

Simple. Seamless.

SafeGuard[®]

Self-Funding for the small to mid-size employer

Prescription Drug Coverage

Prescription drug coverage complements SafeGuard plans, allowing small to mid-size employers to gain a full package of seamless benefits all backed by unparalleled service.

This four-tier prescription drug benefit is built on a popular open formulary. Members benefit from in-network copays at more than 69,000 chain and independent pharmacies across the U.S. – no major chains are excluded from our national network. A convenient mail-order/home delivery program is also available to members for maintenance drugs at a steep discount.

SafeGuard professionals address member and pharmacist questions, and PBM representatives are available to assist with member questions. An online prescription benefit manager offers 24/7/365 assistance with drug lookups, prior authorization guidelines, and even helps find the nearest pharmacy offering a specific drug at the lowest cost.

SafeGuard Prescription Drug Benefit Plans

	TIER 1 Generic Drugs	TIER 2 Brand Formulary Drugs	TIER 3 Brand Non- Formulary Drugs	TIER 4 Specialty Drugs*
Rx 1	\$10	\$20	\$40	20%
Rx 2	\$10	\$25	\$50	20%
Rx 3	\$10	\$40	\$70	20%
Rx 4	\$15	\$30	\$50	20%
Rx 5	\$20	\$40	\$60	20%
Rx 6	\$25	\$50	\$75	30%

*Medications listed as "Specialty Drugs" are used to treat complex medical conditions that require special handling, administration, and member care management. Depending on your pharmacy benefit design, specialty drugs may be part of a specialty benefit with specific coverage and copay requirements that differ from drugs in Tiers 1 – 3. If you do not have a defined specialty benefit, your copay may be based on whether the drug is Generic or Brand, therefore Tier 1 or Tier 3 copays may apply. Prior authorization is required.

Tier four (specialty drugs) member cost share accumulates toward the SafeGuard traditional plan (non-HDHP) out of pocket maximum.

For additional details, visit www.safeguardwisconsin.com

Plan Features and Rules

SafeGuard utilizes a four tier prescription drug plan for all non-High Deductible Health Plans (HDHPs). The four tiers divide medications into the following categories of coverage: Generic Drugs, Brand Formulary Drugs, Brand Non-Formulary Drugs and Specialty Drugs. SafeGuard plans administered by US Health and Life Insurance Company (USHL).

For members covered by a SafeGuard traditional plan (non-HDHP), tiers correspond with a specific copay or coinsurance level as listed in the SafeGuard master plan document (MPD) and summary plan description (SPD). To determine how prescription drugs are covered in a SafeGuard HDHP, including any deductibles or coinsurance, please refer to the SafeGuard Medical Schedule of Benefits.

Drug Categories: Copay and Coinsurance distinctions by the terms Generic, Brand, and Specialty refer to drug categories determined by SafeGuard. Some drugs considered “generic” or “brand” by other sources may or may not be considered Generic or Brand as defined by SafeGuard. Drugs included in these categories are subject to change. See the SafeGuard MPD/SPD for details.

Formulary Lookups: Formulary lookups are available online at www.safeguardwisconsin.com.

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Prior Authorization: Some drugs may require prior authorization. The SafeGuard Prior Authorization Drug List is updated periodically and subject to change without notice. See the SafeGuard MPD/SPD for details.

Restrictions, Exclusions and Limitations: Prescribing guidelines may apply (i.e. restrictions or requirements such as step therapy) prior to dispensing a prescribed medication. Certain drugs and drug classes are not covered by SafeGuard prescription drug coverage. For a complete list of exclusions, please refer to SafeGuard Medical Policy or Prescription Drug Rider.

Out-of-Network Pharmacies: If a member chooses an out-of-network pharmacy, the member must pay for the prescription in full and submit to SafeGuard for reimbursement. Reimbursement will be at the contracted reimbursement rate less any copay or deductible.

Home Delivery or Mail Order: To qualify for the Home Delivery / Mail Order copay level (two times the applicable tier copay for a thirty-day supply), the member must have the prescription dispensed by the Plan’s contracted home delivery pharmacy. If the member’s local pharmacy provides a similar service, the pharmacy copay level is applicable. Home Delivery / Mail Order can include the use of the US Postal Service or other comparable delivery method. Certain drugs may not be available in the retail pharmacy and require home delivery. Drugs are dispensed in 90-day quantities.

This information summary is provided for marketing purposes only and does not represent a guarantee of coverage. For a complete list of policy provisions and exclusions, please refer to the SafeGuard MPD/SPD.