

SingleCare Administrators

SingleCare® Private Label Managed Savings Plan

Plan Overview¹

January 1, 2024

Private Label Program Structure

The SingleCare® Private Label Managed Savings Plan (the “Plan”) is a program offered to health plans, businesses, non-profits, third party administrators, pharmacy benefit managers, and other commercial organizations (collectively, “Private Label Clients”) to offer their employees, users, members, or other enrollees (each, a “Member”) the economic and clinical benefits of SingleCare Administrators’ Managed Savings Plan but pursuant to the Private Label Clients’ own trademarks, brands, and other identifying material. The Plan is administered by SingleCare Administrators as an agent, subcontractor, or vendor to its Private Label Clients, and SingleCare Administrators is responsible for providing applicable formulary, pricing, claims processing, network administration, plan design & implementation, reporting, clinical programs, and auditing associated with the Plan. A Summary Plan Description for the Plan can be found at the following link: [https://www.singlecare.com/content/Summary_Plan_Description.pdf].

Participating Private Label Clients: The Plan can be offered by Private Label Clients as a stand-alone supplemental benefit directly to Members or through distribution partners, as part of or in addition to employer-provided health coverage, and by managed care organizations or other plan sponsors in combination with an insured benefit. Where applicable, SingleCare Administrators will provide reporting of Plan utilization to pharmacy benefit managers, insurers, ERISA plan sponsors, and other third parties so as to enable Members to integrate their use of the Plan with Members’ other commercial insured benefits.

Eligibility and Participation Requirements and Provisions: Eligibility for the Plan is based on criterion established by the Private Label Client. The Plan may not be used in conjunction with a program reimbursed by an instrumentality of the Federal government or any state government. Members will be disenrolled from the Plan if they submit any health services expenses under the Plan for reimbursement by a federal or state health plan. Member benefits will not be available at every provider of pharmacy or health services. Members will need to review the network of available providers available at the Member Website to determine where the benefit is available. Where a Member has been enrolled in the Plan through a Private Label Client, Member benefits may terminate if any eligibility criterion established by such Private Label Client are no longer met. Members’ eligibility for the Plan’s primary benefits, however, do not expire when coverage by health insurance terminates. Subject to any enrollment windows established by Private Label Clients, Members may enroll in the Plan at any time and there are no requirements that Members enroll their spouse or dependents at the same time that Members enroll for the Plan. To the extent that the Plan offers a choice of providers, Members may change selected providers at any time (as long as the choice of providers is part of the Plan network).

Plan Benefits: SingleCare Administrators or its affiliates have contracted with networks of pharmacy providers to provide Members with savings on covered FDA approved Formulary drugs, over-the-counter medications prescribed by a prescriber, and some diabetic supplies. Members can save compared to the usual and customary price available at the pharmacy. The price of a prescription applies to all pharmacies within a retail chain and does not vary by location. SingleCare Administrators maintains a formulary (drug list) under which certain brand and generic drugs are offered at greater savings due to SingleCare contribution to the cost of some preferred products. The price reflected on the Member Website is the total cost owed by the Member to the pharmacy at the point of service.

Plan Services: On behalf of Members, SingleCare administers and maintains programs to ensure the safety of its Members. These programs include Opioid safety measures that include adjudication rules for refill-to-soon, duplicate therapy, duration by short-acting or long-acting drug, prescriber behavior (overprescribing) and an awareness alert for drug searches in the opioid family, accompanied by education materials on the addictive nature of this class of drugs. SingleCare Administrators will perform any or all of the following services for Private Label Clients, as reflected in any definitive agreement, statement of work, work order, or other written agreement with its Private

¹ The Plan does not constitute health insurance and is not a health benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Label Clients: Network Administration, Formulary Administration, Member Pricing, Claims Processing, Eligibility Management, Rebate Administration, and Member Services.

Private Label Client Branding: SingleCare Administrators will provide the Plan Services at the request of the Private Label Client utilizing any authorized trademarks, brands, scripting, and other identifying material as directed by such Private Label Client. SingleCare Administrators will agree to any customary license agreements, brand guidelines, style guides, or use limitations reasonably requested by Private Label Clients in connection with the distribution of the Plan.

Health Information: Any information pertaining to the utilization of Members' benefits, including any information pertaining to Members' health, health provider, therapy, course of treatment, cost of services or outcomes is personal health information that will only be used and disclosed in conformance with applicable state and federal patient privacy laws. All Private Label Clients will obtain any necessary consents from Members to permit disclosure of Member Health information to Private Label Clients. Members' health information may be shared with providers of services under the Plan, the Plan Sponsor's professional staff, certain third party providers of clinical and health services rendered in connection with the Plan, parties, if any, that Members have provided an opt-in consent to such disclosure, and certain processors of health plan claims. SingleCare Administrators and the Plan are not "Covered Entities" under the Health Insurance Portability and Accountability Act of 1996, Public Law 104 191 (HIPAA) and regulations and guidance promulgated thereunder, as the same may be amended from time to time.