

FLU SHOT OPPORTUNITIES – FALL/WINTER 2019

STATE SYSTEM Health Plan Members – Highmark PPO Plan

- All Highmark members (who are age 9 and older) can obtain a no-cost flu shot at any CVS, Giant, Giant Eagle, or Rite Aid pharmacy in Pennsylvania, and at many other pharmacy locations (see attached list). No appointment is needed – the member must present their Highmark member ID card. The State System health plan will be billed directly for this service.
- Rite Aid, Giant Eagle, select CVS pharmacy locations and many other pharmacies will conduct an on-site campus flu shot administration, if the campus would like to pursue this option. There will be no additional fees specific to this event – the State System health plan will be billed for the number of vaccines administered to its State System Highmark members. Many campuses have already been approached by a pharmacy. If you have not, and you would like to pursue this option, please notify me, and I will put you in touch with the appropriate individual. If an on-site clinic is offered, all State System Highmark members (and Highmark members covered under an unrelated employer plan) can receive a no-cost flu shot at the event (they must present their Highmark member ID card). For individuals who are not covered by a participating health plan, there is the opportunity for them to receive a flu shot at the campus event on a self-pay basis (cash or personal check, the logistics of this will need to be addressed with the pharmacy vendor in advance of the event). They may have the ability to submit the receipt for this flu shot with a claim form to their health plan and receive reimbursement.
- Highmark members of all ages can obtain a flu shot from their physician (an office visit co-pay may be charged).

STATE SYSTEM Health Plan – UPMC HMO Members

- UPMC HMO members of the State System plan can obtain a no-cost flu shot at the following retail pharmacies:
 - Rite Aid
 - Giant Eagle
- If the campus does an on-site flu shot program with Rite Aid, the UPMC HMO member can obtain a no-cost flu shot at that event. This needs to be coordinated in advance with Rite Aid and UPMC.
- UPMC HMO members can obtain a flu shot at their doctor's office (an office visit co-pay may apply).
- UPMC HMO members can also obtain a flu shot at any pharmacy or clinic. They may then submit a claim form with a receipt to UPMC and they will receive reimbursement. The claim form is attached.

Highmark Contracted Pharmacy Vaccination Suppliers

*Pennsylvania Regions : CPA - central, EPA - eastern, NEPA - northeastern, WPA - western

*Other Regions: DE - Delaware, WV - West Virginia

Pharmacy Name	REGION*
AHN Pharmacy	WPA
AllianceRx Walgreens Prime	WPA
Amber Pharmacy	EPA
Anile Pharmacy Inc	WV
Asti's South Hills Pharmacy	WPA
Bath Drug	CPA
Beaver Healthmart Pharmacy	WPA
Bill's Hometown Pharmacy	WPA
Birdsboro Pharmacy	CPA
Blairsville Pharmacy	WPA
Brockway Drug Co, Inc	WPA
Brundage's Waymart Pharmacy	NEPA
Camden Clark Medical Center Outpatient Pharmacy	WV
Center for Pharmacy Care	WPA
Chambers Apothecary	CPA
City Drugs of Curwensville	WPA
Community Pharmacy	WPA
Connected Health Pharmacy	WPA
Cooks Pharmacy	NEPA
Crab Orchard Pharmacy	WV
Curtis Pharmacy	WPA
CVS Pharmacy	CPA, EPA, NEPA, WPA, DE, and WV
DeBalko's Standard Drug	CPA
DePietro Pharmacy	NEPA
Diamond Drugs	WPA
Diamond Pharmacy	WPA
Dicks Pharmacy	WPA
Drug Emporium	WV
Duncansville Pharmacy	WPA
East Berlin Pharmacy, Inc.	CPA
Eppys Drug Store Inc	WV
Evans City Pharmacy	WPA
Ferri Pharmacy	WPA
Forest Hills Pharmacy, Inc.	WPA
Fruth Pharmacy	WV
Gatti Pharmacy	WPA
Gaughn's Drug Store	WPA
Giant Eagle	WPA
Giant Pharmacy	CPA, EPA, NEPA, DE, and WV
Harrold's Pharmacy, Inc	NEPA
Health Depot Pharmacy	CPA
Herbert's Pharmacy	WV
Hilltop Pharmacy	WPA

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Pharmacy Name	REGION*
Hometown Pharmacy	WPA
Hoods Pharmacy Inc	WV
Hunter Pharmacy Group	WPA
Hyde Drug Store	WPA
Jeffreys Drug Store Inc	WPA
Johnsons Pharmaceutical Services Inc	WPA
Keller & Munro Inc	NEPA
Kevins Shop N Save Pharmacy	WPA
Klingensmith's Drug Stores	WPA
Kmart Pharmacy	CPA, EPA, NEPA, WPA, and WV
Kroger Pharmacy	WV
Lebanon Shops Pharmacy	WPA
Living Well Pharmacy LLC	DE
Llewellyns Pharmacy & Medical Supply	NEPA
Mainline Pharmacy	WPA
Martins Pharmacy	WPA and WV
McElroy Pharmacy	CPA
Med Center Specialty Pharmacy	WV
Medicap Pharmacy	NEPA
Medicine Shoppe Pharmacy	WPA
Middletown Pharmacy	CPA
Mill Hall Pharmacy Inc	NEPA
Mill Run Community Pharmacy	WPA
Millersburg Pharmacy Inc	CPA
Minnichs Colonial Pharmacy	CPA
Mission Pharmacy Services	WPA
Moundsville Pharmacy	WV
Newhard Pharmacy	CPA
Northeast Med Equip	NEPA
Northwest Pharmacy Solutions, LLC	WPA
Old Forge Pharmacy	NEPA
Palmyra Pharmacy	CPA
Park Avenue Pharmacy Inc	CPA
Patton Pharmacy and V and S Variety	WPA
Pechin Pharmacy	WPA
Penn Highlands Community Pharmacy	WPA
Perry Drug Store LLC	WPA
Pine Grove Pharmacy	CPA
Pleasant Hills Apothecary	WPA
Port Allegany Pharmacy	WPA
Porter's Prescription Pharmacy	WPA
Price Chopper Pharmacy	NEPA
Primary Care Pharmacy Services Inc	WPA

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Pharmacy Name	REGION*
Professional Pharmacy of Pennsburg Inc	EPA
Punxsy Hometown Pharmacy LLC	WPA
Reynolds Pharmacy	WPA
Rite Aid	CPA, EPA, NEPA, WPA, and DE
Roadway Pharmacy, Inc	WPA
Robert T. Henry Pharmacy	CPA
Rx Xpress Pharmacy	WPA
RxBox Pharmacy	EPA
See Right Pharmacy	CPA
Sheehan Pharmacy	NEPA
Sheeleys Drug Store	NEPA
Shepherdstown Pharmacy	WV
Spartan Pharmacy, Inc.	WPA
St Marys Pharmacy Inc.	WPA
Stauffers Drug Store	CPA
The Kroger Company	WV
The Medicine Shoppe	CPA, EPA, and WPA
Townville Pharmacy	NEPA
Union City Pharmacy	WPA
Valley Wellness Pharmacy	WV
Value Specialty Pharmacy LLC	WPA
Village Pharmacy	WPA
Walgreens	CPA, EPA, NEPA, WPA, DE, and WV
Wegmans Pharmacy	CPA, EPA, NEPA, and WPA
Weis Pharmacy	CPA, EPA, NEPA, and WPA
White Hall Pharmacy LLC	WV
Wilson's Pharmacy	WPA
Woodward Pharmacy	WPA
Yorke Pharmacy	EPA

Flu Shot Reimbursement Form

Fill out this form if you paid for a flu shot for yourself or for others on your plan. Complete one form per individual. You **MUST** include a receipt.

Plan subscriber information:

Name:

Address:

City: State: ZIP:

Fill in the information below for each person who received a flu shot, including yourself. Attach additional forms if needed.

Member ID#

Name:

Date of birth:

Cost of flu shot:

Date received:

Facility or pharmacy where received:

Member signature:

I have paid for my flu shot(s) out-of-pocket, and I am requesting reimbursement for that cost.

Mail this form and a copy of your flu shot receipt(s) to:

Attention: Special Processing
UPMC Health Plan
PO Box 2966
Pittsburgh, PA 15230

Phone: **1-844-201-4674** Fax: **1-844-201-4655** TTY: **711**

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