Humana.

Medicare mail-order specialty pharmacies

The following mail-order specialty pharmacies are in network.

Specialty-at-mail pharmacy*	Phone number
Acaria Health	1-800-511-5144
Accredo	1-800-922-8279
Across Specialty Pharmacy	1-770-746-0130
AllianceRx Specialty Pharmacy	1-877-627-6337
AmeriPharma	1-877-778-3773
Amerita, Inc.	1-949-633-1679
AnovoRx Group	1-844-288-5007
AON Pharmacy	1-833-886-1725
Biologics	1-800-850-4306
BioMatrix Specialty Pharmacy of Maryland	1-888-662-6779
Bioplus Specialty Pharmacy Services	1-407-830-8820
Blue Sky Specialty Pharmacy	1-843-352-7662
Broadway Family Pharmacy	1-212-724-1950
CenterWell Specialty Pharmacy®	1-800-486-2668
Cornerstone Health Solutions	1-781-805-8220
CSI Pharmacy	1-833-569-1005
CVS Specialty	1-800-552-8159
Curant Health	1-770-437-8040
DirectRx	1-855-362-3397
Eagle Pharmacy	1-855-748-2663
Elixir Pharmacy	1-866-909-5170
EPSRx	1-214-812-9958
Ethical Factor Rx	1-570-606-3622
Expedien Pharmacy	1-866-943-4535
Factor One Source Pharmacy (Infucare Rx)	1-877-828-3940
Fountain Plaza Pharmacy	1-423-307-5757
Gentry Health	1-844-443-6879
Heritage Biologics	1-855-937-7273
HPC Specialty Infusion	1-800-757-9192
Infinity Care Solutions	1-888-414-5805
MMS Solutions	1-866-716-5486
MUSC Hollings Cancer Center Pharmacy	1-843-792-2866

Specialty-at-mail pharmacy*	Phone number
Noble Health Services	1-888-843-2040
Onco360 Oncology Pharmacy	1-877-662-6633
Optime Care	1-314-731-6900
Optum Specialty Pharmacy	1-855-427-4682
Orsini Specialty Pharmacy	1-800-410-8575
PANTHERx Specialty Pharmacy	1-855-726-8479
Premier Pharmacy Services	1-800-540-4700
PSG of Sarasota	1-844-650-5802
Red Chip Nevada	1-949-223-9828
Rx Crossroads	1-502-318-1100
Rx to Go	1-239-275-5357
Senderra Rx Pharmacy	1-888-777-5547
SSM Health Specialty Pharmacy	1-833-354-2223
St. Matthews Specialty Pharmacy	1-502-690-4462
Synergen Rx	1-404-585-7517
TMH Specialty Pharmacy	1-448-209-2012
Total Care Rx	1-718-762-7111
Trinity Health Pharmacy Services	1-833-675-0790
University Hospital Home Care Services	1-216-765-2784
University of Michigan Joy Road	1-855-276-3002
Vital Care of Meridian	1-877-229-1724

*All specialty medications may not be available at every pharmacy in Humana's specialty pharmacy network. Please contact Humana or your preferred pharmacy to confirm medication availability.

The following mail-order mail maintenance pharmacy may have preferred cost-sharing under a member's benefit for certain medications.

Maintenance mail pharmacy	Phone number
CenterWell Pharmacy®	1-800-379-0092

The following mail-order maintenance pharmacies are in network but may not have preferred cost-sharing under a member's benefit.

Maintenance mail pharmacy	Phone number
Advanced Diabetes Supply	1-800-730-9887
Bergen Pharmacy	1-888-792-3743
CCS Medical	1-888-308-8882
DirectRx Pharmacy	1-855-362-3397

Maintenance mail pharmacy	Phone number
Expedien Pharmacy	1-866-943-4535
Experience Care Pharmacy	1-713-524-3330
Fillcera Pharmacy	1-469-777-4669
Friendswood Health Mart Pharmacy	1-844-373-1300
GEM Edwards Pharmacy	1-866-552-5522
Hope Health Pharmacy	1-832-982-1301
Keystone Pharmacy	1-601-707-9727
Medhope Pharmacy	1-866-279-0497
Memorial Pharmacy	1-832-358-8500
Mini Pharmacy	1-888-545-6464
Orsini Pharmacy	1-800-410-8575
PersonalRx	1-877-230-6030
PillPack by Amazon Pharmacy	1-855-745-5725
Professional Arts Pharmacy	1-337-991-0101
Ridgeway Pharmacy	1-800-630-3214
Rochester Health Mart Pharmacy	1-724-987-6085
Rosh Pharmacy	1-844-939-3550
Senior Life Pharmacy	1-304-407-6437
Sortpak Rx	1-877-570-7787
Urgentmed Rx	1-888-536-9963
US Med	1-866-938-4482
Walmart Pharmacy	1-800-273-3455
WellDyneRx	1-888-479-2000

Please check your plan's printable pharmacy directory for a complete list of mail-order pharmacies as this list is not all-inclusive.

Other pharmacies are available in the Humana network.

The Humana Premier RX Plan (PDP) and the Humana Value RX Plan (PDP) Prescription Drug Plan pharmacy networks include limited lower-cost, preferred pharmacies in urban areas of AR, CT, DE, IA, IN, KY, MA, MI, MN, MO, ND, NJ, NY, OH, RI, SD, TN, WI, WV; suburban areas of CT, DE, HI, IN, MA, MI, MN, MT, ND, NJ, NY, OH, PA, PR, RI, WI, WV; and rural areas of IA, MN, MT, ND, NE, SD, VT, WY. There are an extremely limited number of preferred cost share pharmacies in urban areas in the following states: DE, MI, MN, ND; suburban areas of MT and ND; and rural areas of ND. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, please call Customer Care at 1-800-281-6918 (TTY: 711) or consult the online pharmacy directory at Humana.com.

Notice of Non-Discrimination

Humana Inc. and its subsidiaries comply with applicable Federal civil rights laws and do not discriminate or exclude people because of their race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services. Humana Inc.:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  – Qualified sign language interpreters
  – Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  – Qualified interpreters
  – Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids, or language assistance services contact **877-320-1235 (TTY: 711**). Hours of operation: 8 a.m. – 8 p.m., Eastern time. If you believe that Humana Inc. has not provided these services or discriminated on the basis of race, color, religion, gender, gender identity, sex, sexual orientation, age, disability, national origin, military status, veteran status, genetic information, ancestry, ethnicity, marital status, language, health status, or need for health services, you can file a grievance in person or by mail or email with Humana Inc.'s Non-Discrimination Coordinator at P.O. Box 14618, Lexington, KY 40512-4618, **877-320-1235 (TTY: 711)**, or **accessibility@humana.com**. If you need help filing a grievance, Humana Inc.'s Non-Discrimination Coordinator can help you.

You can also file a 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, S.W., Room 509F, HHH Building Washington, D.C. 20201. **800-368-1019, 800-537-7697 (TDD)**.

California members:
You can also file a civil rights complaint with the California Dept. of Health Care Services, Office of Civil rights by calling **916-440-7370 (TTY: 711)**, emailing **Civilrights@dhcs.ca.gov**, or by mail at: Deputy Director, Office of Civil Rights, Department of Health Care Services, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms available at: **http://www.dhcs.ca.gov/Pages/Language_Access.aspx**.

This notice is available at **www.humana.com/legal/non-discrimination-disclosure**.
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Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-877-320-1235 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-877-320-1235 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果 您需要此翻译服务，请致电 1-877-320-1235 (听障专线: 711)。我们的中文工作人员很乐意帮助您。 这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如 需翻譯服務，請致電 1-877-320-1235 (聽障專線: 711)。我們講中文的人員將樂意為您提供幫助。這 是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-877-320-1235 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-877-320-1235 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quí vị cần thông dịch viên xin gọi 1-877-320-1235 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quí vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-877-320-1235 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-877-320-1235 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными

услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-877-320-1235 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بخطتنا الصحية أو خطة الأدوية الموصوفة لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-877-320-1235 (TTY: 711). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-877-320-1235 (TTY: 711) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-877-320-1235 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-877-320-1235 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-877-320-1235 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-877-320-1235 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康保険と処方薬プランに関するご質問にお答えするために、無料の通訳サービスを ご用意しています。通訳をご用命になるには、1-877-320-1235 (TTY：711) にお電話ください。日本語 を話す者が支援いたします。これは無料のサービスです。