

MaxorPlus™ Member Portal



User Guide

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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. View your prescription history
5. Manage your dependents
6. Locate pharmacy and price drugs
7. View your plan information
8. Read FAQs



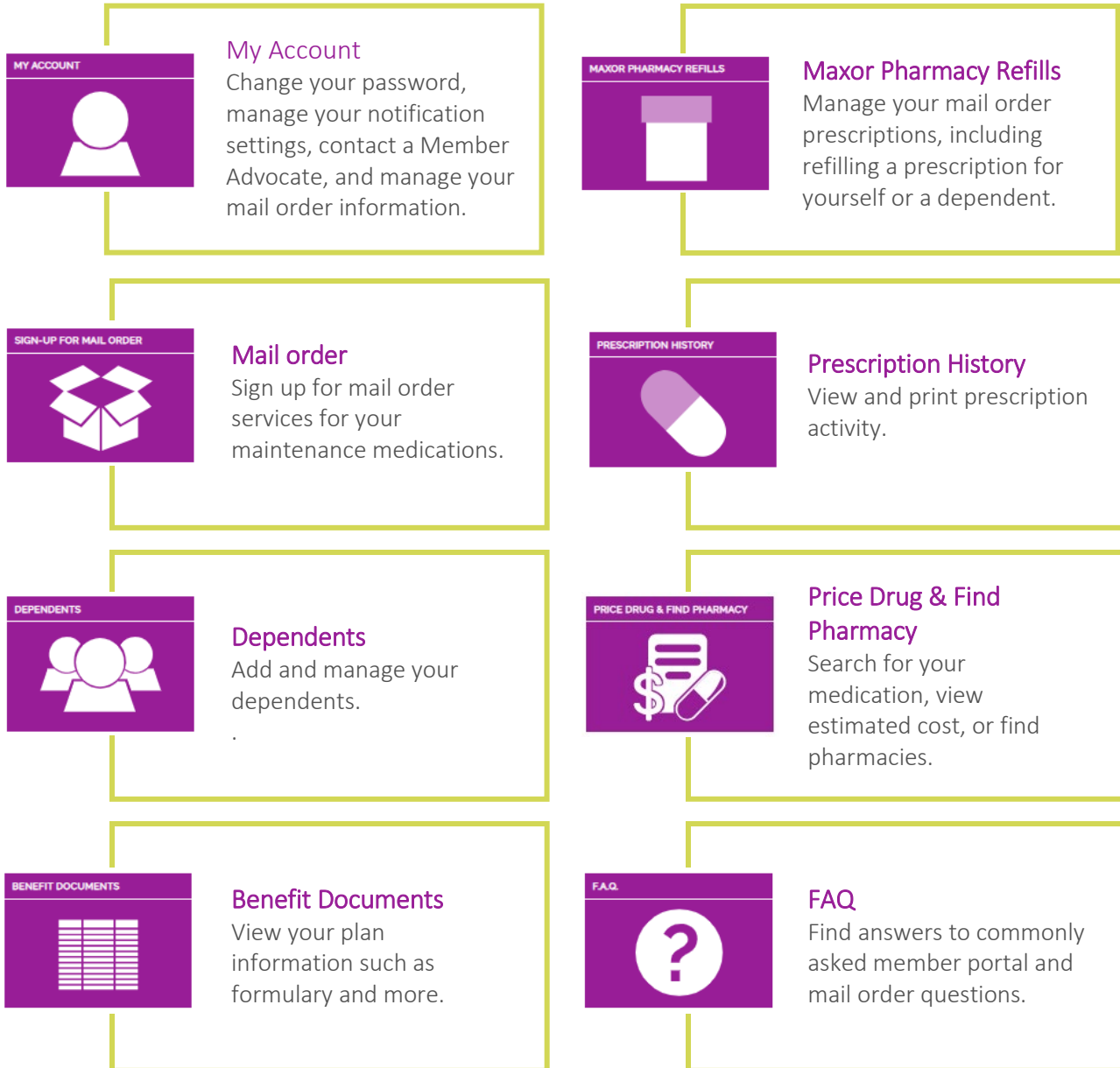
Questions?

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



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

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 (#,\$,%,&,+).

Member ID Card

Request a new ID card, if enabled by your plan provider. Click **Request New Card**, and your request will be sent and processed.

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.

Message Center

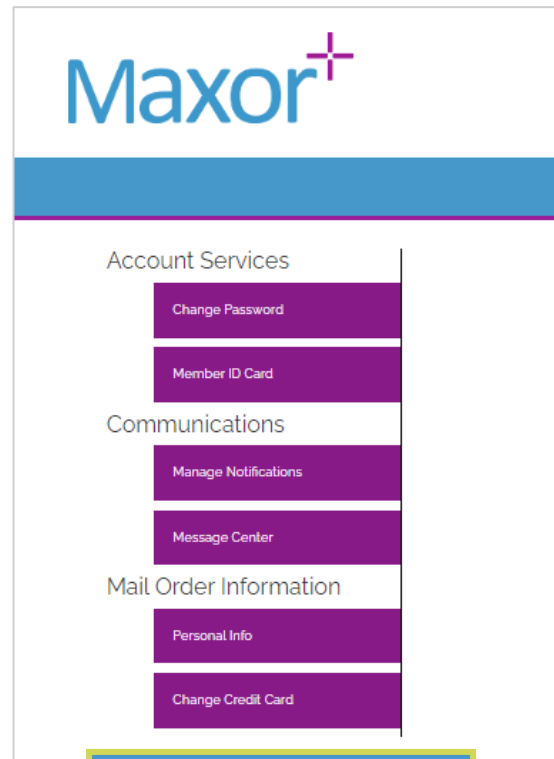
The My Account page also includes the Message Center, which allows you to send private, HIPPA-compliant messages to MaxorPlus Member Advocates.

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.



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.

The screenshot shows the 'My Refills' interface. On the left, there are controls for 'Refill Prescriptions For:' (ANN MXTESTMBR), 'View:' (List selected, Grid unselected), and 'Shipping Address:' (Home selected). Below these is the shipping address: 7306 ORANGE ST., AMARILLO TX 79108, with an '[edit address]' link and an 'ACTIVATE AUTO REFILL' button. The main area is titled 'My Refills' for user ANN MXTESTMBR, showing a credit card ending in 1111 and a 'NO ITEMS SELECTED' cart icon. A table lists three prescriptions:

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

At the bottom right is a 'Review Order' button. A note states: '*Order totals are estimated using previous co-pay amounts and may not reflect actual cost when processed.'

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**.

The 'Review Order' screen shows a summary for user ANN MXTESTMBR. It includes 'Card on File' (*****1111) and 'Shipping Address' (7306 ORANGE ST., AMARILLO, TX 79108). A message states: 'This order contains 1 prescription(s) for ANN MXTESTMBR to be mailed to the above address.' Below is a table with one row:

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

Footnote: *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. At the bottom, there are 'Cancel' and 'Submit Now' buttons, and a note: 'Total Co-pay is Not Available For This Order. If you have any questions about your co-pay, please contact customer support at (800) 687-0707.'

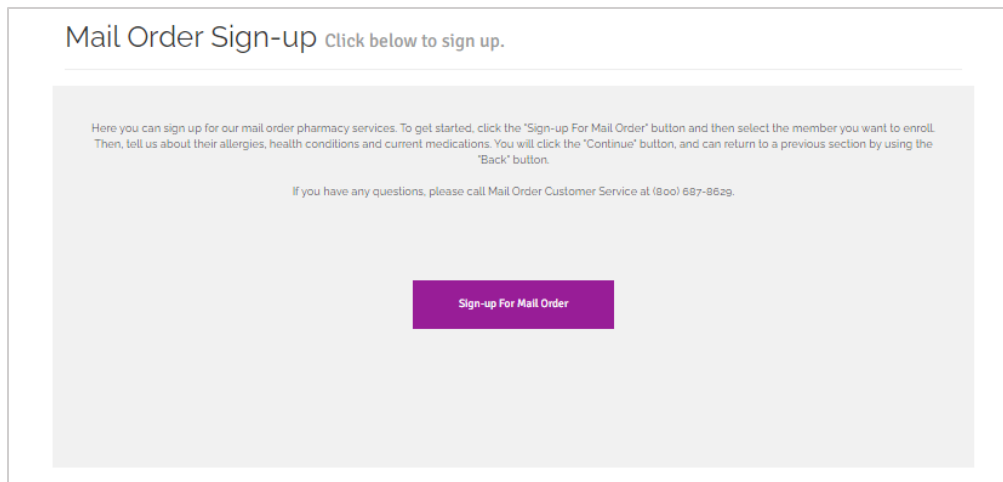
6. Review your prescription request and information on the Review Order screen.
7. If all the information is correct, click **Submit Now**.
8. You will get an order success message once the system processes your order.

Sign up for Mail Order

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

The Sign-up process will talk 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**.



The Health Profile form opens.

The screenshot shows a form titled "Activate Mail Order Account". At the top left, there is a yellow tab labeled "ACCOUNT HOLDER". Below this is the "Health Profile" section, which is divided into three columns of radio button options:

- Allergies:** None, Codeine, Sulfa, Aspirin, Penicillin, and "Other" with an input field.
- Severity of Allergies:** None, Mild, Moderate, Severe, Intolerance, and Anaphylaxis.
- Chronic Conditions:** None, Thyroid, High Blood Pressure, Diabetes, Glaucoma, Heart Condition, Intestinal Disorders, Lung Condition, and "Other" with an input field.

At the bottom of the form, there is a red "Cancel" button on the left, a green "Continue" button on the right, and the text "All Fields are required" centered between them.

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> ▼

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.

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

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

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

I understand:


BackFinish

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

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.

Maxor  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 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+

MEMBER PORTAL

My Dependents ⓘ

These are plan members I can do things for.

Name	Born	Status
SEBASTIAN MAXTSTMBR	2011	Allowed For Minor ⓘ 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.

Find Drug and/or Pharmacy Information

Drug Name Quantity Days Supply

Enter An Address

City State Zip Radius: 5 miles

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.

Drug Name: LEVOTHYROXIN TAB 100MCG Quantity: 30 Days Supply: 30

COMMON USES: It is used to add thyroid hormone to the body. It is used to manage thyroid cancer. It may be given to you for other reasons. Talk with the doctor.

Location: 320 S Polk St, Suite 200 Amarillo, TX 79101 Radius: 10 miles

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

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.

Q [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

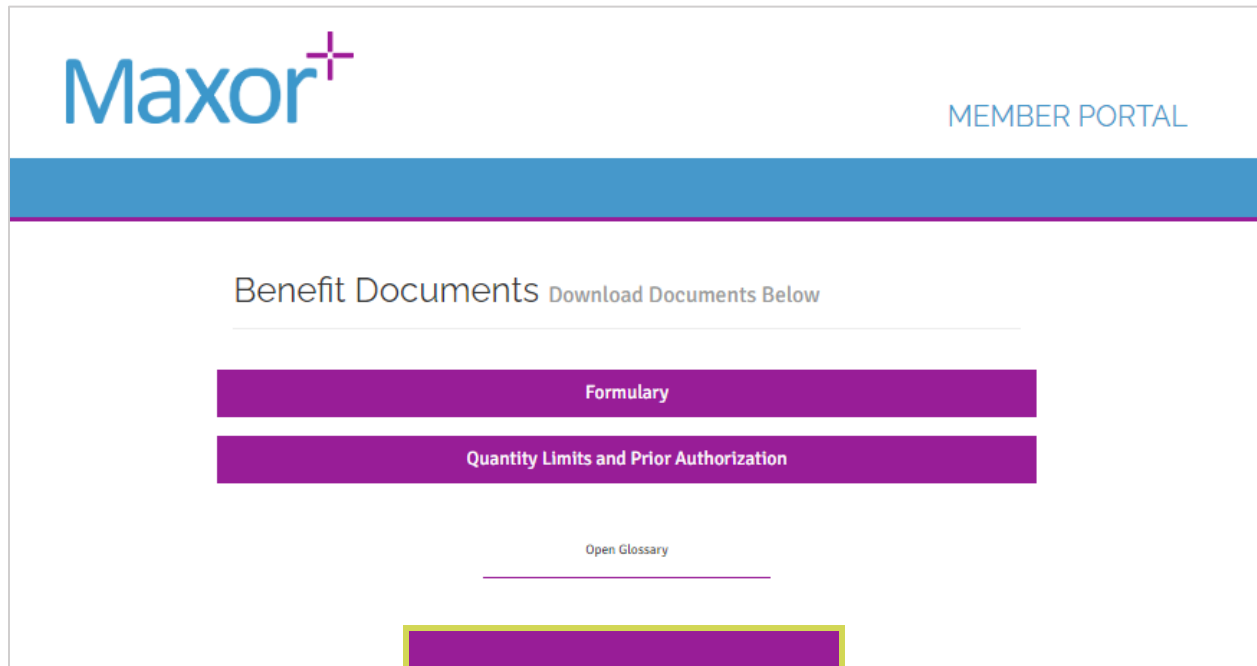
Pharmacy Name	Address	Distance ?	Phone #	Price It? ?
MARTIN TIPTON PHARMACY LLC	1501 S TYLER ST AMARILLO, TX 79101	0.8 miles	(806) 373-2812	
WALGREENS #5611	801 NORTH FILLMORE ST AMARILLO, TX 79107	0.9 miles	(806) 371-8116	
CVS PHARMACY #07765	317 E AMARILLO BLVD AMARILLO, TX 79107	0.9 miles	(806) 374-0581	
JO WYATT COMMUNITY PHARMACY	1411 AMARILLO BLVD E AMARILLO, TX 79107	1.4 miles	(806) 351-7240	
CVS PHARMACY	2012 SOUTH WASHINGTON STREET AMARILLO, TX 79109	1.4 miles	(806) 379-6191	
UNITED SUPERMARKETS PHARMACY	1501 E AMARILLO BLVD AMARILLO, TX 79107	1.5 miles	(806) 373-7057	
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MARKET STREET PHARMACY #526	2530 S GEORGIA 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, prior authorization requirements, and more.




The screenshot shows the Maxor Member Portal interface. At the top left is the Maxor logo, and at the top right is the text 'MEMBER PORTAL'. Below this is a blue horizontal bar. The main content area is titled 'Benefit Documents' with a subtitle 'Download Documents Below'. Underneath, there are two purple buttons: 'Formulary' and 'Quantity Limits and Prior Authorization'. Below these buttons is a link labeled 'Open Glossary'.

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:

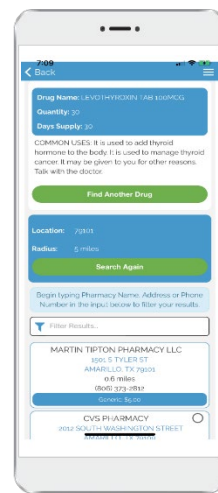
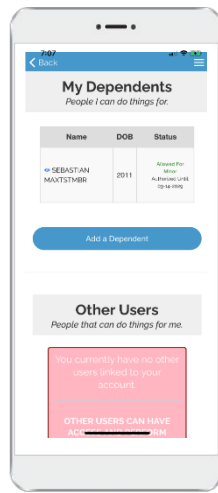
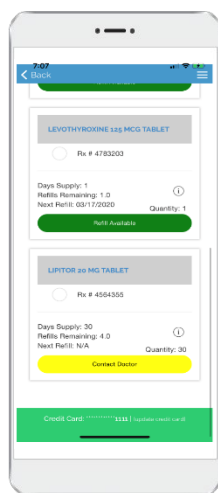
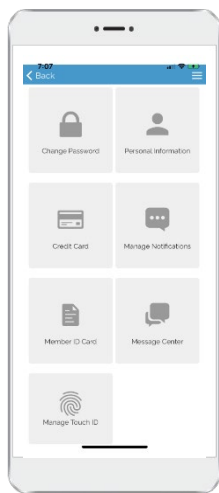
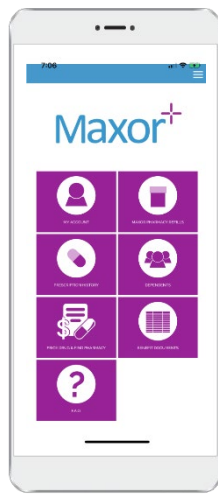
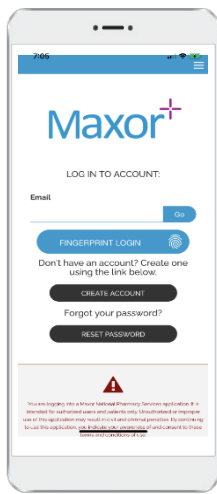
- If your plan utilizes Maxor Pharmacies, click the My Maxor Refills Tile. Select your shipping address, prescriptions you want refilled, and click Review Order. Confirm your details, and click Submit Now.
- If your plan does not utilize Maxor Pharmacies, please contact your plan administrator for instructions 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.

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.





About MaxorPlus™

We believe in making your prescription benefits work for you. We want to help get the prescriptions you need, when you need them. Visit maxorplus.com to find forms and learn the benefits of signing up for mail order.

Questions? Issues? Contact our Member Advocates at **1-800-687-0707** or email maxorpluscontactus@maxor.com to talk to one of friendly and helpful staff.

