

► About Your Medications

Retail Medications

Medications dispensed at MaxorPlus participating retail pharmacies are limited to a 90-day supply.

Mail Order Medications

Maxor Mail Order 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 Maxor Mail Order 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 representative.

Specialty Medications

Specialty medications are limited to a 30-day supply. For more information on obtaining specialty medications, please see the Maxor Specialty Pharmacy insert.

Refills

If your physician has authorized refills, you may refill your prescription once 75% of the prescription has been used. For example, on a 30-day supply prescription, you may refill when 7 days are left.

Formulary

The MaxorPlus Formulary will be utilized with your drug program. The formulary is a list of medications to be used as a guide for physicians when prescribing. For the comprehensive formulary, please create a member portal account by visiting our website at www.maxorplus.com*

How Your Formulary Works

- Generic - Generic medications contain the same active ingredients as their corresponding brand-name medications. The generics on this formulary are listed in lower case letters.
- Preferred - Brand-name medications listed on the formulary in all capital letters.
- Non-Preferred - Brand-name medications not listed on the formulary or listed as non-preferred for example purposes.

* Not all drugs listed on the formulary are covered by all prescription drug benefit programs: check your benefit materials for the specific drugs that are covered and those which are excluded.

► Prescription Copay Amounts

| DRUG | RETAIL COPAY (30-day supply) | RETAIL COPAY (90-day supply) | MAIL COPAY (90-day supply) |
|----------------------|-----------------------------------|------------------------------------|------------------------------------|
| Generic | \$10 | \$20 | \$20 |
| Preferred Brand* | 20% with \$15 min and \$25 max | 20% with \$40 min and \$75 max | 20% with \$40 min and \$75 max |
| Non-Preferred Brand* | 30% with \$30 min and \$75 max | 30% with \$75 min and \$150 max | 30% with \$75 min and \$150 max |

* If a patient or doctor 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. Anti-wrinkle agents (e.g. Renova), cosmetic hair removal products (e.g. Vaniqa), growth hormones, hair growth stimulants, non-legend drugs other than insulin, therapeutic devices or appliances, and other non-medicinal substances, regardless of intended use, except those listed above, and charges for the administration or injection of any 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 Trust Fund Office or a 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). When an out-of-network pharmacy is used, you may be responsible for paying more than just the required copay. 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 MaxorPlus. You can request this form from your Trust Fund Office or MaxorPlus. You will be reimbursed the network-discounted rate minus your copay.

