

ABOUT YOUR MAXORPLUS PRESCRIPTION DRUG PROGRAM

Where Your Prescription Drug Card Can Be Used

To save money on your co-payments, you are encouraged to use the County-City Employee Pharmacy Program to fill your prescriptions. However, MaxorPlus prides itself in having a pharmacy network dedicated to providing you with quality prescription drug services. Your prescription drug benefit can be used nationwide to obtain prescriptions from any MaxorPlus participating network pharmacy.

How the Program Works

Bring your prescription drug card to the County-City Employee Pharmacy Program or any participating retail pharmacy in the MaxorPlus pharmacy network. Present your prescription drug card to the pharmacy and confirm the most accurate information about you and your family is on file. Participating pharmacies will submit your claim electronically to MaxorPlus. You will pay the required co-pay amount and sign the signature log for your prescription.

Co-pays

COUNTY-CITY EMPLOYEE PHARMACY PROGRAM		
DRUG	30 Day Supply	MAIL ORDER (90 Day Supply)
Generic	The greater of \$5 or 20% (up to \$30 maximum)	\$12.50
Brand	The greater of \$20 or 20% (up to \$50 maximum)	\$50.00
NETWORK PHARMACY CO-PAY (30 Day Supply)		
DRUG		
Generic	The greater of \$15 or 20% (up to \$40)	
Brand	The greater of \$25 or 20% (up to \$60)	

ABOUT YOUR MEDICATIONS

Days Supply and Refills

All mail order prescriptions and prescriptions costing \$300 or more, regardless of the day supply, **must** be filled through the County-City Employee Pharmacy Program. All other 30-day prescriptions may be filled through the County-City Employee Pharmacy Program or at a MaxorPlus network retail pharmacy.

If your health care provider has authorized refills, you may refill your prescription after 75% of the prescription has been used. For example with a 30-day supply prescription, you may refill the prescription when you have 7 days left.

Generic Medications

Generic medications help you and your plan 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 "MOTRIN") rather than its chemical or generic name (example "ibuprofen"). Ask your doctor if a generic medication would be right for you.

YOUR BENEFIT COVERAGE

Exclusions

Vitamins, over-the-counter items, infertility medications, agents for weight loss, smoking deterrents, and drugs used for cosmetic improvement are not covered. Please refer to your 2005 Medical Plan Document for a complete listing of the plan's exclusions.

Prior Authorization

There are some devices and medications that require prior authorization:

- Retin-A
- Avita
- Differin
- Attention Deficit Disorder Drugs and Narcolepsy Medications (Ritalin, Adderall, etc.)
- Injectable Drugs
- Impotency Drugs (Viagra, Muse, etc.)
- Growth Hormones
- AIDS Related Drugs
- Anti-fungals (Sporanox, Lamisil, etc.)

Using A Non-Participating Pharmacy

The program requires eligible members to use the County-City Employee Pharmacy Program or a network pharmacy. Prescriptions purchased at "non-network pharmacies" are covered **only** in emergency situations. If you need to fill a prescription after an Emergency Room or Urgent care visit between 9:00 p.m. and 8:00 a.m., when network pharmacies are not open, it will be considered an emergency prescription. You will need to pay 100% of the prescription drug cost and obtain a receipt. You must then submit a paper claim, along with the receipt, for reimbursement to MaxorPlus or the County-City Employee Pharmacy Program. You can request this form from MaxorPlus or your HR Department. MaxorPlus will reimburse you based upon the network discounted rate minus your County-City Employee Pharmacy 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: A MaxorPlus participating pharmacy is available within most cities across the United States. Please call **1-800-687-0707** for help in locating one near you.

NETWORK PHARMACIES

National Chains

ALBERTSONS
K MART
MEDICINE SHOPPE
SAFEWAY
SAM'S CLUB
TARGET
WALMART

Independent Participating Pharmacies

A VILLAGE PHARMACY
AMERICAN PHARMACEUTICAL
BLENDE DRUG
BROADWAY PHARMACY
COLLEGE PHARMACY
DRAKES PRESCRIPTIONS
EASTSIDE PHARMACY
EXECUTIVE PARK PHARMACY
IVYWILD PHARMACY
JB PHARMACY
KOHLE APOTHECARY
KOHLE PROFESSIONAL
MESA PHARMACY
MIDTOWN GROVE DRUGSTORE
PENROSE PROFESSIONAL
ST FRANCIS HEALTH CENTER
THE PRESCRIPTION SHOP

If you need assistance locating a
convenient participating pharmacy,
please call MaxorPlus Customer Service at
1-800-687-0707.

COUNTY – CITY EMPLOYEE PHARMACY PROGRAM

The Pharmacy
will be open beginning
January 3rd Monday-Friday,
9 a.m. - 6 p.m.

To speak to someone at
the Pharmacy, please call
(7 1 9) 5 2 0 – 7 5 9 0.

To order refills at anytime, call to
access our 24-hour automated
refill system at
1 – 8 0 0 – 5 7 3 – 6 2 1 4.

For questions concerning
your Prescription Drug
Program, call MaxorPlus at
1 – 8 0 0 – 6 8 7 – 0 7 0 7.

MaxorPus Customer Service Representatives
are available:

Monday - Friday 6 a.m. – 8 p.m.
Saturday 7 a.m. – 5 p.m.
Sunday 8 a.m. – 4 p.m.

MAXORPLUSSM

320 S. Polk Street, Suite 200
Amarillo, Texas 79101
www.maxor.com

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Prescription Drug Program for City of Colorado Springs

Effective
January 1, 2005



We Create Community

