

Dear Member,

Once you have enrolled in Redeemer Health's medical plan, you will receive a prescription card that will allow your prescriptions to process real-time through MaxorPlus' electronic pharmacy system. Please review your card for accuracy before using. If any information is found to be incorrect, please notify **MaxorPlus' 24-hour Member Services at 800-687-0707** and a new card will be issued promptly. Also, a summary of your plan is on the reverse side of this letter.

Pharmacy Network

MaxorPlus pharmacy network has more than 67,000 pharmacies under contract to serve your needs. Provider pharmacies are major chains such as Rite Aid, CVS, and Walmart, as well as thousands of independent pharmacies in all 50 states. Please be aware you will not be able to use Walgreens for your prescription needs. **Easy Rx at Redeemer Health** will provide all members with medications as outlined on the back of this page.

A 90-day supply can be obtained through the mail-order vendor, **MaxorPlus Mail Order Pharmacy**. Your mail-order prescriptions will take approximately 7 to 14 days to arrive from the day your information is received by **MaxorPlus Mail Order Pharmacy**. To have your prescriptions filled by **MaxorPlus Mail Order**, please follow the steps outlined below.

In order to get started with the mail service program, you have multiple options:

- Go online and activate your mail order account at www.maxorplus.com.
- Fill out the Mail Order Form and mail it to the pharmacy, along with your prescription and payment.
- Call us toll-free at 800-687-8629 and speak to a Member Advocate who will help you activate your mail order account.

Specialty prescriptions must be filled through the specialty pharmacy, **Maxor Specialty pharmacy**. It is recommended to have your physician write an updated prescription of your medication so that you can send it to **Maxor Specialty Services**. If you are unable to receive an updated prescription you can have your refills transferred by contacting **Maxor Specialty Services at 1-866-629-6779**.

You can fill a prescription without your prescription card. Please provide your personal information to the pharmacy and have them call **MaxorPlus's 24-hour Member Services at 800-687-0707** for assistance in processing the claim. Cards should be presented to the pharmacy if available.

Prescription Plan Summary

You can receive up to a **30-day supply** of your medication at any of MaxorPlus' contracted retail pharmacies (excluding Walgreens) and up to a **90-day supply through** the mail order pharmacy, **MaxorPlus Mail Order Services**.

For specialty medications available through the **Redeemer Health Specialty Medication Program** members are able to receive a **90-day supply at \$0 co-payment**. For other specialty medications up to a **30-day supply** of specialty medications can be received through the specialty pharmacy, **Maxor Specialty Services**.

The following copayments will be applied for retail and mail-order prescriptions.

Retail 1-30 Day Supply Only		
Tier 1 Generic	20% copay with \$10 min and \$25 max	
Tier 2 Preferred Brand	20% copay with \$40 min and \$60 max	
Tier 3 Non Preferred Brand	20% copay with \$60 min and \$80 max	
Tier 4 Specialty	Formulary 20% copay with \$65 min and \$200 max	Non-Formulary 20% copay with \$125 min and \$300 max
Mail Order 90 Day Supply		
Tier 1 Generic	20% copay with \$25 min and \$62.50 max	
Tier 2 Preferred Brand	20% copay with \$100 min and \$150 max	
Tier 3 Non Preferred Brand	20% copay with \$150 min and \$200 max	

*The maximum number of times a maintenance medication can be filled at a retail pharmacy is two (2) times.

*The below medications can only be filled at **Easy Rx at Redeemer Health**. If you try to fill a script for one of the above medications at a retail location, the script will not process.

Easy Rx at Redeemer Health	
30-Day Supply	
Lansoprazole	20% copay with \$10 min and \$25 max
Prevacid Solutab	20% copay with \$10 min and \$55 max
Pantoprazole	20% copay
Omeprazole	20% copay with \$10 min and \$25 max
Simvastatin (5mg, 10, mg, 20mg, 40mg)	20% copay
Simvastatin (80mg)	20% copay
Crestor (Rosuvastatin) (5mg, 10mg, 20mg, 40mg)	20% copay with \$10 min and \$25 max

90-Day Supply	
Lansoprazole	20% copay with \$25 min and \$45 max
Prevacid Solutab	20% copay with \$25 min and \$55 max
Pantoprazole	20% copay
Omeprazole	20% copay with \$15 min and \$45 max
Simvastatin (5mg, 10, mg, 20mg, 40mg)	20% copay
Simvastatin (80mg)	20% copay
Crestor (Rosuvastatin) (5mg, 10mg, 20mg, 40mg)	20% copay with \$15 min and \$45 max

Prescription Benefit Questions

Prescription benefit questions should be directed to **MaxorPlus's 24-hour Member Services at (800) 687-0707**



Questions?
Call Us Toll Free at
(800) 687-8629
or (806) 324-5500

MAIL ORDER FORM
Mail your order to:
PO Box 32050
Amarillo, TX 79120

Monday-Friday: 7 am to 9 pm CST • Saturday: 8 am to 6 pm CST • Sunday: 9 am to 5 pm CST

1 PATIENT INFORMATION

Name: _____

E-mail Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: - -

Cardholder ID: _____

D.O.B.: - -

Group ID: _____

Maxor will keep this address on file for all orders filled
on this account until another address is provided.

Sex: ☐ Male ☐ Female

**For address changes, please call
MXP Pharmacy at (800) 687-8629.**

Relationship to Cardholder:
☐ Self ☐ Spouse ☐ Child

2 DRUG ALLERGIES & CHRONIC ILLNESSES

Drug Allergies: ☐ None ☐ Codeine ☐ Sulfa ☐ Aspirin ☐ Penicillin ☐ Other _____

Severity of Drug Allergies: ☐ Mild ☐ Moderate ☐ Severe ☐ Intolerance ☐ Anaphylaxis

List your over-the-counter medications:

Chronic Illnesses: ☐ Thyroid ☐ High Blood Pressure ☐ Diabetes ☐ Glaucoma
(Disease States) ☐ Heart Condition ☐ Intestinal Disorders ☐ Lung Condition ☐ Other _____

3 GENERIC MEDICATION INFORMATION

In accordance with Texas Pharmacy Law and availability, MXP Pharmacy will always dispense a generic medication with a lower co-payment unless you specify otherwise. Please contact a member advocate at (800) 687-8629 to advise us of medications that you want dispensed brand-name only or use the space provided on the reverse side of this form to notify us of brand-name only medication exceptions.

¹Please refer to the reverse side of this form for further details.

4 PAYMENT METHOD

In order to process your prescriptions quickly, please enclose the correct co-payment amount(s). If assistance is needed with calculating co-payment amount(s), please call MaxorPlus at (800) 687-0707.

Payment Options: ☐ Check/Money Order ☐ Credit Card

Paying By Credit Card?

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number:

Expiration Date:

MM/YYYY

☐ Check here to decline keeping credit card
information on file at the pharmacy.

☐ Credit card already on file.

X
Signature of Cardholder _____

5 ORDER REFILLS

Brand-Name Only Medication Exceptions:

Rx Number	Name of Medication	Strength	Doctor's Name	Co-payment

Order Refill I Prescriptions Here:

Rx Number	Name of Medication	Strength	Doctor's Name	Co-payment

Expedited Shipping via UPS or FedEx: ☐ \$25.00 for overnight shipping ☐ \$15.00 for 2-day shipping
☐ \$35.00 for Saturday Delivery (if available in your area)

Note: Expedited shipping will **not** rush prescription processing. Prices subject to change.

6 HOW TO ORDER

HOW TO ORDER REFILLS:

BY MAIL: Complete the payment and refill sections, and mail to MXP Pharmacy.

BY PHONE: Call us toll free at (800) 687-8629 or (806) 324-5500 and use our automated system to enter the Rx number printed on your prescription label, or speak to a member advocate during normal business hours.

BY INTERNET: You may refill your prescriptions on our website at www.maxorplus.com. From the website, please select REFILL MY PRESCRIPTIONS or log in to your MaxorPlus Member Portal account and select the MAXOR PHARMACY REFILLS tile. You will need your prescription number(s) and credit card information available.

HOW TO ORDER NEW PRESCRIPTIONS:

BY MAIL: Complete the payment and patient information sections, enclose your new prescriptions, and mail to MXP Pharmacy.

BY PHONE: Have your doctor call in new prescriptions to (800) 687-8629 or (806) 324-5500.

BY FAX or ELECTRONIC PRESCRIBING: Your doctor can fax or ecribe new prescriptions to (866) 589-7656. In accordance with Texas law, only your doctor can fax newprescriptions.

7 IMPORTANT INFORMATION

1 The submission of this form, for you or any of your dependents, authorizes the release of all information to the Plan Sponsor, Administrator, or Underwriter, and authorizes the prescription to be filled with the generic equivalent when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits substitution, you may be responsible for paying the difference in cost between the brand name drug and the generic equivalent plus a co-payment. Refer to your plan benefit information for more details or contact a member advocate at (800) 687-8629.

Reminder: You will always be charged the mail order co-pay when you send or transfer a prescription to MXP Pharmacy. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year.

Written information about this prescription has been provided for you. Please read this information before you take this medication. If you have questions concerning this prescription, a pharmacist is available during normal business hours to answer your questions. Please call your pharmacy.

Se la presentado a usted la informacion por escrito sobre esta receta. Favor de leer esta informacion antes de tomar el medicamento. Si usted tiene preguntas tocante a esta receta, estara un farmaceutico disponible durante las horas de negocio para contestar sus preguntas. Por favor llame a su farmacia.

Complaints against the practice of
pharmacy may be filed with the:

Texas State Board of Pharmacy
William P. Hobby Building, Suite 3-600
333 Guadalupe, Box 21
Austin, Texas 78701-3942 • (512) 305-8000
To receive a complaint form call
(800) 821-3205 or (512) 305-8080 if in Austin.
(recorded information only) www.tsbp.state.tx.us

Quejas contra la practica de la
farmacia pueden ser reportadas al:

Concilio de Farmacia Del Estado De Tejas
William P. Hobby Building, Suite 3-600
333 Guadalupe, Box 21
Austin, Texas 78701-3942 • (512) 305-8000
Para recibir una forma de queja llame:
(800) 821-3205 or (512) 305-8080 if in Austin.
(informacion grabada solamente)
www.tsbp.state.tx.us

We are up to the challenge!

We put our
patients at the
center of
all we do

Improving
outcomes
every day



1

Patients
First

2

Partners
in Care

3

Clinical
Outcomes

Value Added Services:

- Time-saving referral approach
- Patient advocacy
 - » Patient assistance programs
 - » Alternate funding and flexible payment plans
- Reimbursement assistance
 - » Benefit investigation
 - » Prior authorization assistances
- Monthly refill reminders
- Access to limited distribution medication and devices
- Personal patient care coordinators
- Clinical interventions; side effect monitoring
- Free shipping
- Medication administration training
- Disease-specific information and resources
- 24–7 availability, 365 days a year
- Patient adherence tracking and reporting

CONTACT US TO START YOUR JOURNEY:

800/658-6046 or FAX 800/794-7851



320 South Polk Street
Amarillo, TX 79101
Phone: 806–324–7724
Fax: (806) 324-5511
MaxorSpecialty.com

ENROLL NOW

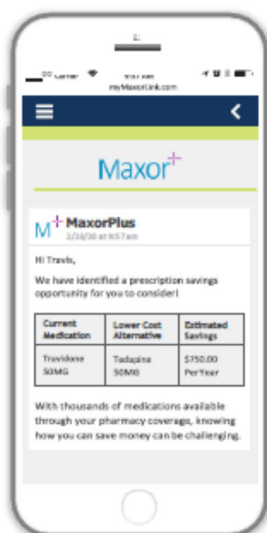
Your plan includes myMaxorLink™

Make the most of your pharmacy benefits with myMaxorLink™.

myMaxorLink™ sends you messages about lower cost prescriptions and other health benefit updates for free*.

No app required.

*Carrier message and data rates may apply.



Sign-up in seconds

1. Have your member ID card ready
2. Call (888) 596-0723 or go to mymaxorlink.com/maxorplus

You are enrolled!

Member Portal and App

The MaxorPlus Member Portal and App connect you to your benefits and empower you to make the best purchasing decisions for you and your family.

Download our app for free from Apple App Store or Google Play.



FAQ's

How do I register my account?

1. Go to members.maxorplus.com. Click 'Create Account'.
2. On the first page, enter your general information (First Name, Last Name, Email).
3. On the second page, enter the information on your member ID card to tie your prescription benefit information to your account (RX Group # or GRP Number, Member ID, DOB).
4. Click 'Link to Patient'.

You are ready to manage your benefits!