

# MaxorPlus: Missouri Educators' Trust Rx Plan 5

Coverage Period: 07/01/2025 – 06/30/2026

Summary of Drug Coverage: What drugs this Plan Covers & What They Cost

Coverage: Rx Plan



**This is only a summary.** If you want more detail about your coverage and costs, you can get additional information at [www.maxorplus.com](http://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 <a href="#">prescription drug coverage</a> is available at <a href="http://www.maxorplus.com">www.maxorplus.com</a> | Generic drugs                                                                             | \$10 co-pay/prescription                                    | \$15 co-pay/prescription                                    | 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                                                                     | \$35 co-pay/prescription                                    | \$75 co-pay/prescription                                    | 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                                                                 | \$75 co-pay/prescription                                    | \$150 co-pay/prescription                                   | 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<br><br>Brands with generics available are covered at applicable tiered copay as listed above. |

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|  |                 |       |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--|-----------------|-------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | Specialty drugs | \$100 | n/a | <p>Covers up to a 30-day supply of Specialty Products. List of Specialty medications at <a href="http://www.maxorplus.com">www.maxorplus.com</a></p> <p>MET has arranged for Payer Matrix to assist you in obtaining financial assistance to get your specialty drugs. You need to enroll with Payer Matrix to obtain such assistance. If you enroll with Payer Matrix but are not provided financial assistance, you will be provided with benefits consistent with the benefits of this plan. If you are not eligible to enroll in Payer Matrix, you will be provided benefits consistent with the benefits of the plan. If you are eligible but refuse to enroll in Payer Matrix, you will have to pay the full cost of the drug.</p> <p>The Enhanced Care Management Program (ECMP) is being offered through our employee health plan and provides participating employees with additional specialty prescription resources to help better manage their diagnosed chronic health condition. The program is provided at no cost to you and does not require that you change doctors or medications. Participation in this program is mandatory for coverage of medications that are part of the ECMP program.</p> |
|--|-----------------|-------|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| Prescription Benefit Important Questions                                             | Answers                                                                                                                         | Why this Matters:                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Limitations & Exceptions |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Can I get a list of drugs showing <b>generic, preferred or non-preferred</b> status? | Yes                                                                                                                             | A <b>formulary</b> is a list of drugs showing the generic, preferred brand, and non-preferred brand status, which determines copay amounts. MaxorPlus Advantage Drug Formulary is located at <a href="http://www.maxorplus.com">www.maxorplus.com</a> .                                                                                                                                                                                                                             |                          |
| 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 <a href="http://www.maxorplus.com">www.maxorplus.com</a> .                                                                                                                                                                               |                          |
| Is there a <b>deductible</b> on prescriptions                                        | No                                                                                                                              | A <b>deductible</b> 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 <b>out-of-pocket limit</b> on my expenses?                               | Yes (integrated with medical)<br>\$3,500 individual<br>\$7,000 family                                                           | The <b>out-of-pocket limit</b> 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 <b>annual limit</b> on what the plan pays?                       | No                                                                                                                              | An <b>annual plan limit</b> 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 <b>network of pharmacies</b> ?                                  | Yes. See <a href="http://www.maxorplus.com">www.maxorplus.com</a> or call 1-800-687-0707 for a list of participating providers. | The Rx plan requires you to use a <b>network pharmacy</b> . 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 <a href="http://www.maxorplus.com">www.maxorplus.com</a> . |                          |
| Do I have to use <b>Mail Order</b> 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.                                                                                                                                                                                                           |                          |
| 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.                                                                                                                                                                                                                                                                                                                                |                          |

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## Excluded Services & Other Limitations or Restrictions:

| Drugs Your Plan Does NOT Cover (including but not limited)                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Abortifacients</li><li>• Allergy serums/extracts</li><li>• Anabolic steroids</li><li>• Antifungal topical nail lacquers</li><li>• Arestin</li><li>• Cosmetic agents (anti-wrinkle, hair growth, hair removal, depigmenting)</li><li>• Blood, blood factors, blood plasma, or biological sera</li></ul> | <ul style="list-style-type: none"><li>• Botox for hyperhidrosis</li><li>• Devices, appliances, supplies, including garments and non-medicinal substances</li><li>• Diagnostic agents</li><li>• Fertility agents</li><li>• Growth hormones for small gestational age</li><li>• Homeopathic/natural legend products</li><li>• Immunizations/Vaccines/ Toxoids indicated for travel only</li></ul> | <ul style="list-style-type: none"><li>• Over the Counter drugs (except ACA)</li><li>• Methadone</li><li>• Nutritional supplements</li><li>• Repackaged or unapproved by the FDA NDCs</li><li>• Specific medications deemed of little added value over alternatives</li><li>• Weight Loss</li></ul>                                                                                           |
| Other restrictions                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>• Specialty medications allow initial fill at retail, then restricted to Maxor Specialty Pharmacy for subsequent fills.</li></ul>                                                                                                                                                                        | <ul style="list-style-type: none"><li>• 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.</li></ul>                                                                                                                    | <ul style="list-style-type: none"><li>• 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.</li></ul> |

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- See MaxorPlus Standard Quantity Limit List\* at [www.maxorplus.com](http://www.maxorplus.com).

- Depo Provera Brand 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

- See complete MaxorPlus standard PA List\* at [www.maxorplus.com](http://www.maxorplus.com)

- Step therapy drug classes
- Drug costs over \$2000 retail/ \$4000 at mail

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