

# Pharmacy Network

## Chains Available Nationwide

A&P PHARMACY  
COSTCO PHARMACY  
CVS PHARMACY  
DRUG FAIR  
DUANE READE  
GENUARDI'S  
KMART PHARMACY  
MEDICAP PHARMACY

MEDICINE SHOPPE  
PATHMARK PHARMACY  
QUICK CHEK  
RITE AID PHARMACY  
SAM'S CLUB PHARMACY  
SAV-ON PHARMACY  
SHOPRITE PHARMACY  
STOP & SHOP PHARMACY

SUPER FRESH  
TARGET PHARMACY  
WALGREENS  
WAL-MART PHARMACY  
WEGMANS PHARMACY  
WEIS PHARMACY

Plus many more participating pharmacies. If you need assistance locating a participating pharmacy, please call MaxorPlus Customer Service at 1-800-687-0707 or go to [www.maxorplus.com](http://www.maxorplus.com).

## Contact Us

For questions concerning your prescription drug program call MaxorPlus at:

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

Customer Service Representatives are available Monday through Friday from 7AM to 9PM, Saturday from 8AM to 6PM and Sunday from 9AM to 5PM CST (Central Standard Time).

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

For questions regarding your mail order program call Maxor Mail Order Pharmacy at:

**(806) 324-5500\*** OR **1-800-687-8629\***

Mail Service Representatives are available Monday through Friday from 8AM to 7PM CST.

*\*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](http://www.maxorplus.com)*



**MAXOR PLUS**

Pharmacy Benefit Management Services

320 S. Polk Street, Suite 200  
Amarillo, Texas 79101  
[www.maxorplus.com](http://www.maxorplus.com)

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**MAXOR PLUS**

Pharmacy Benefit Management Services



MAXOR

Prescription  
Drug Program

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Ventnor  
Board of Education

## How to Access Your Drug Program

Your prescription drug benefit can be used nationwide to obtain prescriptions from any participating pharmacy.

- 1) Take your new prescription drug card to any participating retail pharmacy in the MaxorPlus pharmacy network.
- 2) Present your card to the pharmacist and confirm that they have accurate information about you and your family.
- 3) Participating pharmacies will submit your claim electronically to MaxorPlus.
- 4) You will pay the required co-pay amount and sign the signature log for your prescription.

[www.maxorplus.com](http://www.maxorplus.com)

## About Your Medications

### Days Supply

**RETAIL:** Medications dispensed at MaxorPlus participating retail pharmacies are limited to a 34-day supply or 100 units, whichever is greater.

**MAIL:** Maxor Mail Order Pharmacy offers a convenient, cost effective way to order prescribed long-term, maintenance medications for direct delivery to your home. Medications obtained through mail order are limited to a 90-day supply. In order to maximize your savings, please ask your doctor to write your prescription for a 90-day supply with refills up to one year. An order form, return envelope and frequently asked questions about mail order are enclosed. Please complete the order form when requesting a new prescription through Maxor Mail Order Pharmacy. Once Maxor Mail Order has your original prescription, refills can easily be obtained by mail, by calling 1-800-687-8629, or via internet at [www.maxorplus.com](http://www.maxorplus.com).

**Important Note:** Schedule II controlled medications cannot be filled through the Mail Order Pharmacy. Some examples are Morphine, Duragesic, Percodan, OxyContin, Concerta, Adderall and Ritalin.

### Refills

If your physician has authorized refills, you may refill your prescription once 75% of the prescription has been used. For example, for a 34-day supply prescription, you may refill the prescription when you have 8 days left and for a 90-day supply prescription, you may refill the prescription when you have 22 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.

## Prescription Co-Pay Amounts

DRUG	RETAIL CO-PAY (34-day supply or 100 units, whichever is greater)	MAIL CO-PAY (90-day supply)
Generic	\$10.00	\$10.00
Brand	\$20.00	\$20.00

**MAXOR PLUS**  
Pharmacy Benefit Management Services



## About Your Benefits Coverage

### Covered Drugs, Limitations and Exclusions

Most prescription drugs that require a "written" prescription by a licensed physician are covered. Over-the-counter items, devices of any kind, dietary or nutritional supplements, anti-smoking aids, and cosmetic agents 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 a MaxorPlus customer service representative.

\* This is not intended to be a full explanation of benefits, limitations, or exclusions.

### 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 MaxorPlus. You can request this form from your employee benefits office or MaxorPlus. You will be reimbursed the network-discounted rate minus your co-pay. Therefore, when an out-of-network pharmacy is used, you may be responsible for paying more than just the required co-pay.

**PLEASE NOTE:** You should find a MaxorPlus participating pharmacy within most cities across the United States. Please call (806) 324-5430 or 1-800-687-0707 or go to [www.maxorplus.com](http://www.maxorplus.com) for help in locating one near you.