

# MaxorPlus™ Member Portal



## User Guide



## Table of Contents

|                                          |    |
|------------------------------------------|----|
| Welcome to the MaxorPlus™ Member Portal! | 3  |
| The Member Portal At-a-Glance            | 4  |
| Create Your Portal Account               | 5  |
| Update Your Account Information          | 6  |
| Change Password                          | 6  |
| Manage Notifications                     | 6  |
| Personal Info                            | 6  |
| Change Credit Card                       | 6  |
| Refill Your Prescriptions                | 7  |
| Sign up for Mail Order                   | 8  |
| COVID Test                               | 11 |
| View Your Prescription History           | 12 |
| Manage Your Dependents                   | 13 |
| Locate a Pharmacy and Price Drugs        | 14 |
| Price a Medication                       | 14 |
| Find a Pharmacy                          | 15 |
| View Your Plan Information               | 16 |
| Read FAQs                                | 17 |
| View your Prior Authorizations           | 18 |
| Initiate a Chat Conversation             | 19 |
| Use the MaxorPlus™ App                   | 20 |

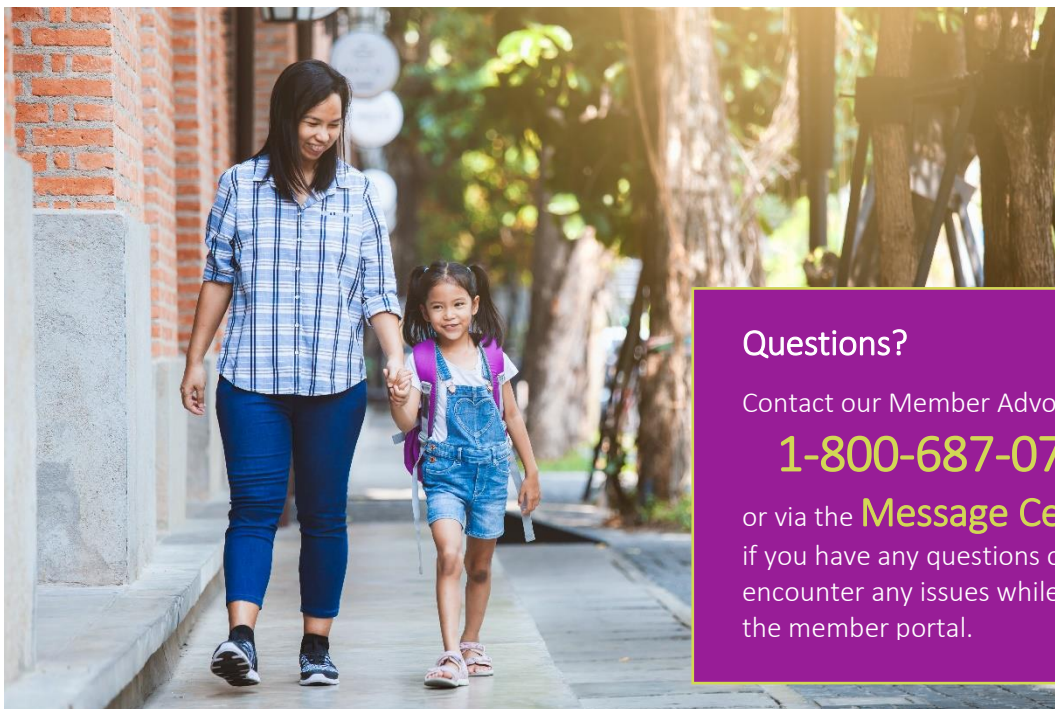


# Welcome to the MaxorPlus™ Member Portal!

The Member Portal is where you manage your pharmacy benefits, such as **refilling a prescription, locating an in-network pharmacy, and looking up the estimated cost of a drug**. Our goal is to make your experience as easy as possible, and we are constantly working to add more features or improve existing features so that you can have all that you need for your managing your benefits at your fingertips.

This guide contains instructions on how to perform key benefit management activities and more and is organized by screen tiles so you can quickly find the information you need:

1. Update your account information
2. Refill your prescriptions
3. Sign up for mail order
4. Request COVID Test
5. View your prescription history
6. Manage your dependents
7. Locate pharmacy and price drugs
8. View your plan information
9. Read FAQs
10. View your prior authorizations
11. Initiate a chat conversation



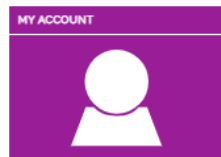
## Questions?

Contact our Member Advocates at

**1-800-687-0707**

or via the **Message Center** if you have any questions or encounter any issues while using the member portal.

## The Member Portal At-a-Glance



### My Account

Change your password, manage your notification settings, and manage your mail order information.



### Maxor Pharmacy Refills

Manage your mail order prescriptions, including refilling a prescription for yourself or a dependent.



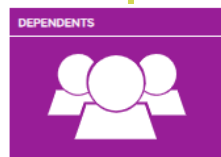
### Mail order

Sign up for mail order services for your maintenance medications.



### Prescription History

View and print prescription activity.



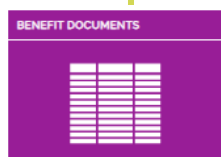
### Dependents

Add and manage your dependents.



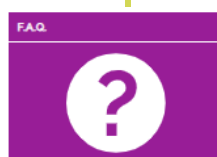
### Price Drug & Find Pharmacy

Search for your medication, view estimated cost, or find pharmacies.



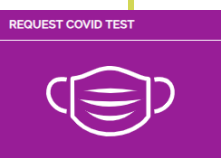
### Benefit Documents

View your plan information such as formulary and more.



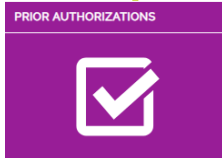
### FAQ

Find answers to commonly asked member portal and mail order questions.



### Request COVID Test

Request at-home COVID Tests to be delivered to your home.



### Prior Authorization

View your prior authorization activity.

# Create Your Portal Account

You must create an account when you go to the member portal for the first time. You will need your member ID card to complete registration.

1. Go to *members.maxorplus.com*.
2. Click **Create Account**.
3. Fill out all the fields on the *Create Account – Personal Information* form.
4. Accept the Online Terms and Agreement.
5. Complete CAPTCHA security confirmation.
6. Click **Continue**.
7. Complete the fields on the *Create Account – Link My Patient Profile* form.  
This links your account to your benefit plan and information.
8. Click **Link to Patient**.  
Use your new username and password to login to your account.

Link My Patient Profile

Please Fill Out The Following Form

*This tool requires your date of birth and card information (not your spouse or children).*

Your First Name

Your RX Group #

Your Member ID

Your Date of Birth (MM/DD/YYYY)

mm/dd/yyyy

Please enter your Date of Birth in this format (mm/dd/yyyy).

Link To Patient

Log Into Your Account

Email Address

Email Address Go

Create Account I Forgot My Password

*\*If you are a new user please click the Create Account button.*

Create Account X

Personal Information

First Name

Last Name

State of Residence

Pick a state

E-mail Address

Confirm E-mail Address

Security Information

Password

Please enter your desired password. Must be at least 8 characters long and include 3 of the following requirements:

- ✗ One lowercase letter
- ✗ One uppercase letter
- ✗ One number
- ✗ One special character(#,!,%,&,+)

Confirm Password

Security Question

Choose a security question

Answer

Terms and Conditions

Please read the Maxor Terms of Use and Privacy Statement below.  
If you agree to these terms, you can create your account by clicking the "Continue" button.

Website Terms and Conditions of Use

## Update Your Account Information

Update your account information, including your password, mail order address and payment information, and notifications. Simply click the corresponding link in the left navigation bar to view and edit your current selections.

### Change Password

Change your password and security questions here. Passwords must be 8 characters long with 3 of the following: 1 lower case letter, 1 uppercase letter, 1 number, or 1 special character (#,\$,%,&,+).

### Manage Notifications

Select your preferred contact method for prescription and MaxorPlus notifications: Text, Email, Voice Message, Do Not Contact. **Note:** We will contact you even if you select *Do Not Contact* if there is a problem with filling or shipping your prescription.

### Personal Info

Update address and contact information for your mail order prescriptions here. This field becomes active once you add a credit card/method of payment to your mail order account.

### Change Credit Card

Enter mail order payment information here.



#### Account Services

Change Password

#### Communications

Manage Notifications

#### Mail Order Information

Personal Info

Change Credit Card

This page's contents  
vary based on your  
plan provider.

# Refill Your Prescriptions

You can refill your or your dependent's mail order prescriptions on the Maxor Pharmacy Refills page.

**Refill Prescriptions For:**  
ANN MXTESTMBR

**View:**  
☒ List ☐ Grid

**Shipping Address:**  
Home

Shipping Address  
7306 ORANGE ST.  
AMARILLO TX  
79108  
[\[edit address\]](#)

**ACTIVATE AUTO REFILL**

**My Refills**  
ANN MXTESTMBR

Credit Card: \*\*\*\*\*1111 | [\[update credit card\]](#) NO ITEMS SELECTED

| Select to Fill           | Rx#     | Name                         | Quantity | Days Supply | Next Refill | Refills Remaining | Status           |
|--------------------------|---------|------------------------------|----------|-------------|-------------|-------------------|------------------|
| <input type="checkbox"/> | 4782815 | LEXAPRO 10 MG TABLET         | 10.0     | 10.0        | 03/17/2020  | 1.0               | Refill Available |
| <input type="checkbox"/> | 4783203 | LEVOTHYROXINE 125 MCG TABLET | 1.0      | 1.0         | 03/17/2020  | 1.0               | Refill Available |
| <input type="checkbox"/> | 4564355 | LIPITOR 20 MG TABLET         | 30.0     | 30.0        | N/A         | 4.0               | Contact Doctor   |

\* Order totals are estimated using previous co-pay amounts and may not reflect actual cost when processed.

**Review Order**

1. Select the prescription holder from the Refill Prescription For: field. **Note:** If you do not have any linked dependents, this field will automatically populate with your name, and you can skip this step.
2. Select the shipping address for your prescription.
3. The address opens below. If you see any errors, click the Edit Address link to make your corrections.
4. Select the prescription(s) you wish to refill. **Note:** The status column indicates if you have refills available, or if MaxorPlus will need to contact your Provider before refilling your prescription.
5. Click **Review Order**.

**Review Order** ANN MXTESTMBR

Card on File \*\*\*\*\*1111

Shipping Address  
7306 ORANGE ST.  
AMARILLO, TX  
79108

This order contains 1 prescription(s) for ANN MXTESTMBR to be mailed to the above address.

| Rx#     | Name                                                                      | Quantity | Days Supply | Co-pay*     | Status           |
|---------|---------------------------------------------------------------------------|----------|-------------|-------------|------------------|
| 4782815 | LEXAPRO 10 MG TABLET<br><small>This prescription can be refilled.</small> | 10.0     | 10.0        | Unavailable | Refill Available |

\*Co-pays are estimated based on previous orders.  
If no previous order exists, the co-pay estimate is unavailable.  
The actual co-payment amount will be determined when the order is processed.

**Cancel** Total Co-pay is Not Available For This Order. **Submit Now**

If you have any questions about your co-pay, please contact customer support at (800) 687-0707.

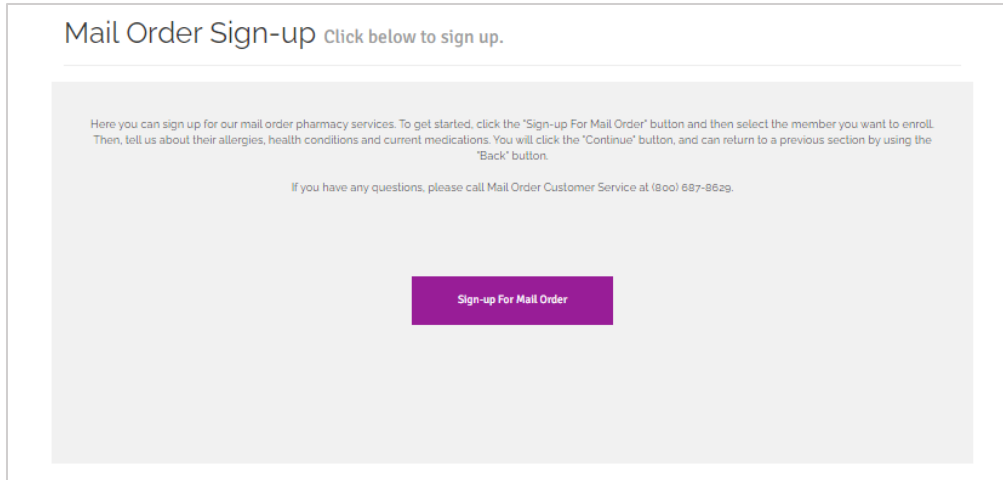
6. Review your prescription request and information on the Review Order screen.
7. If all the information is correct, click **Submit Now**.
8. You will get an order success message once the system processes your order.

## Sign up for Mail Order

Complete the Sign Up form to begin receiving mail order medications from MaxorPlus.

The Sign-up process will take you through several screens: Health Profile, Payment Method, Demographic Information, and Important Information. Once you complete these steps, your mail order account is activated.

1. Click **Sign up for Mail Order**.



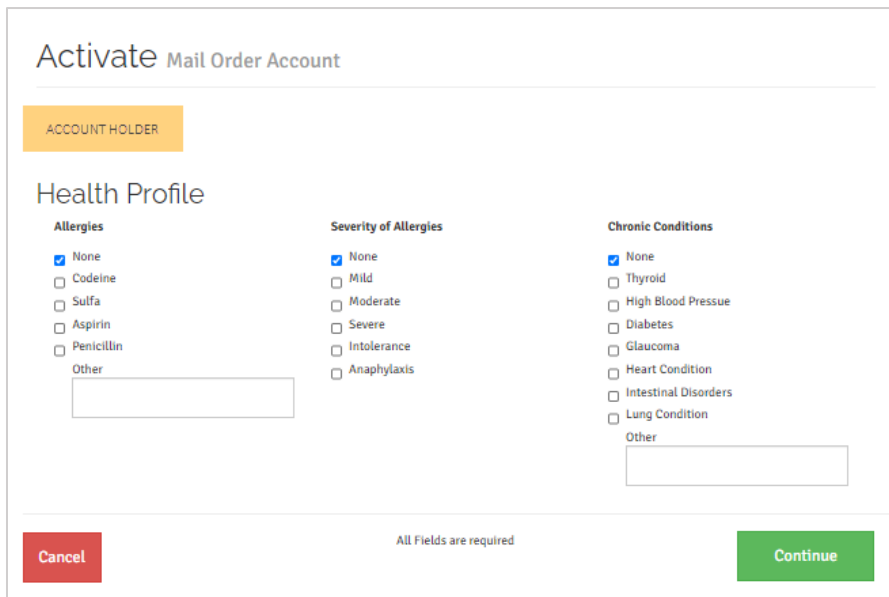
**Mail Order Sign-up** Click below to sign up.

Here you can sign up for our mail order pharmacy services. To get started, click the "Sign-up For Mail Order" button and then select the member you want to enroll. Then, tell us about their allergies, health conditions and current medications. You will click the "Continue" button, and can return to a previous section by using the "Back" button.

If you have any questions, please call Mail Order Customer Service at (800) 687-8629.

**Sign-up For Mail Order**

The Health Profile form opens.



**Activate** Mail Order Account

ACCOUNT HOLDER

**Health Profile**

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Allergies</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> None</li><li><input type="checkbox"/> Codeine</li><li><input type="checkbox"/> Sulfa</li><li><input type="checkbox"/> Aspirin</li><li><input type="checkbox"/> Penicillin</li><li>Other <input type="text"/></li></ul> | <b>Severity of Allergies</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> None</li><li><input type="checkbox"/> Mild</li><li><input type="checkbox"/> Moderate</li><li><input type="checkbox"/> Severe</li><li><input type="checkbox"/> Intolerance</li><li><input type="checkbox"/> Anaphylaxis</li></ul> | <b>Chronic Conditions</b> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> None</li><li><input type="checkbox"/> Thyroid</li><li><input type="checkbox"/> High Blood Pressure</li><li><input type="checkbox"/> Diabetes</li><li><input type="checkbox"/> Glaucoma</li><li><input type="checkbox"/> Heart Condition</li><li><input type="checkbox"/> Intestinal Disorders</li><li><input type="checkbox"/> Lung Condition</li><li>Other <input type="text"/></li></ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Cancel** All Fields are required **Continue**

2. Select any allergies or chronic conditions that you may have.
3. Click **Continue**.  
The Payment Method form opens.

## Activate Mail Order Account

### Payment Method

**Payment**

☒ Credit Card  
☐ Check/Money Order

### Credit Card Information

**Name on Card:**

**Card Number:**

Please enter a valid credit card number.

**Expiration Date:**

MM      YYYY

☐ Do not keep my credit card on file at the pharmacy.

### Shipping

To expedite shipping please call customer service at (800) 687-8629.  
Note: Expedited shipping will NOT rush prescription processing.

Back
Continue

4. Select to pay by Credit Card or Check/Money Order.
5. If you select **Check/Money Order**, click Continue to proceed to the next step. Note: your prescription will not be shipped until MXP Pharmacy receives your payment.
6. If you select **Credit Card**, enter your payment information, and click **Continue**.  
The Demographic Information form opens.

## Activate Mail Order Account

### Demographic Information

Please enter your current phone number and address using the form below.

**Phone:**

Area Code      Phone Number      Ext.

**Address:**

**Street 1**

**Street 2**

**City**

**State**  **Zip**

<Not Specified>      v

The information provided here will only be used in relation to mail order prescriptions.

If you have any questions about activating your mail order account, please feel free to reach out to us at 800-687-8629.

Please complete all fields.

Back
Continue

7. Enter your phone number and shipping address.
8. Click **Continue**.  
The Important Information form opens.

## Activate Mail Order Account

---

### Important Information

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 Maxor to fill prescriptions with generic equivalents when available and permissible by law, in accordance with your benefit plan requirements. If you request a brand name drug when your doctor permits generic substitution, you may be responsible for paying the difference in cost between the brand name drug and the generic equivalent in addition to your co-payment. Refer to your plan benefit information for more details or contact customer service at (800) 687-8629.

**Reminder:** You will always be charged the mail order co-payment when you send or transfer a prescription to Maxor Mail Order. To maximize your savings, ask your doctor for a 90 day supply with refills up to one year. Please submit refill requests 14 days before your medication runs out. When paying by check or money order, please send the appropriate co-payment to avoid delays processing your request.

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Written information about your prescriptions will be provided to you. Please read the information before taking any prescriptions. If you have questions, a pharmacist is available during normal business hours.

**Complaints against the practice of the 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](http://www.tsbp.state.tx.us)

La información escrita sobre sus medicamentos recetados será proporcionado a usted. Por favor, lea la información antes de tomar cualquier prescripción. Si tiene alguna pregunta, un farmacéutico está disponible durante horas normales de oficina.

**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](http://www.tsbp.state.tx.us)

Activation of mail order account can take up to two business days. Users cannot process refills until this account activation is complete.

I understand: ☐

Back

Finish

9. Please review all information, and click **I understand** in the Mail Order terms section.
10. Click **Finish** to activate your mail order account.

## Request COVID Test

Click into this tile to order your At-home COVID Test.

Due to limited supply, we are only able to dispense up to two tests per order, and if you need or want more, you'll need to place another order for an additional two tests the next day. However, you will be limited to eight tests per month.

Your information will automatically be prepopulated in the fields shown below, but you do have the option to make changes as needed.

If you are placing an order for a dependent, you may choose their name from the dropdown option in the Member Name field.

**Note:** The COVID Tile functionality is currently only available in the browser version of the member portal. It is not available in the mobile application.

### Order COVID Tests

Member Name:

▼

Street 1

Street 2

City

<Not Specified> ▼

Zip

AreaCode

PhoneNumber

Extension

Submit Order

Due to limited supply, we are only able to dispense up to two tests per member. Two tests will automatically be sent to you.

## View Your Prescription History

Run a report on all your prescriptions, or your dependents' prescriptions, for specified date ranges. You can export the report to PDF to easily print and use an EOB.

- Your *Year to Date* history will automatically load when you open the page.
- Click the **Print** icon to generate a printable PDF.

MEMBER PORTAL

View Reports For:

ANN MXTESTMBR

Date Range:

☒ Last Year

☐ Year to Date

☐ Custom

### My Reports

Comprehensive

Prescription History for Ann MxTestMbr from 01/1/2019 through 12/31/2019

| Patient       | Rx #    | Drug / Pharmacy                                  | Fill Date | Day Supply | Quantity | Copay    | Plan Amt. | Total Cost |
|---------------|---------|--------------------------------------------------|-----------|------------|----------|----------|-----------|------------|
| ANN MXTESTMBR | 9999999 | JANUVIA TAB 50MG<br>UNITED SUPERMARKETS PHARMACY | 08/7/2019 | 30         | 30       | \$100.00 | \$367.29  | \$467.29   |

 Total Copay: \$ 100.00

# Manage Your Dependents

Access dependent information and manage their prescriptions. You can add multiple dependents to your account, and permissions are determined by your state of residence's age of consent.

1. Click **Add a Dependent**.
2. Enter the dependent's information in the Add Dependent form.
3. Click **Link to Patient**.  
If the dependent is under the age of consent, *they are automatically linked to your account.*  
*If the dependent is over the age of content, they must create an account and grant you access to their information.*

You will receive an email when a dependent grants you access to their account.

Add Dependent

Please Fill Out The Following Form

Any patient over the age of consent that is added using this form must have an account and grant you access before you can manage their account.

First Name

Group #

Member ID

Date of Birth

mm/dd/yyyy

Link To Patient

Maxor<sup>+</sup>

MEMBER PORTAL

My Dependents ⓘ

These are plan members I can do things for.

| Name                | Born | Status                                              |
|---------------------|------|-----------------------------------------------------|
| SEBASTIAN MAXTSTMBR | 2011 | Allowed For Minor ⓘ<br>Authorized Until: 03-14-2029 |

Add a Dependent

Other Users ⓘ

These are permissions I can grant other users.

ⓘ

You currently have no other users linked to your account.

Other users can have access and perform actions that you grant them.

## Locate a Pharmacy and Price Drugs

Price your prescriptions and locate pharmacies in a single search or separate searches. When you search for a medication, its common uses will be displayed at the top of the page.

The form is titled "Find Drug and/or Pharmacy Information" with a magnifying glass icon. It contains several input fields: "Drug Name", "Quantity", "Days Supply", "Enter An Address", "City", "State" (with a dropdown arrow), "Zip", and "Radius" (set to "5 miles" with a dropdown arrow). A green "Search" button is at the bottom right. Below the form, a disclaimer states: "Prescription copayments are only an estimate and may vary based on the submission date and your pharmacy benefit plan policy. Always refer to your benefit plan documentation for more information and consult with your physician or other qualified health provider regarding medication appropriate for your medical condition."

## Price a Medication

1. Enter the drug name you'd like to price in the Drug Name field.
2. Select the correct dosage from the drop down.
3. Enter the Quantity and Days Supply in the corresponding fields.
4. Enter the pharmacy name, city and state, or zip code.
5. Select the distance radius you'd like to search.
6. Click **Search**.
7. Select the radio button beside your desired pharmacy, and click **Price It**.
8. The Generic and Brand price are displayed. **Note:** Brand is only displayed if you enter a brand name drug.
9. Click **Find Another Drug** to price a new medication.

The results page shows the drug "LEVOTHYROXIN TAB 100MCG" with a quantity of 30 and 30 days supply. It includes common uses and a "Find Another Drug" button. Below, the location is set to "320 S Polk St, Suite 200 Amarillo, TX 79101" with a 10-mile radius and a "Search Again" button. A search filter bar says "Begin typing Pharmacy Name, Address or Phone Number to filter your results".

| Pharmacy Name                | Address                                            | Distance  | Phone #        | Price It?             |
|------------------------------|----------------------------------------------------|-----------|----------------|-----------------------|
| MARTIN TIPTON PHARMACY LLC   | 1501 S TYLER ST<br>AMARILLO, TX 79101              | 0.8 miles | (806) 373-2812 | Generic: \$5.00       |
| WALGREENS #5611              | 801 NORTH FILLMORE ST<br>AMARILLO, TX 79107        | 0.9 miles | (806) 371-8116 | Generic: \$5.00       |
| CVS PHARMACY #07765          | 317 E AMARILLO BLVD<br>AMARILLO, TX 79107          | 0.9 miles | (806) 374-0581 | <input type="radio"/> |
| JO WYATT COMMUNITY PHARMACY  | 1411 AMARILLO BLVD E<br>AMARILLO, TX 79107         | 1.4 miles | (806) 351-7240 | <input type="radio"/> |
| CVS PHARMACY                 | 2012 SOUTH WASHINGTON STREET<br>AMARILLO, TX 79109 | 1.4 miles | (806) 379-6191 | <input type="radio"/> |
| UNITED SUPERMARKETS PHARMACY | 1501 E AMARILLO BLVD<br>AMARILLO, TX 79107         | 1.5 miles | (806) 373-7057 | <input type="radio"/> |
| SAMS CLUB PHARMACY           | 2201 ROSS-OSAGE DR<br>AMARILLO, TX 79103           | 1.8 miles | (806) 374-0622 | <input type="radio"/> |
| OMNICARE                     | 2770 DUNIVEN CIRCLE<br>AMARILLO, TX 79109          | 2.3 miles | (806) 352-1175 | <input type="radio"/> |
| WALGREENS                    | 2601 S GEORGIA<br>AMARILLO, TX 79109               | 2.4 miles | (806) 468-8616 | <input type="radio"/> |
| MARKET STREET PHARMACY #526  | 2530 S GEORGIA<br>AMARILLO, TX 79109               | 2.4 miles | (806) 468-9911 | <input type="radio"/> |

At the bottom, there are pagination controls (1-6) and a green "Price It" button.

## Find a Pharmacy

1. Enter the pharmacy name, city and state, or zip code.
2. Select the distance radius you'd like to search.
3. Click **Search**.
4. Click **Search Again** to refine your search parameters or find a different pharmacy.

Click here to search for a drug

Location: 320 S Polk St, Suite 200 Amarillo, TX 79101
Radius: 5 miles
Search Again

Begin typing Pharmacy Name, Address or Phone Number to filter your results

| Pharmacy Name                | Address                                            | Distance ? | Phone #        | Price It? ? |
|------------------------------|----------------------------------------------------|------------|----------------|-------------|
| MARTIN TIPTON PHARMACY LLC   | 1501 S TYLER ST<br>AMARILLO, TX 79101              | 0.8 miles  | (806) 373-2812 |             |
| WALGREENS #5611              | 801 NORTH FILLMORE ST<br>AMARILLO, TX 79107        | 0.9 miles  | (806) 371-8116 |             |
| CVS PHARMACY #07765          | 317 E AMARILLO BLVD<br>AMARILLO, TX 79107          | 0.9 miles  | (806) 374-0581 |             |
| JO WYATT COMMUNITY PHARMACY  | 1411 AMARILLO BLVD E<br>AMARILLO, TX 79107         | 1.4 miles  | (806) 351-7240 |             |
| CVS PHARMACY                 | 2012 SOUTH WASHINGTON STREET<br>AMARILLO, TX 79109 | 1.4 miles  | (806) 379-6191 |             |
| UNITED SUPERMARKETS PHARMACY | 1501 E AMARILLO BLVD<br>AMARILLO, TX 79107         | 1.5 miles  | (806) 373-7057 |             |
| SAMS CLUB PHARMACY           | 2201 ROSS-OSAGE DR<br>AMARILLO, TX 79103           | 1.8 miles  | (806) 374-0622 |             |
| OMNICARE                     | 2770 DUNIVEN CIRCLE<br>AMARILLO, TX 79109          | 2.3 miles  | (806) 352-1175 |             |
| WALGREENS                    | 2601 S GEORGIA<br>AMARILLO, TX 79109               | 2.4 miles  | (806) 468-8616 |             |
| MARKET STREET PHARMACY #526  | 2530 S GEORGIA<br>AMARILLO, TX 79109               | 2.4 miles  | (806) 468-9911 |             |

< 1 2 3 4 5 >

The copayments listed are based on your benefit plan policy. Note: In certain instances, copayments may differ if you take a brand drug when a generic equivalent drug is available. Refer to your benefit plan documentation for more information.

## View Your Plan Information

Locate specific program details here such as formulary, specialty drug list, member ID card, welcome packet, and more.

If MaxorPlus produces your member ID card or welcome packet you will have the ability to download or print this document, if issued within the last 24 months.

MEMBER PORTAL

Benefit Documents

Download Documents Below

Formulary

Quantity Limits and Prior Authorization

Member ID Card

Welcome Packet Information

This page's contents vary based on your plan provider.

## Read FAQs

Go to the FAQs page to find answers for common questions related to mail order and the member portal.

MEMBER PORTAL

### Frequently Asked Questions:

320 S. POLK STREET, SUITE 200, AMARILLO, TEXAS 79101

**Welcome to MaxorPlus and MXP Pharmacy!**

*Below are frequently asked questions and answers about our Mail Order Program.*

#### How do I pay for my prescriptions?

- Contact MXP Pharmacy Member Services at 800-687-8629 to add or update your credit card information.
- If you are mailing in your prescriptions, you can send a check, money order, or credit/debit card information along with your MAIL ORDER FORM. Orders cannot be processed without payment.
- Contact MXP Pharmacy Member Services at 800-687-8629 to add or update your credit card information.

Please note that orders cannot be processed without payment.

#### How will my prescription order be mailed to me?

- Your medications are generally delivered via first-class mail by the US Postal Service.
- We offer expedited shipping through UPS or FedEx for an additional fee. Please note that UPS or FedEx requires a physical address and will not deliver to PO Boxes.
- Refrigerated medications, such as insulin, are shipped UPS or FedEx overnight at no additional cost to you.

#### How long does it take to receive my prescriptions?

- You should receive your medication within five business days from the time MXP Pharmacy receives and processes your prescription. Note: It may take longer to receive your order if a prescription requires intervention (i.e. prior authorization).

#### What happens if my prescription requires a prior authorization?

- If your prescription claim rejects at MXP Pharmacy due to a prior authorization, we will obtain the necessary information to process the request and reach out to you if needed.
- Typically, this process takes 24-48 hours, depending on how quickly the required information is obtained from your physician.
- If you have any questions regarding the status of a prior authorization request, please call MaxorPlus Member Services at 800-687-0707.

#### What happens when my prescription is out of refills?

- When your prescription has no refills remaining, we will contact the prescribing doctor for a new prescription.
- If you have changed physicians since you last filled your prescription, please contact your physician to request a new prescription.

#### May I fax or email new prescriptions?

- Only your doctor can fax, electronically submit, or call in new prescriptions.

#### How do I refill my prescriptions?

There are several options available for ordering refills:

- If your plan utilizes Maxor Pharmacies, click the My Maxor Refills Tile. Select your shipping address, prescriptions you want refilled, and click Review Order. Confirm your details, and click Submit Now.
- If your plan does not utilize Maxor Pharmacies, please contact your plan administrator for instructions and in network options.
- Members can call 800-687-8629 and follow the menu instructions to refill medications or to speak with a Member Advocate about refills.
- You may print a MAIL ORDER FORM from the MaxorPlus website and mail it to the pharmacy, along with your prescription and payment. Please include a check, money order, or fill out the credit/debit card section on the form. Our mailing address is: MXP Pharmacy, PO Box 32050, Amarillo, Texas 79120-2050.
- The earliest refill date is printed at the bottom of your prescription bottle.

Note: You may be asked for your prescription number when discussing refills. It is a number, beginning with a 92, found at the top left corner of your prescription bottle. The prescription number will remain the same until your refills run out.

## View your Prior Authorizations

View prior authorization status activity for yourself and your dependents, including approval timeframes.



MEMBER PORTAL



BACK TO FEATURES

Log Out

View Prior Authorizations For:

ANN MAXTSTMBR

ANN MAXTSTMBR

SABASTIAN

DAISY

### Prior Authorizations

| Member        | Prior Authorization Number | Drug Name                        | Prior Authorization Type | Status   | Approval Start Date | Approval End Date |
|---------------|----------------------------|----------------------------------|--------------------------|----------|---------------------|-------------------|
| ANN MAXTSTMBR | 72361925                   | EMGALITY 120 MG/ML PEN           | INITIAL/PRIMARY          | APPROVED | 09/27/2021          | 09/27/2022        |
| ANN MAXTSTMBR | 68482406                   | UBRELVY 50 MG TABLET             | INITIAL/PRIMARY          | APPROVED | 06/09/2021          | 06/09/2022        |
| ANN MAXTSTMBR | 65405618                   | EMGALITY 120 MG/ML PEN           | INITIAL/PRIMARY          | APPROVED | 03/23/2021          | 09/19/2021        |
| ANN MAXTSTMBR | 64577921                   | AJOVY 225 MG/1.5 ML AUTOINJECTOR | INITIAL/PRIMARY          | DENIED   |                     |                   |
| ANN MAXTSTMBR | 57606081                   | AIMOVIG 140 MG/ML AUTOINJECTOR   | INITIAL/PRIMARY          | DENIED   |                     |                   |
| ANN MAXTSTMBR | 53280050                   | AIMOVIG 70 MG/ML AUTOINJECTOR    | INITIAL/PRIMARY          | DENIED   |                     |                   |

If a prior authorization is not listed please contact Member Services via our live chat feature below or by phone at the number listed on your prescription card.

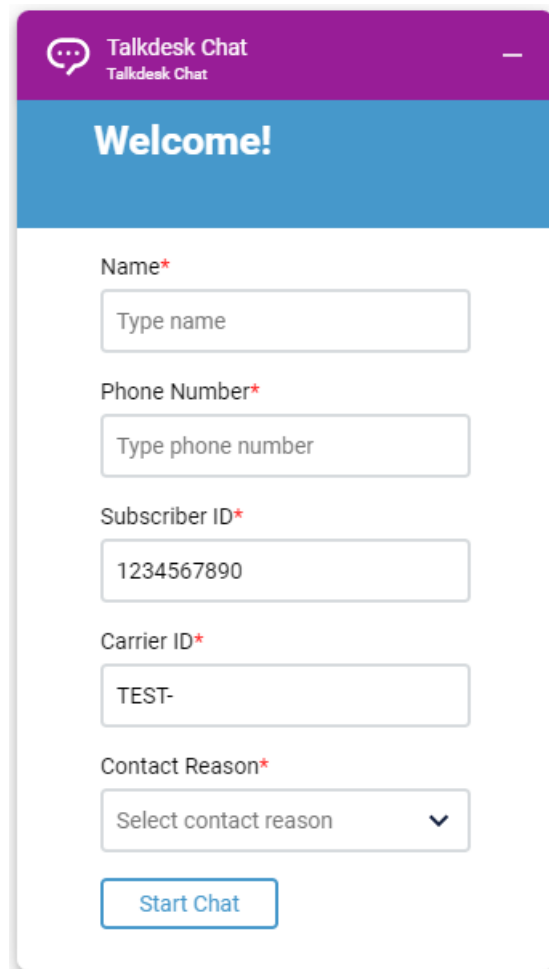
MaxorPlus Home

Contact Us

## Initiate a Chat Conversation

The MaxorPlus portal allows you to send private, HIPPA-compliant messages to MaxorPlus Member Advocates through a live chat conversation.

Your member ID and plan ID are prepopulated to allow a MaxorPlus Member Advocate to quickly locate your account.



The screenshot shows a mobile application interface for 'Talkdesk Chat'. At the top, there is a purple header with a speech bubble icon and the text 'Talkdesk Chat'. Below the header is a blue banner with the word 'Welcome!' in white. The main content area is white and contains a form with the following fields:

- Name\***: A text input field with the placeholder 'Type name'.
- Phone Number\***: A text input field with the placeholder 'Type phone number'.
- Subscriber ID\***: A text input field containing the value '1234567890'.
- Carrier ID\***: A text input field containing the value 'TEST-'.
- Contact Reason\***: A dropdown menu with the text 'Select contact reason' and a downward arrow icon.

At the bottom of the form is a blue button with the text 'Start Chat'.

# Use the MaxorPlus™ App

Download the MaxorPlus™ Member app at the Google Play store or Apple App Store.

1. Search for MaxorPlus.
2. Click **Download** beside the MaxorPlus™ app.
3. Use the same login as you create on the web portal.
4. Or, you can create an account via the app.

**Note:** The COVID Tile and Chat icon are currently unavailable in the app and only available in the Member Portal.

