

2020 Individual and Family Customer Guide

**"We would like to say thank you
in a big way for being such a
wonderful insurance company.**

We are both so very thankful for
your company. We greatly appreciate
the coverage and help with so many
wonderful extra support systems.

We love our plan!"

**– Wanda and Paul,
Wisconsin Rapids**



SecurityHealth PlanSM
Promises kept, plain and simple.[®]

High-quality coverage at an affordable price

What do you expect from high-quality health coverage? You want to be confident you made the right choice for yourself and your family. You want to know you didn't spend too much. Moreover, you want to have confidence your coverage will come through for you when you need it – not cutting corners or pinching you on what's covered.

With Security Health Plan, you get what you expect: easy-to-understand benefit statements, accurate and on-time claims payments, friendly and knowledgeable customer service as well as the other benefits outlined in this guide. You will be glad you selected Security Health Plan.



As a member you'll have access to our secure member website, My Security Health Plan, where you'll be able to review claims, arrange payments and take your health assessment.

We're Security Health Plan. Wisconsin is our home and your home. When we say high-quality coverage and affordable prices, we mean it.

Promises kept. Plain and simple.

Key preventive benefits:

With our Select and Protect plans, you will appreciate these preventive benefits that are included at no additional cost:

- ➔ **Screening**
 - blood pressure
 - cholesterol
 - cancer: breast, cervical, colorectal, lung
 - depression
 - diabetes (Type 2)
 - hepatitis B and C
 - HIV
 - obesity
 - osteoporosis
- ➔ **Children's screening and services**
 - autism
 - developmental
 - hearing
 - lead
 - vision
 - well-child visits
 - fluoride supplements
 - iron supplements
- ➔ **Services for pregnant women and well-woman visits**
- ➔ **Immunizations (vaccines)**

Worldwide emergency and urgent care

If you receive emergency or urgent care from an out-of-network provider, it is covered as a part of your benefits plan.

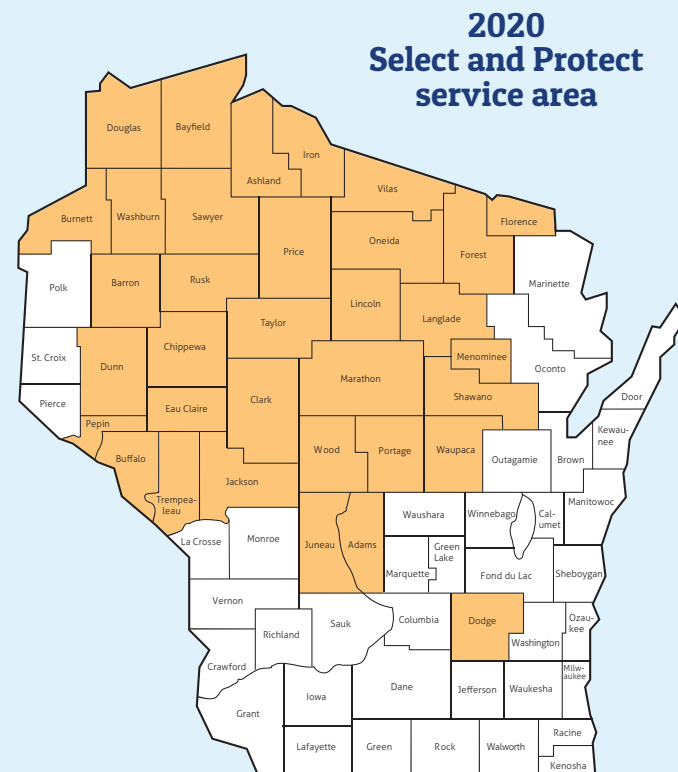


Your plan options:

If you're looking for a terrific health insurance plan that delivers big value for a slim price, our **Select and Protect options** are for you. Our plans give you and your family members access to a network of 793 specialists, 29 hospitals, including the region's only children's hospital, and 346 primary care doctors. Included with your network:

- Marshfield Clinic Health System
- Ascension - North Region
- Essentia Health
- Sacred Heart Clinics (Eau Claire)
- Sacred Heart Hospital (Eau Claire)
- St. Joseph Hospital (Chippewa Falls)
- Selected OakLeaf Medical Network providers

Find a list of network providers at
www.securityhealth.org/directory



Things to know before you get started:

How does a health savings account (HSA) work?

Some of our high-deductible plans can be matched with a health savings account that allows you to set aside pre-tax dollars you can use to pay deductibles and non-covered medical expenses. You do not pay taxes on the money you set aside in the HSA, nor when you withdraw the money for eligible expenses. If you choose one of these HSA plans, you'll be eligible to open a health savings account through your bank. Any money left in the account at the end of the year remains in your HSA for the next year.

Can I get financial assistance?

More than 80 percent of people who purchased Security Health Plan coverage through the Federally-facilitated Exchange received a tax subsidy. And 40 percent of those people received additional cost sharing reductions.

Visit www.securityhealth.org/myplans to learn more about how a subsidy can lower your monthly health insurance premium and help pay for the services you use. Call our sales professionals at 1-855-862-6859 to discuss subsidy and coverage options.

For a detailed listing of each benefit:
www.securityhealth.org/myplans



Here are more good reasons to choose Security Health Plan

Security Health Plan
Select and Protect Benefit Summary - 2020

1

Get care without leaving home

With Care My Way® a nurse practitioner can evaluate certain conditions by phone and order a prescription, if needed. With a plan from Security Health Plan your **Care My Way visit is covered at 100% every time you use it.** (1-800-549-3174)

2

Save up to \$120 a year on over-the-counter supplies

We offer each plan subscriber a \$30 quarterly over-the-counter (OTC) credit to be used toward the purchase of over-the-counter health and wellness products through our mail order catalog. This service is available at the beginning of each quarter of the calendar year (January, April, July and October).

3

24-hour medical advice

We offer a **24-hour Nurse Line** (1-800-549-3174) so you can speak with a registered nurse about your symptoms.

4

No-cost preventive care

Coverage for important services such as:

- many preventative laboratory services covered annually at no additional cost
- immunizations, even those for travel, covered at no cost
- childhood screenings screening and services

5

Prescription coverage

Our Select and Protect plans include prescription coverage:

- for certain mental health and substance-use disorder drugs
- for certain prescribed over-the-counter drugs
- for Food and Drug Administration-approved tobacco cessation drugs
- at thousands of network pharmacies nationwide. You can find affiliated pharmacies through our pharmacy locator at www.securityhealth.org/prescription-tools

6

Coverage when you travel

Emergency and urgent care are covered worldwide, regardless of your provider network.

	Select \$3,500 - 30%	Select \$4,800 - 30%	Select \$7,100 - 30%	Select \$7,000	Select \$8,150	Select Protection	Select \$4,500 HDHP	Select \$6,000 HDHP	Protect \$4,800 HDHP*	Protect \$5,200 - 25%*
Note: For family plans, the levels for deductibles and maximum out-of-pocket costs are double those of individual plans.										
Metal Tier	Gold	Silver	Silver	Bronze	Bronze	Catastrophic	Silver	Bronze	Silver	Silver
Eligible for Health Savings Account							✓	✓	✓	
Annual Maximum Out of Pocket Expense (x2 family)	\$6,000	\$7,900	\$8,150	\$8,150	\$8,150	\$8,150	\$6,850	\$6,850	\$4,800	\$7,100
Deductible (x2 family)	\$3,500	\$4,800	\$7,100	\$7,000	\$8,150	\$8,150	\$4,500	\$6,000	\$4,800	\$5,200
Coinsurance (after deductible is met)	30%	30%	30%	0%	0%	0%	0%	0%	0%	25%
Primary Care Visits (no cost sharing)	1 visit per member per year covered at 100% before deductible and coinsurance	NA	1 visit per member per year covered at 100% before deductible and coinsurance	NA	NA	3 visits per member per year covered at 100% before deductible	NA	NA	NA	1 visit per member per year covered at 100% before deductible
Care My Way	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%
Office Visit	\$30 per visit primary care/\$75 per visit specialty care	\$30 per visit primary care/\$75 per visit specialty care	Subject to deductible and coinsurance	Subject to deductible then \$30 per visit primary care/\$75 per visit specialty care	Subject to deductible	Subject to deductible	Subject to deductible then \$30 per visit primary care/\$75 per visit specialty care	Subject to deductible then \$75 per visit specialty care	Subject to deductible	Subject to deductible and coinsurance
Urgent Care	\$75 per visit	\$75 per visit	Subject to deductible and coinsurance	Subject to deductible then \$75 per visit	Subject to deductible	Subject to deductible	Subject to deductible then \$75 per visit	Subject to deductible then \$75 per visit	Subject to deductible	Subject to deductible and coinsurance
Emergency Room	\$450 per visit	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible then \$450 per visit	Subject to deductible	Subject to deductible	Subject to deductible then \$450 per visit	Subject to deductible then \$450 per visit	Subject to deductible	Subject to deductible and coinsurance
Hospital Inpatient	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible then \$250 per day	Subject to deductible	Subject to deductible	Subject to deductible then \$250 per day	Subject to deductible then \$250 per day	Subject to deductible	Subject to deductible and coinsurance
Maternity Services	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible and coinsurance
Preventive Benefit	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Pharmacy	\$20/\$50/\$100/40% (combined toward maximum out of pocket)	\$25/\$60/\$120/40% (combined toward maximum out of pocket)	\$25/\$60/\$120/40% (combined toward maximum out of pocket)	Subject to deductible, \$25/\$80/\$150/45% (combined toward maximum out of pocket)	Subject to deductible	Subject to deductible	Subject to deductible, then \$25/\$60/\$120/40% (combined toward maximum out of pocket)	Subject to deductible, then \$25/\$80/\$150/45% (combined toward maximum out of pocket)	Subject to deductible	\$20/\$50/\$75/25% (combined toward maximum out of pocket)

*These plans are available off-exchange only and are not eligible for advanced premium tax credits.

Important things to know:

How will billing work?

We offer many convenient ways to pay your premium. We'll send you a bill with the amount of your monthly premium. To make your payment, you can:

- pay online with a debit or credit card through your *My Security Health Plan* account
- arrange to pay monthly directly from your bank account
- write a check to Security Health Plan

What about purchasing on the Federally-facilitated Exchange?

You can find Security Health Plan Select at **www.HealthCare.gov**. Answer a few simple questions about your address and income and you'll see the plans available to you. You'll also be able to find out if you qualify for tax credits and cost-sharing reductions.



What about dental coverage for children?

This policy does not include pediatric dental service as required under the Federal Patient and Protection and Affordable Care Act. Stand-alone dental plans are available for purchase with the Federally-facilitated Exchange. Please contact Security Health Plan or the Federally-facilitated Exchange if you are interested in purchasing pediatric dental or stand-alone dental coverage.

How do I get started?

Whether you **call, click or visit**, you'll be able to easily compare plans and apply for Security Health Plan coverage.



Call

our Sales Department
1-855-862-6859 or
1-715-221-9345 (TTY: 711)

We can help you over the phone or arrange a meeting with a **Benefit Specialist**.
8 a.m. to 5 p.m.
Monday through Friday



Click

to see a detailed listing of each plan's benefits.

Get started after entering your zip code and county at www.securityhealth.org/myplans.

You can also request a quote by email at shp.ifp.request@securityhealth.org



Visit

one of our conveniently located **Answer Centers**, see your local independent insurance agent, or stop by our main office in Marshfield.
See address below.

Language Assistance Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY: 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (TTY: 711).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-472-2363 (TTY: 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-472-2363 (TTY: 711)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-472-2363 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-472-2363 (رقم هاتف الصم والبكم: 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-472-2363 (телетайп: 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-472-2363 (TTY: 711) 번으로 전화해 주십시오.

Oroomiffa (Oromo/Somalia)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-472-2363 (TTY: 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-472-2363 (TTY: 711).

Deutsch (Pennsylvania Dutch)

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-472-2363 (TTY: 711).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ 1-800-472-2363 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-472-2363 (ATS : 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-472-2363 (TTY: 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-472-2363 (TTY: 711) पर कॉल करें।

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-472-2363 (TTY: 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-472-2363 (TTY: 711).

Large print - If you require materials in large print, please call 1-800-472-2363 (TTY:711).

Generally, to qualify for enrollment with Security Health Plan, an individual must reside in our service area and be a U.S. citizen or a resident legal alien.

Notice of nondiscrimination

Discrimination is against the law

Security Health Plan of Wisconsin, Inc., complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations. Security Health Plan does not exclude people or treat them differently because of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status.

Security Health Plan of Wisconsin, Inc.:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Customer Service at 1-800-472-2363 (TTY: 711). If you believe that Security Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status, you can file a grievance with: Security Health Plan, Attn: Grievances, 1515 N Saint Joseph Ave, Marshfield, WI 54449-8000 Phone: 715-221-9596 (TTY: 711) Fax: 715-221-9424; email: shp.appeals.grievance@securityhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Security Health Plan can help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, Phone: 1-800-368-1019 or 1-800-537-7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>

