
EAST PRAIRIE, MO 63845
573-649-3923

L & S PHARMACY* - 90 Day**
406 S MAIN STREET
CHARLESTON, MO 63834
573-683-3307

MAIN STREET PHARMACY* - 90 Day**
117 E MAIN ST
EAST PRAIRIE, MO 63845
573-649-9229

SIMMON'S & GRAHAM PHARMACY* - 90 Day**
101 NORTH MAIN
CHARLESTON, MO 63834
573-683-3366

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Pharmacies

NEW MADRID COUNTY

Long Term Care

BUTLER DRUG STORE INC
222 E MAIN ST
PORTAGEVILLE, MO 63873
573-379-5460

GENOA HEALTHCARE, LLC 20147
760 PLANTATION BLVD
SIKESTON, MO 63801
253-218-0830

GIDEON PHARMACY
111 N MAIN ST
GIDEON, MO 63848
573-448-3333

Retail

BUTLER DRUG STORE INC* - 90 Day**
222 E MAIN ST
PORTAGEVILLE, MO 63873
573-379-5460

GENOA HEALTHCARE, LLC 20147* - 90 Day**
760 PLANTATION BLVD
SIKESTON, MO 63801
253-218-0830

GIDEON PHARMACY* - 90 Day**
111 N MAIN ST
GIDEON, MO 63848
573-448-3333

NEW MADRID PHARMACY* - 90 Day**
457 MAIN ST
NEW MADRID, MO 63869
573-748-3080

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

NODAWAY COUNTY

Long Term Care

HY-VEE PHARMACY (1406) 1406
1217 S MAIN STREET
MARYVILLE, MO 64468
660-582-2199

Retail

HY-VEE PHARMACY (1406) 1406* - 90 Day**
1217 S MAIN STREET
MARYVILLE, MO 64468
660-582-2199

ROGERS PHARMACY* - 90 Day**
125 E SOUTH AVE
MARYVILLE, MO 64468
660-562-2300

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

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

PUTNAM COUNTY

Long Term Care

ONE TO ONE PHARMACY
121 S 16TH ST
UNIONVILLE, MO 63565
660-947-2480

Retail

ONE TO ONE PHARMACY - 90 Day
121 S 16TH ST
UNIONVILLE, MO 63565
660-947-2480

PUTNAM COUNTY MEMORIAL HOSPITAL PHARMA* - 90 Day**
1926 OAK STREET
UNIONVILLE, MO 63565
660-947-2574

RALLS COUNTY

Long Term Care

GENOA HEALTHCARE, LLC 20144
154 FORREST DRIVE, ROOM 176
HANNIBAL, MO 63401
253-218-0830

Retail

GENOA HEALTHCARE, LLC 20144* - 90 Day**
154 FORREST DRIVE, ROOM 176
HANNIBAL, MO 63401
253-218-0830

RIPLEY COUNTY

Long Term Care

HOMETOWN PHARMACY 1
110 LEROUX STREET
DONIPHAN, MO 63935
573-996-4000

Retail

E & S PHARMACY* - 90 Day**
1105 WALNUT ST
DONIPHAN, MO 63935
573-996-7157

FRED'S PHARMACY* - 90 Day**
100 H&S DRIVE
DONIPHAN, MO 63935
573-996-5220

HOMETOWN PHARMACY 1* - 90 Day**
110 LEROUX STREET
DONIPHAN, MO 63935
573-996-4000

SHOPKO PHARMACY 2706* - 90 Day**
115 LEROUX DRIVE
DONIPHAN, MO 63955
573-996-2311

SCHUYLER COUNTY

Long Term Care

BENZER PHARMACY
100 N GREEN ST STE A
LANCASTER, MO 63548
660-457-3220

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Retail

BENZER PHARMACY* - 90 Day**
100 N GREEN ST STE A
LANCASTER, MO 63548
660-457-3220

SCOTLAND COUNTY

Long Term Care

SCOTLAND COUNTY PHARMACY
445 EAST GRAND AVE
MEMPHIS, MO 63555
660-465-2400

Retail

MEMPHIS COMMUNITY PHARMACY* - 90 Day**
450 EAST SIGLER AVENUE
MEMPHIS, MO 63555
660-465-8568

SCOTLAND COUNTY PHARMACY - 90 Day
445 EAST GRAND AVE
MEMPHIS, MO 63555
660-465-2400

SCOTT COUNTY

Long Term Care

MEDICAP PHARMACY 8081
211 WEST YOAKUM AVE
CHAFFEE, MO 63740
573-887-3622

RANDYS RX
1012 NORTH MAIN
SIKESTON, MO 63801
573-471-0285

SIKESTON MEDICENTER PHARMACY
507 N MAIN ST
SIKESTON, MO 63801
573-471-4401

STERLING HEALTH CARE SERVICES
808 HUNTER
SIKESTON, MO 63801
573-472-0608

Retail

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

MEDICAL ARTS PHARMACY* - 90 Day**
808 E WAKEFIELD
SIKESTON, MO 63801
573-471-5454

MEDICAP PHARMACY 8070* - 90 Day**
2220 MAIN ST
SCOTT CITY, MO 63780
573-264-2450

MEDICAP PHARMACY 8081 - 90 Day
211 WEST YOAKUM AVE
CHAFFEE, MO 63740
573-887-3622

MISSOURI DELTA PHARMACY* - 90 Day**
1008 N MAIN ST
SIKESTON, MO 63801
573-472-7450

RANDYS RX* - 90 Day**
1012 NORTH MAIN
SIKESTON, MO 63801
573-471-0285

SIKESTON MEDICENTER PHARMACY* - 90 Day**
507 N MAIN ST
SIKESTON, MO 63801
573-471-4401

STERLING PHARMACY* - 90 Day**
808 HUNTER AVE
SIKESTON, MO 63801
573-475-1900

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

STODDARD COUNTY

Long Term Care

D & S DRUG
1226 W BUS HWY 60
DEXTER, MO 63841
573-614-4243

Retail

D & S DRUG* - 90 Day**
1226 W BUS HWY 60
DEXTER, MO 63841
573-614-4243

KEY DRUGS AT DEXTER* - 90 Day**
1007 W BUSINESS US
HIGHWAY 60
DEXTER, MO 63841
573-614-5900

OVERTURF PHARMACY , POWERED BY WALGREE* - 90 Day**
116 S WALNUT
BERNIE, MO 63822
573-293-5531

PUXICO DRUGS* - 90 Day**
190 E RICHARDSON AVE
PUXICO, MO 63960
573-222-6206

TOWN AND COUNTRY PHARMACY 2427* - 90 Day**
707 SPECIALTY DR
DEXTER, MO 63841
573-624-3733

TOWN PHARMACY* - 90 Day**
700 HIGHWAY 25 SOUTH
BLOOMFIELD, MO 63825
573-568-2643

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

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

SULLIVAN COUNTY

Retail

MILAN U SAVE* - 90 Day**
111 E 2ND ST
MILAN, MO 63556
660-265-3779

WAYNE COUNTY

Long Term Care

MEDICAL CENTER PHARMACY
ROUTE 4 #4515
PIEDMONT, MO 63957
573-223-4235

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Pharmacies

Retail

MEDICAL CENTER PHARMACY* - 90 Day**
ROUTE 4 #4515
PIEDMONT, MO 63957
573-223-4235

PIEDMONT PBA FAMILY PHARMACY* - 90 Day**
1 HALS PLAZA DRIVE
PIEDMONT, MO 63957
573-223-4823

TOWN & COUNTRY PHARMACY 24* - 90 Day**
#7 HALSPLAZA'
PIEDMONT, MO 63957
573-223-3180

WORTH COUNTY

Long Term Care

SHERRI'S PHARMACY SERVICES
108 S MAIN ST
GRANT CITY, MO 64456
660-564-3784

Retail

SHERRI'S PHARMACY SERVICES* - 90 Day**
108 S MAIN ST
GRANT CITY, MO 64456
660-564-3784

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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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