

Simple. Seamless.

# SafeGuard<sup>®</sup>

Self-Funding for the small to mid-size employer

## Prescription Drug Coverage

The SafeGuard four-tier prescription drug coverage program offers wide acceptance at most popular pharmacies, the convenience of a mail-order program, and copay tiers to match most employer budgets.

### SafeGuard Prescription Drug Highlights:

This four-tier prescription drug coverage 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 representatives are also available to assist with questions such as the tier level of a specified drug. An online prescription benefit manager is also available 24/7 for drug lookups, prior-authorization guidelines, and a tool to find the nearest pharmacy offering a specified drug at the lowest cost.

### SafeGuard Prescription Drug Coverage Plans

	TIER 1 Generic Drugs	TIER 2 Brand Formulary Drugs	TIER 3 Brand Non- Formulary Drugs	TIER 4 Specialty Drugs*
1	\$15	\$30	\$50	25%
2	\$15	\$35	\$60	25%
3	\$15	\$50	\$80	25%
4	\$20	\$40	\$60	25%
5	\$25	\$50	\$70	25%
6	\$30	\$60	\$85	35%

\* 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.

For additional details, visit [www.ushealthandlife.com](http://www.ushealthandlife.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.

For members enrolled in a SafeGuard medical policy or four tier drug plan, tiers correspond with a specific copay or coinsurance level as listed in the Prescription Drug Rider. 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 SafeGuard Medical Policy or Prescription Drug Rider for details.

**Formulary Lookups** are available online at [www.ushealthandlife.com](http://www.ushealthandlife.com) on the Find a Provider page. Formulary lookups are quick reference guides to the formulary with information about the most commonly prescribed drugs available in all tiers.

**Specialty Drugs:** 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.

**Prior Authorization:** Some drugs may require prior authorization. The Prior Authorization Drug List is updated periodically and subject to change without notice. See SafeGuard Medical Policy or Prescription Drug Rider 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.