Security Health Plan℠

Promises kept, plain and simple.®

Clear the clutter and **go paperless!**
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Get trusted care from **wherever you are**
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2026 Member Handbook

What you need to know about your health insurance coverage

Get a free gift!
Review the information in this booklet then complete a short online survey to receive a free gift.

To receive a free gift, complete the survey at **www.securityhealth.org/yourfeedback**.

Verifiable retail value: $2. Prizes awarded upon survey completion.

Welcome to Security Health Plan!

Here's what you can expect:

Friendly, responsive support
Whenever you have a question or need assistance, our friendly customer service team is just a phone call, email or online chat away.

Local roots, national strength
Your family, like all Wisconsin families, has unique needs and as a local company we get that! We're proud to have a national reputation for excellence.

Reliable and hassle-free claims
You'll receive a smooth and efficient claims process. We'll handle your claims quickly and fairly so you can get back to what's important to you.

A network of trusted providers
You'll have access to the care you need through our partnership with top-rated doctors, hospitals and specialists throughout the area.

A team of health professionals
Need additional support managing your health? Our dedicated health professionals provide valuable guidance and resources to help you stay on track with your wellness goals.



We're proud to be part of Wisconsin's story, and we're excited to help you create yours.

For more than 50 years, we've been Wisconsin's trusted partner in health coverage. We put our communities first and that means ensuring you have access to high-quality health care.

SecurityHealth Plan℠



Use this Member Handbook as a quick-start guide to help you find the information you need.

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INTERPRETER SERVICES: If you need help interpreting any information in this booklet, please call Customer Service at **1-800-472-2363** (TTY 711).

Get *started* with your plan

Sign up for *My Security Health Plan* and go paperless!

Cut the clutter when you use *My Security Health Plan,* your secure and convenient personal website. Use it to keep your personalized health insurance plan information at your fingertips, wherever you are and whenever you need it, on the go 24/7.

***My Security Health Plan* can also help you:**

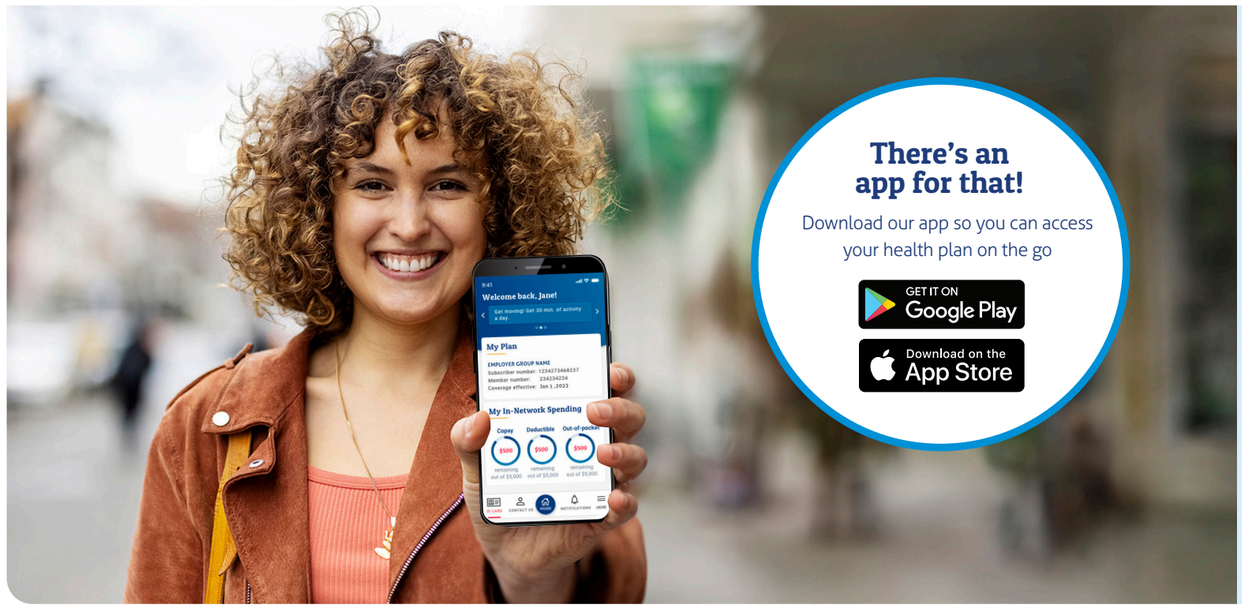
- Find a nearby doctor or pharmacy in your network.
- Use the Medical Cost Estimator to estimate and compare what you would pay for appointments, tests, services and treatments.
- Track your out-of-pocket costs, claims and prior authorizations.
- Verify your benefit details and prescription drug information.
- Update your personal and primary care provider information.
- Access health and wellness tools and enroll in wellness support programs.

Visit **www.securityhealth.org/MyAccount** to watch a video about many of the features you'll find in *My Security Health Plan.*

When you use *My Security Health Plan*, choose "**Go paperless**" to get email notifications and stop cluttering your mailbox and recycle bin with paper bills, Explanation of Benefits and other mailings.

Register today! **www.securityhealth.org/AccountSetUp**

When you sign up with your email address, you may also receive emails from us that include helpful information to get the most out of your health plan.



Read your plan documents

Once you are registered for *My Security Health Plan,* you can find your plan documents through your *My Security Health Plan* account.

Schedule of Benefits: Lists the medical and pharmacy benefits your specific plan covers. This document also lists the amounts you need to pay for each service, including your deductible, coinsurance and any copays.

Certificate of Coverage or Policy: Explains what services are covered and excluded from your plan. It also explains:

- Terms you should know.
- How to obtain a prior authorization and request independent, external review of decisions.
- Member rights and responsibilities.
- How to file an appeal or grievance.
- When you might need to provide proof of claim.

Keeping your protected health information private is a responsibility we take seriously.

We also understand you may want to allow members of your family to access your information.
You can grant other trusted individuals access to your information by simply filling out a HIPAA authorization form, and you can do this quickly and easily online within your *My Security Health Plan* account.

We love to hear from you! We pride ourselves on having World-Class* customer service and we want to make sure you have a great experience no matter how you contact us.

Call

Customer Service at **1-800-472-2363** (TTY 711) Monday-Friday 7 a.m. - 5 p.m.

Live chat

with a Customer Service agent, Monday-Friday, 8 a.m. - 4:30 p.m. You must be a current member and be logged in to your ***My Security Health Plan*** account.

Email

Customer Service at **shpcsweb@securityhealth.org**.

Our average email response time is within 24 business hours.

Secure message

Send a secure message 24/7 from within your ***My Security Health Plan*** account.

Our average response time is within 24 business hours.

*Security Health Plan has been recognized by Service Quality Measurement Group (SQM), a leading North American research firm that specializes in customer service improvement, with the World-Class Customer Experience Certification since 2016.

Community support *resources*

Are non-health issues keeping you from your best health?

Security Health Plan and Marshfield Clinic have partnered to offer a quick and easy online search tool for finding free or reduced-cost community resources for these concerns and more:

- Food, clothing, housing, utilities and transportation needs
- Financial support; help with daily living and medical care costs
- Addiction, mental health and emotional support
- Job skills training and employment support

Marshfield Clinic®

Security Health Plan℠



Find help privately:

Go to **www.securityhealth.org/FindHelpNow**. Enter your ZIP code and click "Search." Choose the category you want to explore, then browse local programs.

Using *your* ID card

Show your Security Health Plan ID card when you visit your health care provider or pharmacy. This ensures all of your claims are processed correctly. If you have changed your plan, be sure to provide your new ID cards to your health care provider. Acceptance of your card does not guarantee your provider is in your plan's network, nor does it ensure the medical or pharmacy services will be covered by your plan.

Below is a sample Security Health Plan ID card.

On the go but don't have your ID card?

Access a digital version of your ID card with the *My Security Health Plan* app!

Medical card

(Front of card)

SecurityHealth Plan℠

Subscriber #: 050123456700 1
Group #: 987654 2
3 **1234567** **Subscriber Name**
1234568 **Dependent Name** 4
5 **Medical Card** **Explore HMO**
6 **01/01/1970**
01/01/1970

sample

Issued: 07/08/2025

1-800-472-2363

(Center of card)

SecurityHealth Plan℠

Individual deductible (in network)	$5,000
Individual deductible (out of network)	$10,000
Individual out-of-pocket max (in network) 7	$7,500
Individual out-of-pocket max (out of network)	$10,000
Family deductible (in network)	$10,000
Family deductible (out of network)	$20,000
Family out-of-pocket max (in network)	$15,000
Family out-of-pocket max (out of network)	$20,000

sample

(Back of card)

Some services may require prior approval, please call 1-800-991-8109. Failure to call may result in claims denial.

Customer Service: 1-800-472-2363
www.securityhealth.org

sample

Electronic Payer ID: 39045
Provider Line: 1-800-548-1224

Send paper claims to:
Attn:Claims Department
Security Health Plan 8
PO Box 8000
Marshfield, WI 54449-8000

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Pharmacy card

(Front of card)

SecurityHealth Plan℠
Pharmacy Card

Name	Subscriber Name
RxBIN	012345
RxPCN	ASPROD0 9
RxGRP	SEC00
ID #	050123456700

sample

Subscriber 00, Dependent 01 10

Date Issued: 07/08/2025

(Back of card)

Pharmacy Information
To maximize your retail prescription drug benefit or discount, present this card and your prescription(s) to a participating pharmacy.

Only the person named on this card and their eligible dependent(s) may use this card to obtain drug benefits;however, this card does **NOT** guarantee coverage. Contact Security Health Plan regards to prior authorizations, claims or benefits.

sample

Security Health Plan Pharmacy Services
Pharmacies may call:
1-877-873-5611

Send paper claims to:
Attn:Pharmacy Claims
Security Health Plan 11
PO Box 8000
Marshfield, WI 54449-8000

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1. Subscriber or policy number
2. Group number
3. Member ID
4. Dependent names
5. Plan name
6. Dates of birth
7. Individual and family deductibles and out-of-pocket maximums, if applicable
8. Information used to submit medical claims
9. Numbers used by a pharmacy to submit claims
10. Dependent code for each person on the plan - needed to process pharmacy claims
11. Information used to submit pharmacy claims

You can view and request new ID cards in the ***My Security Health Plan*** app or call Customer Service at **1-800-472-2363** (TTY 711).

Find a provider

The importance of a primary care provider

Building a relationship with a primary care provider is a great way to take charge of your health. A primary care provider is someone you see on a regular basis who coordinates your health care, including referrals to other health care providers within your plan's network.

Primary care providers are physicians, physician assistants or nurse practitioners. They get to know you and your family, your work demands, exercise habits and are your partner to make the best health-related choices for you.

Primary care providers work in the following areas:

- **Pediatrics:** patients from birth to age 18
- **Internal medicine:** patients over the age of 18
- **Family practice/Family medicine:** patients of all ages
- **General practice:** patients of all ages

Update your account

Add your primary care provider to your *My Security Health Plan* account for a more personalized health care experience.

1. Log in to your *My Security Health Plan* account. Click on "**Update now**" under the primary care provider section.
2. You may also use the *My Security Health Plan* app, click on "**My information**."
3. Or, you may contact Customer Service. See page 4 for contact information.



What providers can I see?

You can quickly and easily find a list of providers covered by your plan when you log in to your *My Security Health Plan* account. Once logged in, click on "**Find a Doctor**." Or visit **www.securityhealth.org/doctor**.

If you need assistance locating a provider in your plan's network, or would like a paper copy of your Provider Directory, contact Customer Service Department at **1-800-472-2363** (TTY 711) or email **shpcsweb@securityhealth.org**.

The Provider Directory lists the provider name, address, telephone number, professional qualifications, language spoken, specialty and board certification status. If you would like additional information on medical school attended or residency completion, please contact Security Health Plan Customer Service at **1-800-472-2363** (TTY 711).

Behavioral health services

Your mental health is just as important as your overall physical health. That's why your plan provides coverage for mental health services with in-network providers. Please review your Schedule of Benefits and Certificate of Coverage/Policy for detailed coverage information.

Specialty and hospital care

If you need to see a specialist, such as a cardiologist, dermatologist or urologist for example, or use hospital services, you may see any provider listed in your plan's Provider Directory. Your primary care provider can help coordinate the visit and assist with a referral or prior authorization, if necessary.

Do I need a prior authorization?

Some services require prior authorization. View a complete listing of medical services, medical benefit drugs and prescription drugs that require prior authorization at **www.securityhealth.org/auth**. If you see an out-of-network provider, you may also need prior authorization. Please refer to your plan documents or call us to determine if prior authorization is required.

Scan this code with your smartphone to find an in-network provider.



Preventive *care*

Even if you feel healthy, it's important to receive regular preventive screenings. Visiting your primary care provider for routine preventive care can lower your risk for illness, disease and other health problems.

Understanding preventive and diagnostic care

Preventive care is care you receive that helps you maintain your general health by focusing on disease prevention and routine screenings. The goal of preventive care is to find and diagnose health problems early before they become serious. Your Security Health Plan policy provides 100% coverage for certain preventive care services. You should always refer to your plan documents for specific coverage information.

Diagnostic or problem care is care you receive for newly diagnosed health problems or follow-up care for an existing illness or condition. Examples of diagnostic or problem care include:

- Lab work to check your cholesterol after being diagnosed with high cholesterol.
- Discussing a health concern during your preventive exam, such as back pain or headaches.
- Radiology services or scans you have following a discussion with your provider during your annual exam.

You may incur charges for diagnostic care during a preventive visit if a health concern is discussed with your health care provider, or if your diagnostic services are rendered for an existing illness, injury or condition. Your provider can bill you for a number of services during a single visit, depending on what you discuss, what kind of tests are performed, labs that are ordered or medications prescribed. Multiple services can be performed during one visit, including both preventive and diagnostic care. You can ask your provider during a preventive exam whether a discussion or service would be considered diagnostic. If so, you may choose to delay those services to avoid additional charges.



What preventive care services does my plan cover?

Refer to your Schedule of Benefits for a list of the preventive services covered under your plan or call Customer Service at **1-800-472-2363** (TTY 711).

You may also visit **www.securityhealth.org/preventiveinfo** for recommendations on service frequency and a list of preventive screenings.

Scan this code for more information on preventive care.

Making health care *decisions* on your terms

Have you ever thought about what kind of medical care you'd want if you couldn't make decisions for yourself? Advance care planning is a way to prepare for the future and ensure your medical wishes are respected, even if you can't express them yourself.

It's important and easy to set up an advance directive.

An advance directive is a legal document. It allows you to plan ahead should you become disabled by an accident, illness or debilitating condition and to communicate your wishes to family, friends and health care providers. With an advance directive in place, they will know what you want and can act on your behalf.

You may want to consider having a lawyer help you prepare your advance directive. Information and assistance on advance directives may also be available at your local resource center, clinic or hospital.

You can get our advance directives brochure and the Wisconsin forms from Security Health Plan. For more information, call Customer Service at **1-800-472-2363** (TTY 711) or visit **www.securityhealth.org/CarePlanning**.

Scan the code to get more information about advance directives.



Your Explanation of Benefits

Security Health Plan sends you an Explanation of Benefits after we receive a claim for your health care services. Your Explanation of Benefits explains the services you received, what they cost, payments Security Health Plan made to the provider on your behalf and additional payments you might owe the provider.

SecurityHealth Plan **Explanation of Benefits**

Subscriber name: John Doe
Subscriber number: 050012345600
Group name: ABC COMPANY
Group number: 987654

Member: John Doe
Member ID: 00123456

This is not a bill. Your provider may send you a statement if you have **NOT** already paid your copay, deductible or coinsurance at the time you received these services.

Service location: MARSHFIELD MEDICAL CENTER

Date of service	Health Care Service [service code]	Amount billed for Health Care Service	1 Your savings	Amount Security Health Plan paid	Amount other insurance paid	Your responsibility: 2 Non-covered amount [reason code]	3 Deductible	4 Coinsurance	5 Copay	6 Amount you owe
Claim number: 12345E67890		Provider: SMITH, JANE MD				Provider's patient account number: P1110995910				
6/23/2025	OFFICE OUTPT EST [99212]	$150.00	$80.50	$0.00	$0.00	$0.00	$69.50	$0.00	$0.00	$69.50
Claim total		$150.00	$80.50	$0.00	$0.00	$0.00	$6			$69.50

Notes:
- A description of your diagnosis and/or treatment and the corresponding codes are available upon request for each claim.
- Negative dollar amounts may represent a correction to a previous charge. Common corrections result from changing people cr under the policy, provider claim corrections, benefit changes, etc.
- Your provider is not allowed to bill you for the amount in "Your savings." Security Health Plan has applied industry standard or fee reductions, or has a contract in place that prevents your provider from billing you for the amount listed. If you signed acknowledging your desire to proceed with non-covered services, you may be responsible for the full cost of the service.
- **Your savings:** Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement.

Go paperless!

Receive electronic Explanation of Benefits delivered to your email. It's safe, secure and convenient.

Sign up today in your *My Security Health Plan* account, under **Communication preferences**.

Who pays the bill?

You receive health care services. Now what? Here's how your health plan works.

1. You go to your health care provider to receive medical services.
2. Your health care provider sends a claim to Security Health Plan for the services you received.
3. Security Health Plan determines how much of the claim we owe the provider based on your specific plan's coverage and discounts we've negotiated on your behalf with the provider.
4. You will receive an Explanation of Benefits that explains the details of your medical services and expenses, and the amount Security Health Plan paid.
5. Your provider will send you a bill letting you know what you owe them.
6. You are responsible to pay your provider for any services applied to your deductible, coinsurance or copays and non-covered services under your health plan.

Health insurance terms to know

1. **Your savings:** Security Health Plan and our in-network providers have contracts in place that set prices for your health care. We pass along the savings to you. Amounts for claims that have been denied to the provider for further review will also be displayed here.
2. **Non-covered amount:** The cost of any services excluded from your plan's coverage.
3. **Deductible:** The amount you must pay health professionals for covered services in a benefit year before your health insurance begins to pay. Not all plans have deductibles.
4. **Coinsurance:** The percentage of the cost you pay for covered services after your deductible is met. For example, if your policy has a 20% coinsurance, you pay 20% of the cost for a covered service after your deductible is satisfied and Security Health Plan pays the remaining 80% until your maximum out-of-pocket is met. Not all plans have coinsurance.
5. **Copay:** A fixed amount you pay health professionals for services, such as an office visit. Not all plans or services have copays. Copays apply toward your maximum out-of-pocket.
6. **Amount you owe:** Amounts applied toward your deductible, coinsurance and/or any copayments as well as non-covered services. This is the amount you pay to your health care provider.

Other terms you should know

Maximum out-of-pocket: The most you will pay per benefit year for your medical and pharmacy services. This can include your deductible, coinsurance and copayments. This does not include what you pay out of pocket for non-covered services or your monthly premium. (Note: There are some plans with copays that continue after the maximum out-of-pocket is met. If you have questions on your plan, refer to your Schedule of Benefits or contact Customer Service.)



What to do if you need care *out of network*

You may receive services from any provider or facility listed in your plan's Provider Directory. In most cases, care provided by non-network providers will not be covered unless you receive prior authorization from Security Health Plan. There are exceptions for emergencies and when urgent care is needed outside the service area.

Urgent and emergent care is care that is needed sooner than a routine doctor's visit, as in the case of an accident, infection concern, or severe pain impairing function.

Urgent care services

Sometimes you need care quickly when you are outside the Security Health Plan service area. If you cannot safely postpone care until you return to the service area, you may receive care at the nearest appropriate medical facility. When within the Security Health Plan service area, you must use in-network providers. Notify Security Health Plan as soon as reasonably possible of any services received from a non-network provider.

Emergency care services

When you need emergency services, use in-network hospital emergency rooms whenever possible. If you are unable to reach a network provider, go to the nearest appropriate medical facility. If you go to a non-network provider for care, you should notify Security Health Plan of where you received emergency care as soon as possible.

How to get an out-of-network authorization

If you would like to see a provider outside of your plan's network, you must first get prior approval from Security Health Plan. Your provider's office should contact Security Health Plan to start an out-of-network referral or prior authorization. If the provider is unable or unwilling to contact us, you must call Customer Service at **1-800-991-8109** (TTY 711) to start a prior authorization. **Security Health Plan has 14 days to review all non-urgent or non-emergent out-of-network requests. There is no coverage for services out-of-network unless prior approved by Security Health Plan.**

If your plan provides out-of-network coverage, a referral or prior authorization is not needed for covered services with non-network providers. For example, if you have a point-of-service (POS) plan, you can access non-network providers without a prior authorization but may incur higher out-of-pocket costs. If you are unsure what plan type you have, you may find this information listed on your ID card. See page 6 for further details.

Please call Customer Service at **1-800-472-2363** (TTY 711) to confirm both your provider and facility are in-network with your plan.

Get trusted care *wherever* you are

Care My Way®

Before you head to the doctor's office, consider Care My Way®. This convenient service lets you talk with a nurse practitioner by phone or a virtual visit through the Care My Way app, all from the comfort of your couch. Care My Way treats many common conditions, like yeast infections, allergies, nasal congestion and the flu.

The nurse practitioner can evaluate your symptoms and, if needed, send a prescription into the network pharmacy of your choice – saving you time and hassle. **Members of Security Health Plan are eligible for unlimited Care My Way® visits with no out-of-pocket costs.** For a complete list of conditions Care My Way® can treat and more information about the service, go to: ***www.CareMyWay.org***.

The Marshfield Clinic Care My Way® mobile app can be used 24 hours a day, 7 days a week, in all 50 states. Members in Wisconsin, Michigan and Minnesota can also call **1-800-549-3174** (TTY 711) or use the Care My Way® mobile app.



Care My Way®

CALL	MOBILE APP	ONLINE
1-800-549-3174 (TTY 711)	Download the Care My Way® app	CareMyWay.org

Get the most out of *your* pharmacy benefit

What drugs are covered with my plan?

The Security Health Plan **formulary** can help you understand more about your prescription drug coverage. The formulary contains a list of covered drugs. It also tells you which drugs have special requirements for coverage. The formulary is continually reviewed by physicians and pharmacists to ensure high-quality, cost-effective drugs are available to you.

View the formulary at **www.securityhealth.org/Rxtools** or scan the code with your smartphone. To request a paper copy, call **1-877-873-5611** (TTY 711).

Do I need a prior authorization?

If a prescription drug requires prior authorization or a medical exception, you, your pharmacy or provider can start this process. Refer to your Certificate of Coverage or Policy for information on how to submit a prior authorization request.

What pharmacy can I use?

Most pharmacies in the Security Health Plan service area are part of our network. To find an in-network pharmacy near you, visit **www.securityhealth.org/pharmacy**. Always present your Security Health Plan ID card at the pharmacy so you're paying the correct price for your drugs.

We can help with your medication questions.

Our local, certified pharmacy technicians can check your drug coverage and help you find less expensive drug alternatives. Call Pharmacy Services at ***1-877-873-5611*** or email ***shprx@securityhealth.org.***



Ways to *save* on your drugs

Get free over-the-counter supplies delivered to your door

Enjoy savings on over-the-counter medications and supplies delivered straight to your door. Save time, money, and the hassle of a trip to the store. Each plan subscriber is eligible for a $30 quarterly credit to purchase select OTC products through our catalog. View the catalog and get more information about how to order at **www.securityhealth.org/OTC-credit**.



You'll receive a copy of the latest catalog in the mail each quarter!

Free medication review

With just a 15-minute phone call, one of our pharmacists can do a free review of your medications, answer your questions about your prescriptions and over-the-counter drugs and may be able to find lower-cost alternatives to your prescriptions (if appropriate). Our trained pharmacists will make sure you're taking the right medication, the right dose and at the right time. To set up a phone appointment, call Security Health Plan Pharmacy Services at **1-877-873-5611** (TTY 711). To learn more, visit **www.securityhealth.org/MTMservices**.



Mail order savings

Save time and money and have your prescriptions sent directly to your home! Most in-network pharmacies offer a mail-order service, or you may be able to utilize the Optum Home Delivery Pharmacy. For more information, visit **www.optumrx.com**. Residents of Wisconsin may also use the Marshfield Clinic mail order prescriptions service for no charge.

Learn more about how you can set up mail order prescriptions at **www.marshfieldclinic.org/Services/pharmacy**.

Free services to improve and maintain *your health*

You try your best to stay healthy, but sometimes you need extra help. Security Health Plan's team of professionals can improve your health through support, guidance and motivation. Security Health Plan offers wellness and care management services at **no cost** to you. Check our website or your *My Security Health Plan* account for new programs and services.

Care managers

Care managers listen to you, help you identify and understand your health care needs, and give you one-on-one support and encouragement. They can make sure you get the right care for your health care goals.

They also help:

- Schedule and coordinate medical appointments.
- Obtain needed resources, supplies and equipment.
- Manage chronic medical conditions and medications, such as asthma, COPD, heart failure and diabetes.

Health coaches

Health coaches can help you:

- Lose weight
- Quit nicotine
- Eat healthy
- Increase physical activity
- Manage stress
- And more!

Learn more about health coaching at **www.securityhealth.org/healthcoach**.

Ready to get started?

No referral is required to access these services. Visit **www.securityhealth.org/care** to get started or call **1-800-472-2363** (TTY 711).



Kick the habit. For good.

We offer full coverage for Food and Drug Administration-approved nicotine cessation prescription drugs for most members with a prescription. Participate in our Nicotine-Free Program and talk with a health coach who will provide support over the phone and work with you to develop a quit plan.

We also cover treatment for substance use disorders. Please see your Schedule of Benefits for details on prior authorization requirements or visit **www.securityhealth.org/auth** to view a complete list of services that require prior authorization.

Take the online health assessment

We work with WebMD, a respected name in online health education, to offer members timely, objective and easy-to-understand health information. Complete your WebMD Health Assessment and receive:

- A high-level picture of your health
- A personalized wellness plan
- Access to WebMD's health improvement resources

Visit **www.securityhealth.org/assessment** for instructions or scan the code with your smartphone.

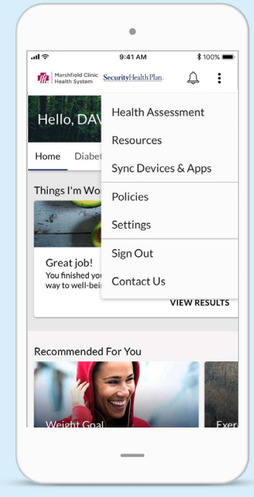
Wellness on the go!

1. Make positive lifestyle changes and form healthier habits using your smartphone or tablet! The WebMD Wellness at Your Side app is fully integrated with your *My Security Health Plan* account, so you can easily set lifestyle goals, track your progress and get personalized well-being recommendations.
2. Before downloading and using the app, you must log in to your WebMD account through your *My Security Health Plan* online account. See page 2 for instructions on how to set up your *My Security Health Plan* account.
3. Download **Wellness at Your Side** today at the Google Play or Apple App store.

GET IT ON Google Play Download on the App Store

After downloading and opening the app, enter your Connection Code: **Security**. Sign in using your *My Security Health Plan* username and password.

WebMD



Coverage under the Women's Health and Cancer Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the Security Health Plan member/patient.

Members who elect to have reconstructive surgery in connection with a covered mastectomy will have required coverage that includes:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications at all stages of the mastectomy, including lymphedema.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan coverage. This coverage will be subject to the same provisions that are generally applicable under your policy.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available here: **www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy.pdf**

Information for group health plans and employers on WHCRA and other health benefit law requirements is available here: **www.dol.gov/sites/dolgov/files/EBSA/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf**

If you have questions concerning this coverage, please call Customer Service at 1-800-472-2363 (TTY 711).

SecurityHealth Plan

Security Health Plan does not have financial incentives in place for decision makers. To learn more about how we apply your coverage please visit **www.securityhealth.org/auth**.

Security Health Plan continually strives to improve our members' experience to ensure alignment with National Committee for Quality Assurance (NCQA) guidelines. An independent, non-profit organization, NCQA promotes improvements in the quality of managed care services. Learn more at **www.securityhealth.org/quality**.

We stay on top of medical advances

We evaluate new technology in medical care and treatment on a regular basis to determine when new services should be covered.

Security Health Plan medical experts review information from government health agencies and scientific publications. We also get input from providers who offer the service.

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, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Security Health Plan:

- 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, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation, you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone Number: 877-473-0911 (TTY 711)
Fax: 605-312-9886
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, the Section 504 Coordinator is available to 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)
More information is available at http://www.hhs.gov/ocr/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 1-800-472-2363 (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 3632-274-008-1 (رقم هاتف الصم والبكم 117).

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.

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).

Deitsch (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, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທຣ 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).

မြန်မာ (Burmese)
သတိပြုရန်- သင်အင်္ဂလိပ်စကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီပေးရေးဝန်ဆောင်မှုများသည် သင့်အား အခမဲ့ရရှိနိုင်ပါသည်။
1-800-472-2363 (TTY 711) ကိုခေါ်ဆိုပါ။.

Soomaali (Somalia)
ATENSYON: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-800-472-2363 (TTY 711).

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

Notice of Privacy Practices

Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice is effective June 16, 2022.

WHO WE ARE

This Notice describes the privacy practices of Security Health Plan of Wisconsin, Inc. ("we", "our" or "us"). Security Health Plan of Wisconsin, Inc., Marshfield Clinic Health System, Inc., Marshfield Clinic, Inc., MCHS Hospitals, Inc., Family Health Center of Marshfield, Inc., Lakeview Medical Center, Inc., of Rice Lake, Memorial Hospital, Inc., of Neillsville, Wisconsin, Beaver Dam Community Hospitals, Inc., and Dickinson County Healthcare System are legally separate entities. Together, these legally separate entities have formed an Organized Health Care Arrangement, or "OHCA," which allows them to manage care in an efficient and patient-friendly manner. We provide health benefits to you under the terms of a health insurance policy or under other health benefit programs such as BadgerCare Plus/ Medicaid or a Medicare Advantage plan. Federal law requires us to provide this Notice to you.

Security Administrative Services, LLC is a wholly-owned subsidiary of Security Health Plan and is hereby included in this Notice of Privacy Practices.

OUR PRIVACY OBLIGATIONS

Your privacy is important to us and we take very seriously the confidentiality of medical records and other personal information. Security Health Plan employees protect access to personal health information in any form (oral, written and electronic) and maintain the confidentiality of such information. In addition, we are required by federal and state law to protect the privacy of health information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose your health information, we are required to follow the practices described in this Notice (or other notice in effect at the time of the use or disclosure).

We must follow either federal or state law, whichever is more protective of your privacy rights or provides you with greater rights of access to or amendment of your health information. For example, if federal law allows certain disclosures of your health information without your written authorization but state law requires your written authorization, we must follow state law.

We may change the privacy practices described in this Notice at any time. Changes would apply to all health information we maintain at the time of the change. If we make a material change to this Notice, we will send the new Notice to you (or information about the material change and how to obtain the revised Notice) in our next annual mailing if you are then covered by us. In addition, we will post any new notice on our website at www.securityhealth.org/privacy. You also may obtain any new notice by contacting us as described at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

In certain situations described in the section below entitled Limits on Our Use or Disclosure of Your Information, we must obtain your written authorization to use and/or disclose your health information. However we do not need such authorization to use and disclose your health information for the following purposes:

Payment. We may use and disclose your health information to obtain payment of premiums for your coverage and to determine and fulfill our responsibility to provide your health plan benefits – for example, to make coverage determinations such as whether a service is experimental, to administer claims, and to coordinate benefits with other coverage you may have. We may also disclose your health information to another health plan or a health care provider for its payment activities – for example, for the other health plan to determine your eligibility.

Treatment. We may disclose your health information to your health care provider for the provider's treatment of you. Treatment is the provision, coordination, or management of your health care and related services – for example, evaluating treatment options.

Health Care Operations. We may use and disclose your health information for our health care operations – for example, to provide customer service, to conduct quality assessment and improvement activities, or credentialing activities. We also may disclose your health information to another health plan or a health care provider that has or had a relationship with you so that it can conduct certain health care operations activities – for example, for the other health plan to perform case management. We may use your health information to train our staff and students.

Plan Sponsors. We may disclose to group health plan sponsors certain health information to the extent reasonably necessary for specific plan administration purposes.

Marketing Communications. We may use and disclose your health information for marketing purposes only with your authorization, except that no authorization is required to provide you with marketing materials in a face-to-face encounter or to provide a promotional gift of nominal value.

Sale of Health Information. We may sell your health information only with your authorization.

Health-Related Benefits. We may contact you to give you information about certain health-related benefits and services that may be of interest to you and that are included within your plan benefits. We may also contact you to recommend alternative treatments, health care providers, or care settings.

Public Health Activities. If required or allowed by law, we may disclose your health information to public health authorities to: (1) prevent or control disease, injury, or disability; (2) report child abuse or neglect; (3) report abuse of elderly individuals or adults at risk; (4) report to the U.S. Food and Drug Administration problems with products and reactions to medications; and (5) report disease or infection exposure.

Health Oversight Activities. We may disclose your health information to an insurance regulatory authority and other government agencies legally responsible for oversight of the health care system or ensuring compliance with the rules of government benefit programs. This disclosure may include health information related to beneficiary eligibility or other regulatory programs, such as civil right laws.

Judicial and Administrative Proceedings. We may disclose your health information in a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose your health information to the police or other law enforcement officials as required or allowed by law, to comply with an appropriate administrative or court order, or to protect us against fraud or other illegal activity.

To Avert a Serious Threat to Health or Safety. We may disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of an individual or the general public.

Specialized Government Functions. We may disclose your health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

Workers' Compensation. We may disclose your health information as necessary to comply with Workers' Compensation or similar laws.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner, medical examiner, or funeral director as permitted by law to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose information for certain purposes. For example, we may disclose information necessary to provide you with health care.

Research. There are situations when researchers and research staff may use or disclose your health information for research purposes without your authorization. Researchers may conduct research that simply involves reviewing your health information and that of others with similar conditions or diseases. In such situations, researchers will not contact you for your authorization, but must obtain permission from the Institutional Review Board that is set up to protect the welfare and privacy of research participants as required by law. Researchers may also review your health information to see if there are enough persons with a specific disease or condition to conduct a study or to see if you would be a good candidate for a study.

Business Associates. We may disclose your health information to persons or organizations that perform a service for us or on our behalf that requires the use or disclosure of health information. Such persons or organizations are our business associates. For example, we may disclose your health information to the pharmacy benefits management company that processes our prescription drug claims.

To Comply With the Law. We may disclose your health information when required by any other law not already referred to in this Notice.

Individuals Involved in Your Care or Payment for Your Care. In certain limited situations, we may disclose health information to people such as your family members, relatives, or close friends that you identify as being involved in your care or payment for your care. The information disclosed would be limited to information we believe is directly relevant to their involvement and only to the extent we determine it would be in your best interest. In most circumstances, you must be given a chance to object to such a disclosure. We may disclose applicable health information to family members and others who were involved in a decedent's care or payment for care prior to the member's death, unless doing so is contrary to the decedent's prior expressed preference made known to us. Limited health information may also be disclosed to organizations involved in disaster relief efforts.

LIMITS ON OUR USE OR DISCLOSURE OF YOUR INFORMATION

Disclosures with an Authorization. We may use or disclose your health information for purposes other than those described above only when you give us your permission on the Security Health Plan authorization form. This means we may not be able to share certain information with your spouse, domestic partner, parent, or child without an authorization signed by you. To give us permission to disclose your health information to a family member, agent or other person, contact Security Health Plan Customer Service to request a HIPAA Authorization to Use and Disclose Protected Health Information form. You may revoke an authorization unless we have relied on it or the state law gives us the right to contest a claim or the policy itself and the authorization was obtained as a condition of obtaining insurance coverage. The revocation must be in writing and sent to us.

Uses and Disclosures of Your Highly Confidential Information. State laws require special privacy protections for certain highly confidential information about you. This highly confidential information may include a subset of your health information (1) maintained in psychotherapy notes, (2) about mental illness or developmental disabilities, (3) about alcohol and drug abuse prevention, treatment and referral, (4) about HIV/AIDS testing, (5) about reproductive health, or (6) about child abuse and neglect. These laws may restrict our uses and disclosures beyond the general limitations described in this Notice. Except for certain purposes described in this Notice, we will generally obtain your written authorization for uses or disclosures of highly confidential information. The only exception to this is if we are allowed by law to disclose your highly confidential information for certain purposes without your written authorization. In addition, we may not use genetic information for underwriting purposes.

Federal laws have restrictive requirements for health information regarding treatment of substance use disorders. In order for us to disclose your substance use disorder health information for a purpose other than those permitted by law, we must have your authorization. The only exception to disclosure of such information, without your authorization, is in limited circumstances as regulated by federal law. For instance, in the case of your medical emergency, we may disclose your member identifying information without your prior consent.

YOUR INDIVIDUAL RIGHTS

Right to Request Additional Restrictions. You may ask for restrictions on uses and disclosures of your health information: (1) for treatment, payment and health care operations; (2) to family or friends involved in your care or payment for care; or (3) for disaster relief efforts. While we will consider all requests for additional restrictions, we are not required to agree to your request. To ask for a restriction, you must obtain a HIPAA Authorization to Use and Disclose Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. We will send you a written response.

Right to Request Confidential Communications. We will accommodate a reasonable request to receive communications of your health information from us by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you. For example, you may request that we send materials to a P.O. Box instead of a street address. To make a request, you must obtain a Request for Confidential Communications form from Security Health Plan. We may use or disclose your health information for purposes other than those described above only when you give us your permission on the Security Health Plan authorization form. This means we may not be able to share certain information with your spouse, domestic partner, parent, or child without an authorization signed by you. To give us permission to disclose your health information to a family member, agent or other person, contact Security Health Plan Customer Service to request a HIPAA Authorization to Use and Disclose Protected Health Information form. You may revoke an authorization unless we have relied on it or the state law gives us the right to contest a claim or the policy itself and the authorization was obtained as a condition of obtaining insurance coverage. The revocation must be in writing and sent to us.

Right to Inspect and Copy Your Health Information. You may have access to our records that contain your health information and are used to make decisions about your benefits. Under limited circumstances, we may deny you access to a portion of your records, such as mental health records or information gathered for a judicial proceeding. To request access, you must obtain an Access Request for Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. There may be charges, such as copying and mailing costs, and costs of preparing an explanation or summary, if applicable. You should note that, if you are a parent or legal guardian of a minor (child under age 18), certain portions of the minor's health information may not be accessible to you (for example, records related to substance abuse treatment, HIV test results, or if the minor is emancipated).

Right to Request Amendment of Your Records. You have the right to request that we amend your health information maintained in our records. To request amendment, you must obtain a Request for Amendment of Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. All requests for amendment must be in writing. We may deny your

request if certain circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to Accounting of Disclosures. You may ask for a list of certain disclosures of your health information made by us, if any. This list will not include disclosures made to you, for treatment, payment, and health care operations, or for certain other purposes. To request such a list, you must obtain an Accounting Request for Disclosures of Individually Identifiable Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. Your request must state a time period that may not be longer than the six years preceding your request. If you request a list more than once during any 12 month period, we will charge you a reasonable fee for the additional requests.

Right to Notification of a Breach. We will notify you if there is a breach of your health information. We will notify you within 60 days of our discovery of the incident if we breach your unsecured protected health information.

Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Right to a Paper Copy of This Notice. You may ask for a paper copy of this Notice, even if you previously agreed to receive it electronically. You may also access this Notice on our website at **www.securityhealth.org.**

COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact our Privacy Hotline by calling our toll-free number shown below. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

QUESTIONS

If you have any questions or would like additional information about your rights or the information in this Notice, you may contact Customer Service as shown below.

Security Health Plan
1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
1-866-339-0289 (TTY 711) - Privacy Hotline
1-800-472-2363 (TTY 711) - Customer Service Center
Fax 715-221-9500

You can be *secure* in your retirement with SecurityHealth Plan℠

No matter at what age you decide to retire, Security offers **affordable, high-value health insurance** with rich benefits to meet your health needs and budget.



Individual and family plans for early retirees and their families

Plans with impressive features:

- Coverage for essential health benefits
- Enhanced diabetic coverage and other value-added perks
- Free medical advice and support over the phone

Medicare plans for retirees age 65 and older

Medicare Advantage and Medicare supplement options that go above and beyond Medicare alone:

- Affordable premiums
- Robust benefits
- Big savings on provider visits and prescriptions
- Coverage for dental, hearing, vision and much more

Explore options on your own at www.securityhealth.org/plans.

Scan this code to find a plan that's best for you.

Contact our Licensed Sales Agents

They're experts on how Security's many plan options work and can help you find the right plan for your health needs and budget.

1-844-679-9733 (TTY 711)

SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

1-800-472-2363
715-221-9555
TTY 711

shpcsweb@securityhealth.org

www.securityhealth.org

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