



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.

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, where RX is filled and the number of days supply obtained. See below.	Retail Pharmacy Per-Script	Mail Order Pharmacy Per-Script	Certain drugs have restricted quantities or prior authorization requirements, as described below. Additional information is available at www.maxorplus.com or call 1-800-687-0707.
More information about prescription drug coverage is available at www.maxorplus.com	Generic drugs	\$5 co-pay	\$10 co-pay	Up to a 30-day supply (retail Rx Fill) Up to a 90 day supply (mail order Rx fill)
	Preferred brand drugs	\$15 co-pay	\$30 co-pay	Up to a 30-day supply (retail Rx Fill) Up to a 90 day supply (mail order Rx fill)
	Non-preferred brand drugs	\$30 co-pay	\$60 co-pay	Up to a 30-day supply (retail Rx Fill) Up to a 90 day supply (mail order Rx fill)
	Contraceptives	Oral generic only - \$0 co-pay Oral Single Source Brand - \$0 co-pay Oral Multi Source Brand - \$0 co-pay	Oral generic only - \$0 co-pay Oral Single Source Brand - \$0 co-pay Oral Multi Source Brand - \$0 co-pay	Oral contraceptives – only Oral contraceptives requiring a Physicians prescription are covered under this Plan. Other types of contraceptives maybe covered under the Employer's Medical Plan or other RX plan. Step therapy requiring two (2) generic fills in prior 180 days PA for medical necessity plus Step therapy requiring two (2) generic fills in prior 180 days Up to a 30-day supply (retail Rx Fill) Up to a 90 day supply (mail order Rx fill)

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Rhode Island Public Employees' Health Services Fund Local Union 1033 RX Plan provided by MaxorPlus

Summary of Prescription Drug Coverage: What drugs this Plan Covers & What it Costs

Coverage: commencing 7-1-2013

Prescription Benefit Important Questions	Answers	Why this Matters:		Limitations & Exceptions
	Oral Specialty drugs	Same as above	n/a	Up to a 30-day supply (specialty prescription). Oral cancer medications are restricted to be filled by Maxor Specialty Pharmacy.
	Preventive drugs	\$0 copay	n/a	Folic acid OTC for women up to age 55 Aspirin OTC for members age 45 and older Iron OTC or Rx for children up to age 1 Fluoride Rx oral for children up to age 6 (OTC requires a written prescription)
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. The MaxorPlus Preferred Drug Formulary is located at www.maxorplus.com . Not all medications listed in the formulary are covered by your prescription drug plan.		
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 in the Excluded Services section or at www.maxorplus.com .		
Is there a deductible on prescriptions	No	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. There is not a deductible in this Rx plan.		
Is there an out-of-pocket limit on my expenses?	No	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. Out of pocket costs in this Rx plan are based upon the number of Rx fills and are not limited.		
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. There is no limit to the amount on the total costs to this Rx plan for filling your Rx(s).		
Does this plan use a	Yes. See www.maxorplus.com or	The Rx plan requires you to use a network pharmacy . Prescriptions purchased at		

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network of pharmacies?	call 1-800-687-0707 for a list of participating providers.	non-network pharmacies are covered only in emergency situations. You will need to pay 100% of the cost of the drug, and then submit a paper claim along with the receipt for reimbursement. The claim form can be found at www.maxorplus.com .	
Do I have to use Mail Order to obtain a 90 day supply?	Yes	You must use Maxor Mail Order for 90 day supply home delivery, which saves you time at the pharmacy as well as copays (3 month supply for 2 copays). 30 day supplies are available at local retail pharmacies. To contact Maxor Mail Order Pharmacy, please call 1-800-687-8629.	
Do I have to use generic drugs only?	Yes, for certain classes of drugs.	Acne Topical Agents (only generic covered) – Effective 4/1/11 Oral Contraceptives (only generic covered) – Effective 5/1/12 Non-sedating Antihistamines (only generic & OTC covered) – Effective 3/1/10 Ophthalmic Antihistamines (only generic & OTC covered) – Effective 4/1/11 Proton Pump Inhibitors (only generic & OTC covered) – Effective 3/1/10	

Covered Services:

Drugs your Plan DOES Cover (with a written prescription)

<ul style="list-style-type: none"> • Accutane • Aspirin (OTC) – ages 45 and older • Acne Antibiotics (only immediate release products covered) • Acne Topical Agents (Only generic covered) • Anaphylactic Bee Sting Kits (Ex. Epi-Pen) • Byetta • Compounded medications • Contraceptives, oral products 	<ul style="list-style-type: none"> • Drugs for ADD/ADHD/Narcolepsy • Fluoride Supplements – (Rx) – up to age 6 • Folic Acid (Rx & OTC) – women up to age 55 • Insulin • Iron Supplements (Rx & OTC) – up to age 1 • Legend drugs (any drug that requires a prescription), unless specifically excluded. • Non-sedating Antihistamines (Only generic & OTC covered) • Ophthalmic Antihistamines (Only generic & OTC covered) 	<ul style="list-style-type: none"> • Proton Pump Inhibitors (Only generic & OTC covered) • Smoking Deterrents (Rx & OTC) • State Restricted Drugs (i.e., DEA Schedule V) • Symlin • Topical tretinoins (ex. Avita, Retin-A, Differin, Tazorac) • Victoza • Vitamins – (Rx only) prenatal, folic acid, and vitamin D
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Excluded Services:

Drugs Your Plan Does NOT Cover		
<ul style="list-style-type: none"> • Agents for weight loss • Allergy serum/extracts • Anabolic steroids • Acne Antibiotics long acting products (ex. Solodyn, Doryx, Oracea) • Acne Topical brand products (ex. i.e. Retin-A, Retin-A Micro, Tretin-X) • Anti-sera/immune globulins • Anti-wrinkle agents (ex. Renova) • Blood, blood factors, blood plasma or biological sera • Colony Stimulating Factors • Contraceptive devices, abortifacient, emergency, implants, injectables. • Contraceptives –non oral products, maybe covered under Employer Medical Plan or other Employer Plan • Cosmetic hair removal products (ex. Vaniqa) 	<ul style="list-style-type: none"> • Depigmenting agents (ex. Hydroxyquinone) • Dental products • Devices, appliances, or supplies, including support garments & non-medicinal substances • Diabetic supplies – ex. Syringes, test strips • Drugs indicated for cosmetic uses • Drugs for Erectile Dysfunction • Fertility agents • Fluoride supplements • Glucometers • Growth hormones • Hair growth stimulants • Homeopathic/natural legend products • Immunizations/Vaccines/Toxoids • Amrix • Cambia, Dolgic Plus, Fortamet, Orbivan, and Naprelan 	<ul style="list-style-type: none"> • Self administered injectable medications except for insulin, Byetta, Symlin, Victoza, and bee sting kits • Office administered injectable medications • Iron supplements • Non-legend drugs (OTC's), except as listed above • Non-sedating antihistamines- brand name products – • Nutritional supplements • Ophthalmic Antihistamines brand products • Proton Pump Inhibitors (PPI) brand products • Syringes/needles • Vitamins-other than Rx prenatal, folic acid, and vitamin D. • Replax (generic triptans covered) • Naftin

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Other Limitations/ Restrictions:

Other Restrictions		
<ul style="list-style-type: none"> Oral Specialty medications – One-time Retail pharmacy fill allowed, then restricted to Maxor Specialty Pharmacy 90 day supply is limited to Maxor Mail Order Pharmacy. 	<ul style="list-style-type: none"> Brand/Generic Cost -If the patient or doctor requests a brand drug when a generic equivalent exists, the patient will pay the brand copay plus the cost difference between the brand and generic drug. 	<ul style="list-style-type: none"> Refills require 75% usage of the current supply before allowed to refill.
Drugs with Special Quantity Limits		
<ul style="list-style-type: none"> See MaxorPlus standard Quantity Limit list* at www.maxorplus.com. <p>*This list is subject to change.</p>	<ul style="list-style-type: none"> Anti-emetics - limited to Retail pharmacy. Anti-Influenza, ex Relenza, Tamiflu Anti-Migraine Agents Agents for Osteoporosis or Bone Loss Byetta Ketorolac 	<ul style="list-style-type: none"> Proton Pump Inhibitors Prozac Sleeping Pills Smoking Deterrents Seasonique/Seasonale- 91 day supply allowed at retail for 3 retail copays
Drugs Requiring Step Therapy		

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Drugs requiring Prior Authorization

- All Claims over \$1,200 retail and \$2,500 mail
- Antifungals- itraconazole (ex. Sporanox) and terbinafine HCl (ex. Lamisil)
- Anti-migraine agents exceeding quantity limit
- Byetta
- Compounds over \$100
- Drugs exceeding specific quantity limits
- Fentanyl buccal (ex. Actiq, Fentora) - for cancer pain only
- Gleevec
- Sleeping pills exceeding the quantity limit
- Symlin
- Topical tretinoins ages 28 and over
- Wellbutrin/XL after 98 days per year
- Amitizia

Oral Multi Source Brand Contraceptives with Step Therapy

Your Rights to Continue Coverage:

If you lose coverage under the plan, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a **premium**, which may be significantly higher than the premium you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply. For more information on your rights to continue coverage, contact the plan at 401-331-1050. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.cciio.cms.gov."

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 the plan at 401-331-1050.

Plan Approval:

Name/Title: Donald S. Iannazzi, Esq., Administrator Signature: Donald S. Iannazzi Date: September 17, 2012 (with revision 6-28-13)

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