This is only a summary. If you want more detail about your coverage and costs, you can get additional information at www.maxorplus.com or by calling 1-800-687-0707. **This summary illustrates in–network benefits only.**

Prescription Benefit Important Questions	Answers	Why this Matters:		Limitations & Exceptions
What are my costs for prescription medications?	**Your cost is determined based on the type of drug and the day supply obtained. See below.**	**Retail Pharmacy**	**Mail Order Pharmacy**	
More information about **prescription drug coverage** is available at www.maxorplus.com	Generic drugs	20% per prescription after deductible	20% per prescription after deductible	Retail Pharmacy - Covers up to a 90-day supply (one copay per 30 day supply); Mail Order Pharmacy - 90 day supply (mail order prescription)
	Preferred brand drugs	20% per prescription after deductible	20% per prescription after deductible	Retail Pharmacy - Covers up to a 90-day supply (one copay per 30 day supply); Mail Order Pharmacy - 90 day supply (mail order prescription)
	Non-preferred brand drugs	20% per prescription after deductible	20% per prescription after deductible	Retail Pharmacy - Covers up to a 90-day supply (one copay per 30 day supply); Mail Order Pharmacy - 90 day supply (mail order prescription)
	Contraceptives	$0 copay for generics and brands with no generic available	$0 copay for generics and brands with no generic available	Per guidelines from Patient Protection and Affordable Care Act, generic contraceptives and brand contraceptives with no generic available are covered at $0 copay Brands with generics available are covered at applicable tiered copay as listed above after deductible.
	Specialty drugs (in network only)	20% per prescription after deductible	n/a	Covers up to a 30-day supply of Specialty Products. List of Specialty medications at www.maxorplus.com

Prescription Benefit Important Questions	Answers	Why this Matters:	Limitations & Exceptions
Can I get a list of drugs showing generic, preferred or non-preferred status?	Yes	A **formulary** is a list of drugs showing the generic, preferred brand, and non-preferred brand status, which determines copay amounts. MaxorPlus Essential Plus Drug Formulary is located at www.maxorplus.com.	
Are there drugs that are not covered?	Yes	Certain drugs may not be covered under the Rx drug plan. Drugs may have certain quantity limitations or prior authorization requirements. See additional information on Page 3 Excluded Drugs and other Limitations or restrictions, or at www.maxorplus.com.	
Is there a deductible on prescriptions	Yes (integrated with medical) $3,000 individual $6,000 family	A **deductible** would require you to pay the full cost of a prescription until that amount is met, at which time, the copayments above take effect.	
Is there an out–of–pocket limit on my expenses?	Yes (integrated with medical) $6,000 individual $12,000 family	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.	
Is there an overall annual limit on what the plan pays?	No	An **annual plan limit** is the total amount the health plan will pay for specific services such as prescription drugs per benefit year. This limit helps you plan for health care expenses.	
Does this plan use a network of pharmacies?	Yes. See **www.maxorplus.com** or **call 1-800-687-0707** for a list of participating providers.	The Rx plan requires you to use a **network pharmacy**. Prescriptions purchased at non-network pharmacies may be covered only in emergency situations, subject to the medical plans out of network deductible &/or coinsurance, or not covered. You will need to pay 100% of the cost of the drug, then submit a paper claim along with the receipt for possible reimbursement. The paper claim form can be found at www.maxorplus.com.	
Do I have to use Mail Order to obtain a 90 day supply?	No	You may use Maxor Mail Order for 90 day supply home delivery, which may save you time at the pharmacy as well as copays. 90 day supplies are available at local retail pharmacies for one copay per 30 day supply. To contact Maxor Mail Order, please call 800-687-8629.	

Prescription Benefit Important Questions	Answers	Why this Matters:	Limitations & Exceptions
Do I have to use generic drugs only?	Yes	If you take a brand drug when a generic equivalent exists, you will pay the brand copay plus the cost difference between the brand and generic drug.	

Excluded Services & Other Limitations or Restrictions:

Drugs Your Plan Does NOT Cover (including but not limited)

- Abortifacients
- Allergy serums/extracts
- Anabolic steroids
- Antifungal topical nail lacquers
- Blood, blood factors, blood plasma, or biological sera
- Botox for hyperhidrosis
- Cosmetic agents (anti-wrinkle, hair growth, hair removal, depigmenting, or dental)
- Devices, appliances, supplies, including garments and non-medicinal substances
- Diagnostic agents
- Fertility agents
- Growth hormones for small gestational age
- Homeopathic/natural legend products
- Immunizations/Vaccines/ Toxoids indicated for travel only
- Nutritional supplements
- Over the Counter drugs
- Repackaged NDC

Other restrictions

- Specialty medications allow initial fill at retail, then restricted to Maxor Specialty Pharmacy for subsequent fills.
- Brand/Generic Copay Differential applies if the patient or physician requests a brand drug when a generic equivalent exists. Patient will pay the brand copay plus the cost difference between the brand and generic drug.
- Retail Pharmacy - Refills require 80% intended usage by the prescriber of the current supply before allowed to fill. Mail Order Pharmacy – Refills require 85% intended usage by the prescriber of the current supply before allowed to fill. Controlled substances, including narcotics require 90% intended usage before refill allowed.

Drugs with special quantity limits (including but not limited)		
• See MaxorPlus Standard Quantity Limit List* at www.maxorplus.com.	• Depo Provera Contraceptive- 90 day supply allowed at retail for 3 retail copays • Estring-- 90 day supply allowed at retail for 3 retail copays • Aerochambers/Peak flow meters 1 per year	• Seasonique/Seasonale- 91 day supply allowed at retail for 3 retail copays • Triptan medications (oral) for migraines are limited to 9 tablets/month. *list subject to change
Drugs requiring prior authorization (including but not limited)		
• See complete MaxorPlus standard PA List* at www.maxorplus.com	• Step therapy drug classes • Weight Loss medications • Antifungal treatments- not covered for diagnosis of onychomycosis • Drug costs over $2000 retail/ $4000 at mail	*list subject to change

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: MaxorPlus Customer Service at 1-800-687-0707.