

Maine Bureau of Insurance  
Bulletin 377  
Any Willing Pharmacy Reporting Form  
**Insurance Companies**  
**Complete a new report form each year.**

E-mail your response as a PDF attachment to [Barbra.L.Garboski@maine.gov](mailto:Barbra.L.Garboski@maine.gov).

Company Name:	Community Health Options
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\_\_\_ Check here if your company does **NOT** provide or administer network pharmacy benefits in Maine.

**A. Compliance Officer with Responsibility for Maine Pharmacy Operations:**

Name:	William Steinbock
Title:	Manager, Compliance & Regulatory Affairs
Mailing Address:	PO Box 1121 Lewiston, ME 04243  
Direct Phone Number:	207-330-2426
Fax: Number	N/A
Email Address:	wsteinbock@healtheoptions.org

**B. Please identify any mail order pharmacies that participate in your network.** *(copy and paste table as needed for additional participant)*

Name:	Accredo Health Solutions, Inc.; ESI Mail Pharmacy Services, Inc
Mailing Address:	Accredo Health Solutions, Inc. 1620 Century Center Parkway #109 Memphis, TN 38134 ESI Mail Pharmacy Services, Inc: 4600 North Hanley Road St. Louis, MO 63134
Website:	<a href="https://www.accredo.com/">https://www.accredo.com/</a> ; <a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>

**C: Pharmacy Contracting Contact Information:**

Name:	Express Scripts, Inc.
Title:	
Mailing Address:	1 Express Way St. Louis, MO 63121  
Direct Phone Number:	888-571-8182
Fax: Number	N/A
Email Address:	<a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>

**D. Please identify any pharmacy benefit administrators (PBMs) that administer pharmacy benefits through your pharmacy network.** *(copy and paste table as needed for additional participant)*

Name:	Express Scripts, Inc.
Mailing Address:	1 Express Way St. Louis, MO 63121  
Website:	<a href="https://www.express-scripts.com/">https://www.express-scripts.com/</a>