

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.

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|---------------|---------------------------------|
| Company Name: | UnitedHealthcare of New England |
|---------------|---------------------------------|

___ 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: | Scott E. Sebastian |
| Title: | Associate General Counsel/Director, Regulatory Affairs |
| Mailing Address: | UnitedHealthcare Employer and Individual |
| | 185 Asylum Street, CT039-1000 |
| | Hartford, CT 06103 |
| Direct Phone Number: | 860-702-5159 |
| Fax: Number | |
| Email Address: | Scott_E_Sebastian@uhc.com |

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

| | |
|------------------|--|
| Name: | |
| Mailing Address: | |
| | |
| | |
| Website: | |

C. Pharmacy Contracting Contact Information:

| | |
|----------------------|-----------------------------------|
| Name: | Pharmacy Network Contracting |
| Title: | |
| Mailing Address: | 1 Optum Circle |
| | |
| | Eden Prairie, MN 55344 |
| Direct Phone Number: | |
| 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: | |
| Mailing Address: | |
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| | |
| Website: | |