



2024

Pharmacy Directory

藥局目錄

Directorio de Farmacias

약국 주소록



Central Health Plan of California

2024 Pharmacy Directory

This pharmacy directory was updated on April 18, 2024. For more recent information or other questions, please contact Central Health Medicare Plan at (877) 657-2498 or, for TTY users, (800) 899-2114, 24 hours a day, 7 days a week or visit www.centralhealthplan.com.

Changes to our pharmacy network may occur during the benefit year. An updated Pharmacy Directory is located on our website at www.centralhealthplan.com. You may also call Member Service at (877) 657-2498. (TTY/TDD users should call (800) 899-2114) for updated information.

Introduction

This booklet provides a list of **Central Health Medicare Plan's** network pharmacies. To get a complete description of your prescription coverage, including how to fill your prescriptions, please review the Evidence of Coverage and **Central Health Medicare Plan's** formulary.

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

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was printed. This means the pharmacies listed here may no longer be in our network, or there may be newer pharmacies in our network that are not listed. This list is current as of April 18, 2024 . For the most current list, please contact us. Our contact information appears on the front and back cover pages.

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



If you have questions about any of the above, please see the first and last cover pages of this directory for information on how to contact **Central Health Medicare Plan**.

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Mail Order Pharmacies

Infinity Care Solutions*

1204 Se 28Th St
Bentonville, AR 72712
(888)414-5805

Solara Medical Supplies Llc*

English, Spanish
2084 Otay Lakes Rd Ste 102
Chula Vista, CA 91913
(800)999-7516

Express Rx Pharmacy And Medica*

English, Spanish
2503 Beverly Blvd Fl 1
Los Angeles, CA 90057
(213)353-0552

Hope Specialty Pharmacy*

English
330 N Brand Blvd Ste 155
Glendale, CA 91203
(800)557-5555

Ccs Medical*

English, French, Portuguese
5464 E La Palma Ave Ste B
Anaheim, CA 92807
(800)560-0595

Conversio Health*

720 Aerovista Pl Ste D
San Luis Obispo, CA 93401
(866)239-3784

Welldynex - Fl*

English
500 Eagles Landing Dr
Lakeland, FL 33810
(888)479-2000

Carepoint Pharmacy*

English, Korean, Spanish
9 Commerce Dr
Schaumburg, IL 60173
(855)237-9112

Personal Rx*

20 Murray Hill Pkwy #210
East Rutherford, NJ 07073
(201)430-7300

Broadway Family Pharmacy*

510 Amsterdam Ave
New York, NY 10024
(888)609-2064

Edgepark Medical Supplies*

Arabic, Armenian, Chinese, English
1810 Summit Commerce Park
Twinsburg, OH 44087
(877)852-3512

Elixir Pharmacy Llc*

English, Spanish
7835 Freedom Ave Nw
North Canton, OH 44720
(866)909-5170

Pumps It Pharmacy*

English
10601 Grant Rd Ste 101A
Houston, TX 77070
(832)604-8480

NOTICE OF NON-DISCRIMINATION

Central Health Medicare Plan (CHMP) complies with Federal and State laws and does not discriminate or exclude on the basis of race, color, national origin, age, mental or physical disability, sex, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

CHMP provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreter and Written information in other formats (large print, audio, accessible electronic formats, other formats). We also provide free language services to people whose primary language is not English, such as: Qualified interpreter and Information in other languages.

If you need these services, contact CHMP at 1-866-314-2427 (TTY: 711). Our hours are, 8 AM-8PM, 7 days a week.

HOW TO FILE A GRIEVANCE

If you believe CHMP has failed to provide these services or discriminated you on any of the unlawful basis identified above, you can file a grievance by calling, faxing, e-mailing, or mailing a letter to:

Central Health Medicare Plan (ATTN: Member Services)
PO Box 14244
Orange, CA 92863
Phone: 1-866-314-2427 (TTY: 711) **Fax:** 1-626-388-2361
Email: memberservices@centralhealthplan.com

OFFICE OF CIVIL RIGHTS - CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- **By phone:** Call 916-440-7370. If you cannot speak or hear well, please call 711
- **In writing:** Fill out a complaint form or send a letter to: Deputy Director, Office of Civil Rights

Department of Health Care Services-Office of Civil Rights
PO Box 997413, MS 0009
Sacramento, CA 95899-7413

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx

Electronically: Send an email to CivilRights@dhcs.ca.gov

OFFICE OF CIVIL RIGHTS - U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

If you believe you were discriminated based on race, color, national origin, sex, age, or disability you can file a civil rights complaint with HHS, Office for Civil Rights by phone, in writing, or electronically:

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

Electronically: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>,

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

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 1-866-314-2427(TTY:711). Someone who speaks English/Language 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 1-866-314-2427 (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 1-866-314-2427 (TTY: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 1-866-314-2427 (TTY: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 1-866-314-2427 (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 1-866-314-2427 (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 quý vị cần thông dịch viên xin gọi 1-866-314-2427 (TTY:711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-866-314-2427 (TTY:711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-866-314-2427 (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 1-866-314-2427 (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 بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، بمساعدتك. هذه خدمة مجانية. سيقوم شخص ما يتحدث العربية (1-866-314-2427 (TTY:711) ليس عليك سوى الاتصال بنا على

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 1-866-314-2427 (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 1-866-314-2427 (TTY:711). Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: 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 1-866-314-2427 (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 1-866-314-2427 (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 1-866-314-2427 (TTY:711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 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があります。通訳をご用命になるには、1-866-314-2427 (TTY:711)にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

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**For Questions About Membership,
Call Toll-Free**

1-866-314-2427, TTY 711

8:00 AM to 8:00 PM, 7 days a week

**如果您有任何關於會員的疑問，
請隨時致電免費電話**

1-866-314-2427, TTY 711

每周七天，上午8時至晚上8時。

**Para preguntas sobre su membresía,
llame al número gratuito**

1-866-314-2427, TTY 711

8:00 AM a 8:00 PM, 7 días a la semana

멤버십에 대한 문의는 무료 전화로 연락 주세요.

1-866-314-2427, TTY 711

주 7일 오전 8시 부터 오후 8시 까지

centralhealthplan.com