

Introduction to the Formulary

Your prescription coverage is a valuable part of your insurance benefit. We want you to understand the formulary and the benefit so you can use it effectively. We are dedicated to providing you with access to effective and safe medications. Physicians and pharmacists review our formulary to ensure that good quality, cost-effective drugs are available to you. Using the formulary list can help lower your out-of-pocket drug costs.

Drugs are assigned to one of three tiers. Each tier has a different copay level depending on your individual plan design. Drugs on tier 1 are covered on all plan designs at the lowest copayment level. Coverage for drugs on tiers 2 and 3 varies as noted in the table below:

Drug Tier	Types of Drugs	Co-pay level for 3-tier plan designs	Co-pay level for 2 tier plan designs
1	Most generics	Lowest level	Lowest level
2	Preferred Brands	Middle level	Highest level
3	Non-preferred Brands	Highest level	Highest level*

*Some 2-tier prescription plan designs allow coverage for a tier-3 drug with a formulary exception approval. If you wish to request an exception to the formulary list, your provider will need to indicate why you are unable to take a covered drug. A non-formulary product is covered under the formulary exception policy if it is medically necessary, there is documented clinical failure of the formulary alternative(s) in appropriate dosage regimens, or the member has a documented allergy, intolerance or medical contraindication to the use of the formulary alternative(s). For a copy of the formulary exception policy contact Pharmacy Services. Please refer to the introduction for information about how to contact us for a formulary exception request

Mail Order Information

Some plans offer a prescription mail order benefit. Please refer to your Plan documents to find out if your plan includes this benefit. Please contact us at the number below for more information.

Contact Information

Please contact Security Health Plan if you have questions or need to request a prior authorization or a formulary exception.

Attn: Pharmacy Benefit Specialist
Security Health Plan
1515 Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

For Assistance call:

1-877-873-5611 or 715-221-9604
Fax 715-221-9989

NOTE: Benefits vary by plan. Please refer to your Plan documents for information specific to your coverage. The formulary listing is subject to change. The formulary may not be all-inclusive for medication covered.