2018 Medicare Advantage HMO plans

Assurance Rx (HMO-POS)
Spirit (HMO-POS)
Spirit Rx (HMO-POS)

Medicare coverage that works with and for you

SecurityHealth Plan™
Why choose a plan from Security Health Plan?

Our plans offer affordable coverage to fit your budget, health needs and lifestyle choices. For more than 45 years, we’ve been working with health care professionals and hospitals in Wisconsin communities to deliver high quality coverage and customer experiences.

Our members generally receive more personalized care, pay fewer unnecessary health care costs, have fewer frustrations with claims and are more satisfied with their plan.¹

Learn what a plan from Security Health Plan can offer you.

¹ Based on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Health Providers and Systems results.
Costs

You choose a plan that best fits your health needs and budget, including $0 premium plans.
Select a plan with a premium as low as $0, or choose a plan with a higher premium and pay less when you use health care. Either way you get affordable coverage and the security of a plan that works full time to help you stay healthy.

You pay the same premium as others in your plan.
Everyone has the same monthly premium and same maximum annual out-of-pocket limit. Your premium won’t increase as you get older or if you experience a medical condition.

Services

You get high quality health care close to home from our network of more than 10,000 doctors, health care professionals, hospitals and clinics.
Choose providers affiliated with Marshfield Clinic Health System, Mayo Clinic Health System, Meriter, Monroe Clinic, ProHealth Care, ThedaCare, UW Health and many more.
Out-of-network coverage lets you see any provider in the United States that has not opted out of Medicare. You are also covered worldwide for emergencies and urgent care.

You get the care you need without hassles.
You’re covered from day one for skilled nursing home care to recover from an illness or injury. A 3-day hospital stay is not required.
You pay nothing for self-administered drugs you receive while in the hospital as an outpatient, observation or emergency patient in most situations.

You receive preventive health services at no extra cost.
We provide all Medicare-covered preventive services including mammograms and colonoscopies, as well as vaccines, diabetes testing supplies and more.
With our Part D plans, you pay $0 for the expensive Zostavax® shingles vaccine and routine tetanus shots.

Plus, you get extra services beyond what Medicare offers.

• One free preventive dental exam per calendar year (includes a preventive cleaning and either a full mouth X-ray, a panoramic X-ray or up to four bitewing X-rays).
• One routine hearing exam is covered per year. Pay only $500 per hearing aid, up to two aids per year.
• One free eye exam and a $175 or $200 allowance for eyeglasses.
**Member care**

You can talk to our Security Health Plan health professionals anytime, free of charge, to help you stay healthy and manage chronic conditions.

Our team of registered nurses, social workers and health coaches will work with you to ensure your best possible health.

To better assist our members who have multiple chronic conditions, we offer a free medication review from a network pharmacist when you choose one of our Part D plans.

This review helps you better understand your prescriptions and what they do, makes sure you are getting the best results, and shows you how to keep your out-of-pocket costs down.

Your calls are answered by your neighbors right here in Wisconsin.

Our friendly customer service professionals and benefits specialists share your Midwestern values and do what it takes to get your questions answered to your satisfaction.

Besides Medicare health plans, Security Health Plan offers health coverage for all stages in life. If you know someone looking for individual and family coverage or small or large business health insurance, please tell them to call us at 1-800-622-7790.
Answers to popular questions about Medicare Advantage HMO-POS plans

What is a Medicare Advantage HMO-POS plan?
Medicare Advantage plans are run by health insurance companies like Security Health Plan. These plans combine coverage for hospital stays with coverage for doctor visits. You can choose a plan that includes prescription drug coverage or not.

Our Medicare Advantage plans are health maintenance organization (HMO) plans with a network of doctors and hospitals working together to provide care. Each plan has its own provider network. You also have point-of-service (POS) coverage if you wish to see a provider who is not in our network. Separate deductibles, copayments and coinsurance may apply to POS coverage.

Who is eligible to enroll in a Medicare Advantage HMO plan?
Anyone can join who lives in the service area (see map on front cover), is entitled to Medicare Part A and is enrolled in Medicare Part B. Individuals may only enroll during specific times of the year called enrollment periods. Please call 1-888-456-2188 for more information about enrollment periods.

How do I enroll?
We have several ways you can get started.
• Go to www.securityhealth.org/medicare18 to complete an online application.
• If you have a kit, complete the attached application and mail it to us.
• Call us at 1-888-456-2188 to request an application.
• For assistance in completing an application, call us any weekday between 8 a.m. and 5 p.m. at 1-888-456-2188 and one of our credentialed sales agents will be happy to help you.

After we receive your application and verify your information with Medicare, we will send you confirmation of your enrollment and your plan ID card. If for any reason you are denied coverage, we will send you a letter explaining why.

What if I have significant medical concerns?
No medical underwriting is required. Your plan premium will not increase because of your medical condition or your age. All members in each Medicare Advantage plan option pay the same monthly premium. One exception: You are not eligible if you have end-stage renal disease (ESRD) except under certain conditions. Call us for more information on ESRD.

What happens to my Medicare coverage when I enroll in a Medicare Advantage plan?
Enrolling in a Medicare Advantage HMO plan simply means that you are allowing Security Health Plan to provide your Medicare benefits plus some additional coverage. You will continue to pay your Medicare Part B premium, but you will use your Security Health Plan ID card to obtain health care services.

What if I change my mind after I enroll?
If this is the first Medicare Advantage plan you have enrolled in, you may return to Original Medicare or your previous Medicare Supplement (Medigap) any time within the first 12 months or during the next enrollment/disenrollment period. After the first 12 months, you may be required to go through medical underwriting to return to a Medigap plan.
Select the Medicare Advantage HMO-POS plan that is right for you

<table>
<thead>
<tr>
<th>Plan option 2018 monthly premium</th>
<th>Office visit – primary care/ specialty care</th>
<th>Diagnostic tests, X-rays, lab services</th>
<th>Hospital stay</th>
<th>Emergency room visit¹</th>
<th>Ambulance services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirit Rx HMO-POS $219</td>
<td>$0 / $25</td>
<td>$0</td>
<td>$250 each stay</td>
<td>$100</td>
<td>$150 per trip</td>
</tr>
<tr>
<td>Spirit HMO-POS (without Part D coverage) $162 In network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirit Out of network</td>
<td>Separate cost sharing applies to out-of-network services. If you use out-of-network providers for non-emergent/non-urgent services, you pay a $1,500 deductible, then 20 percent coinsurance up to an out-of-pocket maximum of $3,500.</td>
<td></td>
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</tr>
<tr>
<td>Assurance Rx HMO-POS $0</td>
<td>$20 / $50</td>
<td>20% of the cost</td>
<td>$395 each day, days 1-4; $0 after day 4</td>
<td>$80</td>
<td>$250 per trip</td>
</tr>
<tr>
<td>In network</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Out of network</td>
<td>$30 / $75</td>
<td>50% of the cost</td>
<td>50% of the cost</td>
<td>$80</td>
<td>$250 per trip</td>
</tr>
</tbody>
</table>

Limitations, copayments and restrictions may apply. You must continue to pay your Medicare Part B premium. Some services require prior authorization – call Customer Service at 1-877-998-0998 (TTY: 711) for more information.

¹ Waived if admitted within 24 hours.

² No prior 3-night hospital stay is required for skilled nursing facility admission.

³ You pay nothing for self-administered drugs you receive during a hospital outpatient, observation or emergency visit in most situations.
<table>
<thead>
<tr>
<th>Skilled nursing facility stay&lt;sup&gt;2&lt;/sup&gt;</th>
<th>Physical, occupational and speech therapies</th>
<th>Outpatient surgery</th>
<th>Part B drugs (including chemotherapy drugs)&lt;sup&gt;3&lt;/sup&gt;</th>
<th>Durable medical equipment &amp; prosthetics&lt;sup&gt;4&lt;/sup&gt;</th>
<th>High-end imaging tests&lt;sup&gt;5&lt;/sup&gt;</th>
<th>Annual out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 for days 1-6; $20 each day, days 7-20; $0 for days 21-100</td>
<td>$20 per day; can include all three types</td>
<td>$100</td>
<td>20% of the cost</td>
<td>20% of the cost</td>
<td>$150 per day for each type</td>
<td>$1,200</td>
</tr>
<tr>
<td>$0 for days 1-20; $150 each day, days 21-100</td>
<td>$40 per day; can include all three types</td>
<td>$150 for ambulatory surgery center; $400 for hospital outpatient surgery</td>
<td>20% of the cost</td>
<td>20% of the cost</td>
<td>$200 per day for each type</td>
<td>$6,000</td>
</tr>
<tr>
<td>50% of the cost</td>
<td>50% of the cost</td>
<td>$250 for ambulatory surgery center; 50% of the cost for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>50% of the cost</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
</tr>
</tbody>
</table>

Payments made on out-of-network cost sharing will automatically be applied toward satisfaction of the in-network out-of-pocket maximum. Payments on the in-network maximum cannot be applied toward meeting out-of-network cost sharing.

<sup>2</sup> You pay nothing for ostomy, wound care and urological supplies from in-network suppliers.

<sup>3</sup> High-end imaging copays apply to MRI tests, CT and PET scans, ultrasounds, echocardiograms and nuclear medicine cardiac stress tests.

<sup>4</sup> You pay nothing for ambulatory surgery.
Helping keep your prescription drug costs under control

Security Health Plan Medicare Advantage plans with Part D offer up to four stages of prescription drug coverage each year. These include the deductible stage (Assurance Rx only) initial coverage stage, coverage gap stage and catastrophic coverage stage.

### Assurance Rx HMO-POS

**Deductible stage**
You pay a $375 deductible for drugs in tiers 3-5

**Initial coverage stage**
You pay (for a 30-day supply):
- $5 for Tier 1 drugs*
- $13 for Tier 2 drugs
- $45 for Tier 3 drugs
- $98 for Tier 4 drugs
- 25% for Tier 5 drugs
- $0 for Tier 6 vaccines

### Spirit Rx HMO-POS

**Deductible stage**
There is no deductible for this plan

**Initial coverage stage**
You pay (for a 30-day supply):
- $9 for Tier 1 drugs*
- $20 for Tier 2 drugs
- $47 for Tier 3 drugs
- $100 for Tier 4 drugs
- 33% for Tier 5 drugs
- $0 for Tier 6 vaccines

Security Health Plan pays the rest for each drug until the combined amount you and Security Health Plan pay totals $3,750.

### All Rx plans

**Coverage gap stage**
Once you and Security Health Plan have paid $3,750 for drugs:
You pay 35% of the cost plus dispensing fees on brand-name drugs. You pay 44% of the cost for generic drugs.
You stay in the stage until you have spent $5,000 total (including all the deductible, copay and coinsurance costs you pay plus brand-name discounts you receive in the coverage gap stage.)

**Catastrophic coverage stage**
Once you have spent $5,000 out of pocket for the year, you only pay a small copayment for each drug until the end of the year.
- $3.35 or 5% (whichever is greater) for generic drugs.
- $8.35 or 5% (whichever is greater) for brand-name drugs.

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*Tier 1 – preferred generic drugs; Tier 2 – generic drugs; Tier 3 – preferred brand drugs; Tier 4 – non-preferred drugs; Tier 5 – specialty drugs; Tier 6 – selected vaccines. If a drug costs less than the applicable copayment, you pay only the cost of the drug. Quantity limitations and restrictions may apply.

If you qualify for Extra Help from Medicare, your costs may be different. You may be able to get Extra Help to pay for your prescription drug premiums and copays. To see if you qualify for Extra Help, call: 1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week; or the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday; TTY or TDD users should call 1-800-325-0778; or your State Medical Assistance (Medicaid) Office.
Security Health Plan offers two plans that include Part D prescription drug coverage:
- Assurance Rx (HMO-POS)
- Spirit Rx (HMO-POS)

You cannot have a Medicare Advantage plan and a separate Part D plan.
If you already have a Part D plan when you enroll in a Security Health Plan Medicare Advantage HMO plan, Medicare will automatically cancel your Part D plan. However, you can have a Medicare Advantage plan without Part D coverage and still get help to pay for your prescriptions through Wisconsin Senior Care, Veterans Affairs, TRICARE and similar programs.

Your Security Health Plan Medicare Advantage plan with Part D covers some vaccines not covered by Original Medicare.
When you have a Security Health Plan Medicare Advantage Part D plan, you pay $0 for the expensive Zostavax® shingles vaccine and routine tetanus shots – no matter what stage of coverage you are in. Even if you are in the coverage gap, you pay nothing for these vaccines.

It’s your choice to enroll in Part D.
Do you already have a drug plan that is as good as or better than Medicare’s minimum standards? Then keep that plan and you won’t have to pay a late enrollment penalty if you need a Part D plan later. Ask your current plan sponsor – former employer, union or insurance company – whether your coverage meets the minimum standards.

If your current coverage does not meet Medicare’s minimum standards, you should consider enrolling in a Part D plan when you are first eligible. If you choose to join later, you will likely pay a higher premium that includes a late enrollment penalty. And you will pay this higher premium for as long as you remain enrolled in Part D.

If you don’t enroll in a Part D plan now, you can enroll later during specific enrollment periods. Call us for more information on enrollment periods at 1-877-998-0998 (TTY: 711), 7 days a week, from 8 a.m. to 8 p.m.

Good things to know about Part D

CHECK US OUT
Complete drug list
www.securityhealth.org/medicareformulary

Pharmacy network
Includes nationwide chain pharmacies and local pharmacies
www.securityhealth.org/medicarepharmacies
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, age, disability, or sex. Security Health Plan of Wisconsin, Inc. does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

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. If you believe that Security Health Plan of Wisconsin, Inc. has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with Security Health Plan, Attn: Grievances, 1515 North Saint Joseph Avenue, 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 800–537–7697 (TDD).

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

Language assistance services

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-877-998-0998 (TTY: 711).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-998-0998 (TTY: 711).

Hmoob (Hmong)

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 1-877-998-0998 (TTY: 711).
Language assistance services, continued

Deutsch (German)

العربية (Arabic)
ملحوظة: إذا كنت تتحدث اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1 877 999 8990 (رقم هاتف الصم والبكم 117).

Русский (Russian)
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-998-0998 (телетайп: 711).

한국어 (Korean)

Tiếng Việt (Vietnamese)

Deitsch (Pennsylvania Dutch)

ລາວ (Lao)
ປະຫວວ່າງ: ມໍ້າໜ້າ ມໍ້າ ມໍ້າ ທ້າຍຍາກາລົງໃໝ່, ທໍາຍນຸ່ງ ແລະ ທໍາຍນຸ່ງ ເທິງ ເພີ່ມ້າ ເຂົ້າໄປເພີ່ມ. ກອບ‌ສ້າງ ກອບ ກອບ ກອບ, ກອບ ກະທິງ ກອບ, ແມ່ ກະທິງ ກອບ ກອບ ກອບ. ແມ່ ກອບ 1-877-998-0998 (TTY: 711).

Français (French)

Polski (Polish)
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. zadzwoń pod numer 1-877-998-0998 (TTY: 711).

हिंदी (Hindi)
ध्यान दे: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-998-0998 (TTY: 711) पर कॉल करें।

Shqip (Albanian)

Tagalog (Filipino)
Security Health Plan of Wisconsin, Inc., is an HMO-POS, MSA and D-SNP plan with a Medicare contract. Enrollment in Security Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Benefits, premiums, copayments and/or coinsurance may change on January 1 of each year. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Generally, you must use plan providers except in emergency or urgent care situations. If you obtain non-emergency or non-urgent care from out-of-network providers, out-of-network cost sharing will apply. This document may be available in alternate formats. Call Customer Service for more information at 1-877-998-0998 or 715-221-9897, 7 days a week from 8 a.m. to 8 p.m. If you are hearing or speech impaired, please call TTY 711.

**About Security Health Plan**

*Security Health Plan of Wisconsin, Inc., part of the Marshfield Clinic Health System, is helping its 220,000 members in Wisconsin and beyond reach their best health. Accredited by the National Committee for Quality Assurance (NCQA), Security Health Plan offers health insurance coverage for employees of large and small businesses, individuals and families. Security Administrative Services, a wholly-owned subsidiary of Security Health Plan, provides full service third party administration for self-funded employers in Wisconsin, Indiana and Michigan.*