

SilverScript®

P.O. Box 30006, Pittsburgh, PA 15222-0330



PSHB

SilverScript (EGWP) Employer PDP sponsored by NALC Health Benefit Plan PSHB (SilverScript (EGWP))

2025 Pharmacy Directory

This *Pharmacy Directory* was updated on 11/01/2024. For more recent information or other questions, please contact Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week, or visit [Caremark.com](https://www.caremark.com). TTY users should call 711.

Changes to our pharmacy network may occur during the benefit year. To find a network pharmacy, visit our website at [Caremark.com](https://www.caremark.com). You may also call Customer Care for updated information.

Introduction

This booklet provides a list of SilverScript (EGWP) network pharmacies. To get a complete description of your prescription drug coverage, including how to fill your prescriptions, please review the *Evidence of Coverage* and the SilverScript (EGWP) formulary.

We call the pharmacies on this list our “network pharmacies” because we have made arrangements with them to provide prescription drugs to plan enrollees. In most cases, your prescriptions are covered under SilverScript (EGWP) only if they are filled at a network pharmacy (or through our Mail Service Pharmacy). 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 of our network pharmacies. We will fill prescriptions at non-network pharmacies under certain circumstances as described in your *Evidence of Coverage*. If you use an out-of-network pharmacy, your cost share for a prescription may be greater than if you use a network pharmacy and you must submit a paper claim form to receive reimbursement from the plan. See Section 2 of Chapter 3 in the *Evidence of Coverage* for more information.

All network pharmacies may not be listed in this directory. Pharmacies may have been added or removed from the list after this directory was published. 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 01/01/2025. For the most current list, please contact Customer Care. Our contact information appears on the front and back cover pages.

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 “P” to distinguish them from other pharmacies in our network that offer standard cost sharing.

You can get prescription drugs shipped to your home through our network Mail Service Pharmacy. For more information, please see the Mail Service Pharmacy section of this *Pharmacy Directory* or contact Customer Care.

Through the additional coverage provided by NALC Health Benefit Plan PSHB, you may be able to save on your maintenance prescription drugs by changing your 30-day supply to a 90-day supply at any CVS Pharmacy®, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location. These pharmacies are called “preferred network retail pharmacies.”

If you’re currently taking any long-term prescription drugs, you can continue to fill your 30-day supplies. However, you may save by changing your 30-day supply to a lower-cost 90-day supply. Filling one 90-day supply may cost you less than three 30-day supplies of the same prescription drug.

You can choose from two 90-day supply options for the same low price.

Option 1: Refill at any CVS Pharmacy, Longs Drugs (operated by CVS Pharmacy), or Navarro Discount Pharmacy location, and pick up your prescription drugs at your convenience.

Option 2: Refill with CVS Caremark Mail Service Pharmacy and have a 90-day supply of your long-term prescription drugs shipped to your home.

For questions about maintenance drugs with additional coverage provided by NALC Health Benefit Plan PSHB, including the cost to fill these drugs, please contact Customer Care. (Phone numbers for Customer Care are printed on the back cover of this booklet.)

This directory is for the geographic area that includes the network pharmacies located closest to the area in which you live as indicated by your mailing address. However, we cover a larger service area and there are more pharmacies where your prescription drugs may be covered by our plan. For information on more pharmacies in our plan network not listed in this directory or pharmacies outside the geographic area in which you live, please contact Customer Care, or visit [Caremark.com](https://www.caremark.com).

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 Customer Care.

SilverScript (EGWP) Network Pharmacies

Our list of network pharmacies is organized by type of pharmacy: Retail, Mail Service, Home Infusion, Long-Term Care, and Indian Health Service. Certain letters appear after each pharmacy listing. These letters mean the following: **P** – a pharmacy offering preferred cost sharing for maintenance prescription drugs at 90 days. **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members).

Retail Pharmacies, including Chain Pharmacies

CONSULTANTS IN MDCL ONC & HEMA PC

30 LAWRENCE RD STE 201
BROOMALL, PA 19008
(610) 492-5900
TTY: 711
EP EX

CVS PHARMACY

1991 SPROUL RD
BROOMALL, PA 19008
(610) 325-8422
TTY: 711
EP EX

CVS PHARMACY

2507 W CHESTER PIKE
BROOMALL, PA 19008
(610) 325-5301
TTY: 711
EP EX

CVS PHARMACY

3930 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073
(610) 353-2061
TTY: 711
EP EX

CVS PHARMACY

5001 TOWNSHIP LINE RD
DREXEL HILL, PA 19026
(610) 853-2962
TTY: 711
EP EX

CVS PHARMACY

306 E BALTIMORE PIKE AVE
MEDIA, PA 19063
(610) 566-8400
TTY: 711
EP EX

CVS PHARMACY

1109 W CHESTER PIKE
HAVERTOWN, PA 19083
(610) 446-5245
TTY: 711
EP EX

CVS PHARMACY

1200 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(484) 470-2321
TTY: 711
EP EX

CVS PHARMACY

41 W EAGLE RD
HAVERTOWN, PA 19083
(610) 853-1768
TTY: 711
EP EX

CVS PHARMACY

857 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(610) 338-0548
TTY: 711
EP EX

CVS PHARMACY

795 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(610) 690-5100
TTY: 711
EP EX

GIANT PHARMACY

2180 W CHESTER PIKE
BROOMALL, PA 19008
(610) 355-9244
TTY: 711
EP EX

GIANT PHARMACY

721 W SPROUL RD
SPRINGFIELD, PA 19064
(610) 328-0033
TTY: 711
EP EX

KATZ PHARMACY

2 E EAGLE RD
HAVERTOWN, PA 19083
(610) 446-4040
TTY: 711
EP EX

MARPLE PHARMACY

2070 SPROUL RD
BROOMALL, PA 19008
(610) 356-6491
TTY: 711
EP EX

Retail Pharmacies, including Chain Pharmacies (cont.)

**NEWTOWN SQUARE
APOTHECARY**
3547 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073
(610) 273-5110
TTY: 711
EP EX

PATIENT FIRST
417 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(484) 470-2600
TTY: 711
EX

RITE AID PHARMACY
2901 SPRINGFIELD RD
BROOMALL, PA 19008
(610) 356-8800
TTY: 711
EP EX

RITE AID PHARMACY
3599 WEST CHESTER PIKE
NEWTOWN SQUARE, PA 19073
(610) 353-0294
TTY: 711
EP EX

RITE AID PHARMACY
1305 W CHESTER PIKE STE 8
HAVERTOWN, PA 19083
(610) 446-2795
TTY: 711
EP EX

RITE AID PHARMACY
170 SAXER AVE
SPRINGFIELD, PA 19064
(610) 543-1153
TTY: 711
EP EX

RITE AID PHARMACY
710 BURMONT RD
DREXEL HILL, PA 19026
(610) 626-4350
TTY: 711
EP EX

SAV-ON PHARMACY
567 SPROUL RD
BROOMALL, PA 19008
(610) 356-3504
TTY: 711
EP EX

SAV-ON PHARMACY
527 E BALTIMORE PIKE
MEDIA, PA 19063
(610) 565-0657
TTY: 711
EP EX

**SPRING PHARMACY AND
MED SUPPLY**
1154 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(610) 544-4645
TTY: 711
EP EX

SPRINGFIELD PHARMACY
1154 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(610) 544-4645
TTY: 711
EP EX

WALMART PHARMACY
400 S STATE RD
SPRINGFIELD, PA 19064
(610) 605-3179
TTY: 711
EP EX

Mail Service Pharmacy

CVS Caremark Mail Service Pharmacy

Customer Care: 1-833-272-9886, TTY: 711

P – a pharmacy offering preferred cost sharing for maintenance prescription drugs at 90 days.

EP – pharmacy supports electronic prescribing. **EX** – extended day supply available.

You can get prescription drugs shipped to your home through our network Mail Service Pharmacy.

If you have used mail-order services with your current plan before, or if you opt in now, our pharmacy will automatically fill and ship new prescriptions received directly from your doctors or other prescribers. You may opt out of automatic deliveries of new prescriptions at any time by contacting us. If you never had mail-order delivery and/or decide to stop automatic fills of new prescriptions, we will contact you each time we get a new prescription from a provider, to see if you want the medication filled and shipped at that time. This will give you an opportunity to make sure that the correct drug (including strength, amount, and form) will be delivered, and, if necessary, allow you to cancel or delay the order before you are billed and it is shipped.

For refills of your mail-order prescription drugs, you have the option to sign up for an automatic refill program. Under this program, we will start to process your next refill automatically when our records show that you should be close to running out of your drug. You can cancel scheduled refills if you have enough of your medication or if your medication has changed.

If you choose not to use the automatic refill program, please contact us 15 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. To opt out of the automatic refill program, please contact us by calling Customer Care.

Typically, you should expect to receive your prescription drugs within 10 calendar days from the time that the Mail Service Pharmacy receives the order. If you do not receive your prescription drugs within this time, please contact us at Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week. TTY users should call 711.

If you need to request a rush order because of a mail-order delay, you may contact Customer Care (phone numbers are printed on the back cover of this booklet) to discuss options, which may include filling at a local retail pharmacy or expediting the shipping method. Provide the representative with your ID number and prescription number(s). If you want second-day or next-day delivery of your medications, you may request this from the Customer Care representative for an additional charge.

Home Infusion Pharmacies

SilverScript (EGWP) will only cover the prescription drug costs. We will not cover other costs associated with the home infusion, including nursing services, supplies, etc. Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members). Contact Customer Care for more information about home infusion pharmacy services.

HOMETECH ADVANCED THERAPIES

505 ELMWOOD AVE
SHARON HILL, PA 19079
(484) 494-3121
TTY: 711
EP EX L

INFUCARE RX LLC

2540 MARKET ST STE 1
ASTON, PA 19014
(877) 828-3940
TTY: 711
EX L

PENTEC HEALTH

4 CREEK PKWY STE A
BOOTHWYN, PA 19061
(800) 223-4376
TTY: 711
EP EX L

INFUCARE RX LLC

2540 MARKET ST STE 1
ASTON, PA 19014
(877) 828-3940
TTY: 711
EP EX L

JEFFERSON SPECIALTY PHARMACY

3500 HORIZON DR
KING OF PRUSSIA, PA 19406
(215) 955-8154
TTY: 711
EP EX L

SOLEO HEALTH INC

950 CALCON HOOK RD STE 19
SHARON HILL, PA 19079
(610) 200-6502
TTY: 711
EP EX L

Long-Term Care Pharmacies

Residents of a long-term care facility may access their prescription drugs covered under SilverScript (EGWP) through the facility's long-term care pharmacy or another network long-term care pharmacy. Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **L** – Limited Access (i.e., not available to all members). Please call Customer Care for long-term care pharmacies in other areas or for more information about long-term care pharmacy services.

ELWYN PHARMACY

194 S NEW MIDDLETOWN RD
ELWYN, PA 19063
(610) 566-2226
TTY: 711
EP L

GENOA HEALTHCARE LLC

850 W LANCASTER AVE RM P
BRYN MAWR, PA 19010
(484) 383-0038
TTY: 711
EP L

THRIVE ENHANCED CARE PHARMACY

627 S CHESTER RD
SWARTHMORE, PA 19081
(610) 338-0966
TTY: 711
EP L

ELWYN RX AT FAIR ACRES

340 N MIDDLETOWN RD
LIMA, PA 19063
(610) 891-5783
TTY: 711
EP L

SPRING PHARMACY AND MED SUPPLY

1154 BALTIMORE PIKE
SPRINGFIELD, PA 19064
(610) 544-4645
TTY: 711
EP L

WOODLYN PHARMACY

1301 JEFFERSON AVE
WOODLYN, PA 19094
(610) 833-5600
TTY: 711
EP L

Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies

Only Native Americans and Alaska Natives have access to Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies through the SilverScript (EGWP) pharmacy network. Those other than Native Americans and Alaska Natives may be able to access these pharmacies under limited circumstances (e.g., emergencies). Certain letters appear after each pharmacy listing. These letters mean the following: **EP** – pharmacy supports electronic prescribing. **EX** – extended day supply available. **L** – Limited Access (i.e., not available to all members). Please call Customer Care for more information about I/T/U pharmacy services.

CATTARAUGUS INDIAN RESERVATION

36 THOMAS INDIAN SCHOOL
DR
IRVING, NY 14081
(716) 532-8241
TTY: 711
EP EX L

LIONEL R JOHN HEALTH CENTER

987 R C HOAG DR
SALAMANCA, NY 14779
(716) 945-8240
TTY: 711
EP EX L

ST REGIS MOHAWK HEALTH PHCY

404 STATE ROUTE 37
HOGANSBURG, NY 13655
(518) 358-3143
TTY: 711
EP EX L

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P.O. Box 30006, Pittsburgh, PA 15222-0330



JOHN09 Q SAMPLE09
108 HARVEST LN
BROOMALL PA 19008-4402

Important Plan Information **Información Importante Sobre el Plan**

This *Pharmacy Directory* was updated on 11/01/2024. For more recent information or other questions, please contact Customer Care at 1-833-272-9886, 24 hours a day, 7 days a week, or visit [Caremark.com](https://www.caremark.com). TTY users should call 711.

Changes to our pharmacy network may occur during the benefit year. To find a network pharmacy, visit our website at [Caremark.com](https://www.caremark.com). You may also call Customer Care for updated information.

The pharmacy network may change at any time. You will receive notice when necessary.

The SilverScript (EGWP) pharmacy network includes limited lower-cost, preferred pharmacies in Alaska; suburban and rural areas of Idaho, Puerto Rico, Washington, and Wyoming; and rural areas of Arkansas, Colorado, Iowa, Kansas, Kentucky, Maine, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Mexico, North Dakota, Oklahoma, Oregon, and Wisconsin. 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 1-833-272-9886 (TTY: 711), 24 hours a day, 7 days a week, or consult the online pharmacy directory at [Caremark.com](https://www.caremark.com).

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-833-272-9886 (TTY: 711), 24 hours a day, 7 days a week, if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery.

Participating health care providers are independent contractors and are neither agents nor employees of SilverScript. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.