

► Pharmacy Network

Chains Available Nationwide

CVS PHARMACY
COSTCO PHARMACY
HANNAFORD FOOD & DRUG
KINNEY DRUGS
KMART PHARMACY
MEDICINE SHOPPE*

PRICE CHOPPER PHARMACY
RITE AID PHARMACY
SHAW'S OSCO PHARMACY
WALGREENS
WALMART PHARMACY

MaxorPlus' participating pharmacy network includes more than 67,000 retail pharmacies, including regional and national chains, as well as independently owned pharmacies. To locate a pharmacy near you, log on to www.maxorplus.com and access our online pharmacy locator. You may also contact MaxorPlus Member Services at 1-800-687-0707 and speak with a member advocate to assist in finding a pharmacy near you. * These pharmacies are not part of the EDS network for 90 day supplies at Retail.

► Contact Us

For questions concerning your prescription drug program call MaxorPlus at:

806-324-5430 OR **1-800-687-0707**

MaxorPlus Member Services is available 24 hours a day / 7 days a week.

Your network pharmacist can also call MaxorPlus for specific questions about your prescriptions.

For questions regarding your mail order program call MXP Pharmacy at:

806-324-5500* OR **1-800-687-8629***

Member Advocates are available Monday through Friday from 7AM to 9PM, Saturday from 8AM to 6PM and Sunday from 9AM to 5PM CT (Central Time).

*Note: To order refills at anytime, call 806-324-5500 or 1-800-687-8629 to access our 24-hour automated mail order system or log-on to www.maxorplus.com



www.maxorplus.com

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Amarillo, Texas 79101

01/2019



MAXOR*plus*[®]
PHARMACY BENEFIT MANAGEMENT SERVICES

PRESCRIPTION DRUG PROGRAM



City of Burlington

► About Your Medications

Retail Medications

Medications dispensed at MaxorPlus participating retail pharmacies are limited to a 30-day supply. Generic medications may be filled for up to a 90 day supply at participating EDS network pharmacies.

Mail Order Medications

MXP Pharmacy offers a convenient, cost effective way to order prescribed long-term medications for delivery to your home. Medications obtained through mail order are limited to a 90-day supply. To maximize your savings, please ask your doctor to write, submit electronically, or fax your prescription for a 90-day supply with refills up to one year. Once MXP Pharmacy has your prescription, refills can easily be obtained. To get started, please use one of the following options:

- 1) Go Online - Create a MaxorPlus member web portal account at www.maxorplus.com. After you have successfully created an account, select the "Sign-Up for Mail Order" feature.
- 2) By Mail - Print and fill out a mail order form from the MaxorPlus website. Mail in your completed form to the pharmacy with your prescription(s) and form of payment.
- 3) By Phone - Call (800) 687-8629 and follow menu instructions to speak to a member advocate.

Refills

If your physician has authorized refills, you may refill your prescription once 75% of the medication has been used from a Retail pharmacy or 60% from Mail Order. For example, for a 30-day supply prescription, you may refill the prescription when you have 7 days left and for a 90-day supply prescription, you may refill the prescription when you have 36 days left.

Generic Medications

Generic medications help save money. Generics usually cost 30% to 50% less than brand name medications. The U.S. Food and Drug Administration (FDA) has established strict guidelines to determine if the generic product is therapeutically equivalent to the brand name product. A generic considered therapeutically equivalent to the brand name is given an "A" rating by the FDA. This means the generic drug contains the same active ingredient in the same strength and dosage form as its brand name equivalent and is expected to have the same clinical effect and safety profile. A brand name drug is usually known by its trade name, (example "ADVIL") rather than its chemical or generic name (example "ibuprofen"). Ask your doctor if a generic medication would be right for you.

Specialty Medications

These medications are restricted to be filled at Maxor Specialty Pharmacy. For information on obtaining specialty medications, please see the Maxor Specialty Pharmacy insert. Fills are limited to a 30-day supply.

► Prescription Copay Amounts

<u>TIER</u>	<u>RETAIL COPAYS</u> (up to a 30 day supply)	<u>RETAIL COPAYS</u> (up to a 90 day supply)	<u>MAIL COPAYS</u> (up to a 90 day supply)
Split Pill Incentive	N/A	N/A	\$0.00
Generic	\$10.00	\$10.00	\$10.00
Preferred Brand*	\$30.00	N/A	\$30.00
Non-Preferred Brand*	\$45.00	N/A	\$45.00
Diabetic Meds & Supplies	\$0.00	\$0.00 (generic only)	\$0.00
Smoking Cessation, Vaccines, Contraceptives & PPACA Preventive Medications	\$0.00	\$0.00 (generic only)	\$0.00

*If a patient requests a brand name drug when a generic equivalent exists, the patient will pay the difference between the brand and generic medication in addition to the applicable brand copay.

► About Your Benefits Coverage

Covered Drugs, Limitations and Exclusions

Most prescription drugs that require a "written" prescription by a licensed physician are covered. Cosmetic agents, hair growth stimulants, multi-vitamins, nutritional supplements, medical supplies, devices or blood products, allergy serums, fertility agents, contraceptive devices, implants, injectables, experimental medicines and any charges for the administration or injection of a drug are generally not covered under your drug benefit. In addition, certain restrictions, quantity limits or prior authorization requirements may apply.* To obtain additional information about these restrictions, or for more coverage information, contact your HR Department or MaxorPlus Member Services.

***This is not intended to be a full explanation of benefits, limitations, or exclusions. For more information, please review your benefit documents.**

Using A Non-Participating Pharmacy

This program requires eligible members to use a MaxorPlus participating pharmacy. (Refer to the pharmacy network list). Prescriptions purchased at "non-participating pharmacies" are covered only in emergency situations, for example, you're out-of-town and unable to locate a MaxorPlus participating pharmacy or you need an emergency prescription filled late at night. You will need to pay 100% of the prescription drug cost and obtain a receipt. Then you must submit a paper claim along with the receipt for reimbursement to GISC. You can request this form from your employee benefits office or GISC. When an out-of-network pharmacy is used, you may be responsible for paying more than just the required copay.

