

Maine Bureau of Insurance
Bulletin 377
Any Willing Pharmacy Reporting Form
Insurance Companies

E-mail your response as a PDF attachment to Barbra.L.Garboski@maine.gov.

Company Name:	HPHC Insurance Company Inc.
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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:	Joe Bonica
Title:	Director, Pharmacy Operations
Mailing Address:	HPHC Insurance Company Inc.
	1 Wellness Way
	Canton, MA 02021
Direct Phone Number:	781-612-3342 ext. 83342
Fax: Number	
Email Address:	Joseph.Bonica@point32health.org

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

Name:	OptumRx
Mailing Address:	6800 West 115th Street
	Suite 600
	Overland Park, KS 66211
Website:	http://www.optumrx.com/

C: Pharmacy Contracting Contact Information:

Name:	Pharmacy Network Relations
Title:	Independent Contracting
Mailing Address:	11000 Optum Circle
	Eden Prairie, MN 55344
Direct Phone Number:	800-797-9798
Fax: Number	844-305-2623
Email Address:	Independent.contracting@optum.com

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:	OptumRx
Mailing Address:	11000 Optum Circle
	Eden Prairie, MN 55344

Website:	http://www.optumrx.com/
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