SecurityHealth Plan℠
Promises kept, plain and simple.®

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PO Box 8000
Marshfield WI 54449-8000
(800) 472-2363 | (715) 221-9555
TTY 711 | Fax (715) 221-9500

Group Insurance Policy

[Employer Name] ("Policyholder")

Number: [Group Number]

Effective Date: [MM/DD/YYYY]

Plan Type: [Plan Type]

DEFINITION OF GROUP SIZE

Pursuant to § 635.02(7), Wis. Stat., the definition of a ***Small*** employer group is an employer employing an average of at least two but not more than 50, employees on business days during the preceding calendar year. If the employer was not in existence during the preceding calendar year, it will qualify as a small employer group if it reasonably expects to employ an average of at least two, but not more than 50, employees on business days during the current calendar year and if it employs at least two employees during the first day of the plan year. As used within this definition, "employee" means any individual employed by the employer, including part-time and full-time employees.

Pursuant to § 632.745 (16), Wis. Stat., the definition of a ***Large*** employer group is an employer that employed an average of at least 51 or more employees on business days during the preceding calendar year, or that is reasonably expected to employ an average of at least 51 or more employees on business days during the current calendar year if the employer was not in existence during the preceding calendar year, and that employs at least two employees on the first day of the plan year.

Pursuant to § 632.745(6)(b), Wis. Stat., all persons treated as a single employer under subsection (b), (c), (m), or (o) of Section 414 of the Internal Revenue Code of 1986 shall be treated as one employer.

GENERAL

The Policyholder is either a small employer or a large employer, as defined by applicable federal and state law and determined by Policyholder's total number of employees reported to Security Health Plan of Wisconsin, Inc. ("Security Health Plan") on Policyholder's Employer Health Insurance Application ("Application"). For policies purchased on the Health Insurance Marketplace, the Health Insurance Marketplace determines whether the Policyholder is a small employer or large employer. Otherwise, Security Health Plan determines (or as defined by the Marketplace or other applicable federal and state law) employer size based upon the information provided by Policyholder in the Policyholder's Application/renewal Application submitted to Security Health Plan. A small employer is subject to each term, condition and provision of this policy except for those subsections and paragraphs indicating they apply only to a Policyholder which is a large employer. A Policyholder which is a large employer is subject to each term, condition and provision of this policy except for those subsections and paragraphs indicating they apply only to a Policyholder which is a small employer.

The determination of whether the Policyholder is a small employer or a large employer is made upon issue or renewal of this policy. **The Policyholder acknowledges the correct group size determination has been assigned to Policyholder by the Policyholder's signature on an initial/renewal group insurance quote, and agrees to promptly notify Security Health Plan of any changes.** If a change in status between large employer or small employer occurs, the Policyholder is subject to the applicable policy provisions related to the current status. The Policyholder will provide documents to Security Health Plan as it requests to make this determination, including employee counts, part-time and full-time status, and attestations of controlled group status.

The Policyholder shall offer all eligible employees the opportunity to apply for coverage at the time of hire or during the Policyholder's waiting period. The Policyholder shall obtain the applicable waiver of coverage and/or statement as to reason for declining coverage from eligible employees and dependents and shall inform such persons of potential consequences of declining coverage as required by law or reasonably requested by Security Health Plan.

This policy includes this group insurance policy, the certificate, the schedule(s) of benefits, summary of benefits and coverage, the administrative package, the Policyholder's Application, each covered employee's applicable enrollment documents, the quote or policy confirmation, and any amendments and riders hereto, each of which is incorporated by reference and made a part hereto (collectively, the "Policy"). This Policy constitutes the entire contract between the Policyholder and Security Health Plan. This Policy is issued by Security Health Plan and delivered to the Policyholder in Wisconsin. All terms, conditions, and provisions of this group Policy are governed by the laws of Wisconsin.

Governmental Employers' Notice

As prescribed in § 66.0137, Wis. Stat., municipal and other governmental employers may be required to continue to pay premiums under this Policy for the surviving spouse and dependent children of a fire fighter, law enforcement officer or emergency medical services practitioner who dies in the line of duty. Security Health Plan is providing this notice for awareness and suggests municipal and other governmental employers consult with their municipal attorney regarding this law. In the event of a contradiction between this specific Governmental Employers' Notice and any eligibility provision contained in another document included as part of this Policy, the provisions of Section 66.0137, Wis. Stats. shall control.

PREMIUM

Security Health Plan determines the premium rates and all monthly premiums due for all persons insured under this Policy based on data provided by the Policyholder. The premium rates for the members' coverage are included in the signed rate exhibit, quote or Policy confirmation provided by Security Health Plan. Except where prohibited by law, Security Health Plan may retroactively modify premium rates if the data provided is inaccurate or new data is submitted that varies from the data previously provided. The Policyholder shall allow eligible employees to pay their portion, if any, of the premium by payroll deductions (pretax or after tax). The Policyholder must pay the monthly premiums, together with any taxes, fees and assessments, by the premium due date in order to maintain the members' coverage and this

Policy in force. The premium due date is the 20th day of the calendar month before the coverage period.

A coverage period begins on the first day of the calendar month and ends on the last day of that calendar month. The Policyholder's payment of the required premiums due for the coverage period should be sent to Security Health Plan at PO Box 5068, Sioux Falls, SD 57117 by the 20th day of the calendar month before the coverage period. For subsequent coverage periods, the Policyholder's payment of the required premiums by the premium due date shall maintain the members' coverage and this Policy in force, subject to this Policy's "Termination of Policy", "Policy Renewal" and "Grace Period" provisions. The Policyholder's failure to pay Security Health Plan the required premiums due for a coverage period by the last day of the grace period shall terminate the members' coverage and this Policy.

Subject to any rate guarantee set forth in the rate exhibit, quote or policy confirmation or in any subsequent rate notices delivered to the Policyholder, Security Health Plan may change the premium rates under this Policy (a) on any renewal date; (b) on any date the Policyholder changes its coverage under this Policy; or (c) on any date the Policyholder requests an amendment to this Policy. When this Policy's premium rate is increased twenty-five percent (25%) or more, Security Health Plan must send or deliver written notice of that premium rate change to the Policyholder at least sixty (60) days before that change takes effect under this Policy.

The premium applicable to members will be prorated for each month based on the actual number of days covered. This is calculated from the date coverage began in the coverage period to the date coverage ends during the coverage period.

INITIAL TERM OF POLICY

This Policy is effective, subject to the timely payment of premium as outlined above, on the Effective Date shown at the top of the first page of this Policy. The Policy shall be in force for one (1) year from the Effective Date ("Policy Period"), unless otherwise terminated in accordance with the terms of this Policy. **Policyholder's payment of premium shall constitute Policyholder's acceptance of the terms of this Policy**.

POLICY RENEWAL

This Policy shall automatically be renewed on the same terms and conditions, except for benefit changes and rate changes, for an additional period equivalent to the Policy Period, unless otherwise terminated, nonrenewed or discontinued in accordance with the terms of this Policy. Signed acceptance of a rate exhibit, quote, or policy confirmation and a completed employer renewal questionnaire are due by the 1st of the month prior to the anniversary/ effective date of renewal of the Policy. **In the event the Policyholder fails to provide signed acceptance of the rate exhibit, quote or policy confirmation, the renewal plan(s) and rates indicated on the renewal exhibit provided to Policyholder will be considered accepted by the Policyholder unless written notice of termination is received by Security Health Plan at least five (5) business days prior to the effective date of the renewal.** Please note that the plan will be renewed unless Security Health Plan receives notice to the contrary. This Policy is guaranteed renewable at the option of the Policyholder.

Security Health Plan will notify the Policyholder of any changes to the terms of this Policy (including changes to the certificate of coverage or schedule of benefits) or premium rates at least sixty (60) days prior to the Policy renewal date. When Security Health Plan renews this Policy, but on less favorable conditions, provisions or at higher premium rates, as allowed by applicable law, the new conditions, provisions or rates will take effect on the Policy renewal date. If Security Health Plan does not so notify the Policyholder, the new conditions, provisions or rates will not take effect until sixty (60) days after the date on which the notice is mailed or delivered to the Policyholder, in which case the Policyholder may elect to terminate this Policy in accordance with this Policy's "Termination of Policy" provision at any time during the sixty (60) day period. If, however, the Policy is sold through the Federal Marketplace, then the Policy may only be changed as per federal law.

The above paragraph does not apply if the Policyholder agrees to an earlier effective date for any change.

The "plan year" for purposes of the Patient Protection and Affordable Care Act, as amended, will begin the Policy effective date shown above. Notwithstanding the foregoing, Security Health Plan may, in its discretion, enter into an agreement with the Policyholder to establish a different plan year.

WAITING PERIOD FOR NEW EMPLOYEES

A Policyholder's new employee who meets the requirements of this Policy's "Eligible Employees" provision is eligible to apply for single or family coverage upon completion of their waiting period, if any, as shown in the Policyholder's current Application. If the waiting period indicated by the Policyholder on the Policyholder Application exceeds the period permitted by state or federal laws, then Security Health Plan may notify the Policyholder, and may, in its sole discretion, reduce the waiting period to the maximum permitted under applicable state and federal laws. If that new employee makes written application to Security Health Plan within thirty-one (31) days after their initial eligibility date (the first day immediately following the completion of their waiting period), Security Health Plan will retroactively issue that employee's coverage in accordance with this Policy's "Effective Date" provision as defined in the certificate of coverage, provided the enrollment documentation is accurately and fully completed, the required premium for the coverage is timely paid to Security Health Plan, and the applicable authorization form for release of records is signed and returned to Security Health Plan. At no time will the waiting period exceed the maximum time, as defined by law.

CONTINUING AND REHIRED EMPLOYEES AND OTHER CHANGES IN EMPLOYMENT STATUS

If a covered employee's coverage terminates, and upon the employee's return he/she meets the definition of a continuing employee under the rules of 26 CFR § 54.4980H-3(d)(6), coverage will be reinstated the first of the month following the employee's return date if the written application for coverage is made within thirty-one (31) days of the date of the employee's return, provided that all premiums for the coverage are paid to Security Health Plan and the policy remains in force. Employees that do not meet the definition of a continuing employee are considered new hires and are subject to the new hire waiting period. Exceptions to this must be requested in writing on the Policyholder's Application or the employer health plan change

request form.

Benefits are not payable under this Policy for any claims incurred by a member after their coverage termination date and before the effective date of their new coverage, unless the claim was incurred while that person has continuation coverage in force or qualifies for an extension of benefits.

If a covered employee becomes ineligible because the employee is not actively at work as defined in the Certificate, the Policyholder shall terminate the employee from regular coverage and, if applicable, the employee should be offered COBRA/Continuation Coverage. Security Health Plan must receive notification of termination from the Policyholder or the Marketplace in order to effectuate this termination.

If the Policyholder's organization has a policy that provides for designated leaves beyond those established in policy and regulation and extended coverage is desired during such periods of time, the Policyholder may request in writing a general exception from the required to be actively at work. If the exception is found acceptable to Security Health Plan in its sole discretion, Security Health Plan shall administer coverage accordingly.

If the Policyholder does not offer COBRA/continuation of coverage to a covered employee when they are first eligible for it, Security Health Plan is not liable for periods of coverage beyond what would have been available to the employee when first eligible.

CERTIFICATES

Security Health Plan will provide either electronic or paper copies of materials such as certificates, identification cards, schedule of benefits, provider directories, and any applicable amendments, as permitted by law. The Policyholder will assist in the distribution of materials if required by Security Health Plan. Security Health Plan will provide paper copies of electronic materials upon request.

GRACE PERIOD

Except for the first monthly premiums, required premiums due for a coverage period and not paid to Security Health Plan by the Policyholder by the coverage period's premium due date are in default. For each coverage period's premiums not paid when due, there is a grace period of thirty-one (31) days beginning with the first day of the coverage period. Following a maximum of two grace periods in a 12-month period, at Security Health Plan's sole discretion, any delayed payments may result in termination. The Policyholder must pay the required premiums during the grace period, unless the Policyholder gives Security Health Plan advance written notice of its intention to terminate this Policy in accordance with this Policy's "Termination of Policy" provision. If a coverage period's required premiums are not paid by the Policyholder to Security Health Plan before the expiration of the grace period, this Policy shall terminate at the expiration of the grace period. The Policyholder shall be liable for and pay all premiums due for any time the members' coverage and this Policy were in force during the grace period.

TERMINATION OF POLICY

This Policy shall terminate at 12:01 a.m., Central Standard Time, on the earliest of:

1. The date Security Health Plan terminates this Policy because the Policyholder ceases to

be eligible for this Policy due to: (a) ceasing to exist as a legal entity by merger, dissolution or otherwise; (b) ceasing to have active business operations; or (c) having no active eligible employees covered by Security Health Plan (except if termination is limited by law); provided Security Health Plan sends the Policyholder written notice of such termination at least [ten] [10] days before that termination date; or

2. The day immediately following the last day of the grace period if the coverage period's premiums are not paid by the Policyholder to Security Health Plan during the grace period for that coverage period, provided Security Health Plan sends the Policyholder written notice of such termination at least ten (10) days before that termination date; or

3. The day immediately following the last day of the coverage period during which the Policyholder requests termination of this Policy, provided Security Health Plan receives written notice of such request before the requested termination date. The termination date will in no event be earlier than the date of our receipt of such notice at Security Health Plan; or

4. The date Security Health Plan terminates this Policy due to fraud or misrepresentation by the Policyholder, provided Security Health Plan sends the Policyholder written notice of such termination at least ten (10) days before that termination date; or

5. The day immediately following the last day of the renewal period in which the Policyholder fails to meet the applicable minimum participation requirement provided in this Policy's "Minimum Participation Requirements" provision, provided Security Health Plan sends the Policyholder written notice of such termination at least twenty (20) days before that termination date, except when the Policyholder purchases the sixty (60) day extension of the renewal period in accordance with Wisconsin law (if the sixty (60) day extension is purchased by the Policyholder, see paragraph 6. below); or

6. The day immediately following the last day of the sixty (60) day extension of the renewal period purchased by the Policyholder in accordance with Wisconsin law, if during such sixty (60) day period the Policyholder fails to meet the applicable minimum participating requirement provided in this Policy's "Minimum Participation Requirements" provision; or

7. The next renewal date after Security Health Plan sends a one hundred eighty (180) day notice not to renew all policies in the same class of business issued to or covering large or small employers because of our decision to no longer insure those large and/or small employers in that class of business, in accordance with Wisconsin law. If Security Health Plan withdraws from such class of business in the large and/or small employer market, Security Health Plan will not establish a new class of the same class of large and/or small employer business for five (5) years.

8. The day immediately following the last of the renewal period in which all members insured through the Policyholder leave the service area, if applicable.

9. The day immediately following the last day of the Policy Period in which the Policyholder fails to meet the applicable minimum Policyholder contribution requirement provided in this Policy's "Minimum Policyholder Contribution Requirement" provision.

MINIMUM PARTICIPATION REQUIREMENTS

At Security Health Plan's option, Security Health Plan may terminate this Policy on the date immediately following the last day of the Policy Period or the sixty (60) day continuation period required by applicable law, if Security Health Plan determines that the number of covered employees insured under this Policy (or under this Policy together with such other Security Health Plan group medical insurance policies that may be in force between the Policyholder or associated companies and Security Health Plan) falls below the minimum participation requirements shown below. Security Health Plan will not refuse to renew this Policy for a small employer if the reason the Policyholder can't meet the minimum participation requirement is due to one or more covered employee's illness or injury, approved leave of absence or temporary layoff qualifying for continuation coverage under § 632.897(2)(b), Wis. Stat., as amended. The Policyholder will be reviewed and audited annually by Security Health Plan to establish that it meets the applicable minimum participation requirement applied to the Policyholder. The minimum participation requirements are as follows:

1. For a Policyholder with more than ten (10) eligible employees, seventy percent (70%) of all employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

2. For a Policyholder with ten (10) eligible employees, six (6) employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

3. For a Policyholder with eight (8) to nine (9) eligible employees, five (5) employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

4. For a Policyholder with seven (7) eligible employees, four (4) employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

5. For a Policyholder with five (5) to six (6) eligible employees, three (3) employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

6. For a Policyholder with two (2) to four (4) eligible employees, two (2) employees eligible to enroll must be insured as covered employees for such coverage under this Policy.

7. Minimum group size is two (2) employees insured as covered employees for such coverage under this Policy.

In calculating the total number of eligible employees, Security Health Plan will not include as eligible employees individuals who are covered only because they have continuation coverage or individuals who have completed a waiver or enrollment form identifying other qualifying coverage, unless the other coverage is another benefit plan sponsored by the Policyholder.

If a Policyholder contributes one-hundred percent (100%) of the premium cost for the coverage chosen, all eligible employees must be enrolled unless they have completed a waiver identifying other qualifying coverage.

For a policy purchased on the Health Insurance Marketplace, minimum participation requirements are determined by the Health Insurance Marketplace.

MINIMUM POLICYHOLDER CONTRIBUTION REQUIREMENT

The employer must contribute at least 50% of the Employee-Only cost for each enrolled employee. The contribution amount may vary based on for each employee's age. The group may also vary the contribution amount by class of employee. If multiple plans are offered, the employer may make the contribution based on the plan of choice. However, the contribution must be a minimum of 50% of the employee cost for the lowest priced option that is available to the employee.

POLICYHOLDER NOT MEMBERS' REPRESENTATIVE

For any and all purposes regarding this Policy, including each member's coverage provided under this Policy, the Policyholder is neither the agent nor representative of Security Health Plan. The Policyholder represents only itself and its members insured under this Policy. The Policyholder, its members, employees, agents and representatives do not represent Security Health Plan, our agents and representatives. Security Health Plan, our agents and representatives are not liable or responsible in any way whatsoever for any act, omission or statement by the Policyholder, its members, employees, agents and representatives. In addition, Security Health Plan, our agents, and representatives are not agents or representatives of the Policyholder, any member insured under this Policy or any other person.

INCONTESTABILITY

No statement made by a person other than Security Health Plan or its agent in the negotiation of this Policy affects the obligations of Security Health Plan under this Policy unless such statement is in writing, a copy of which is supplied to the Policyholder and covered employee, as applicable.

No statement made by a member respecting the member's insurability under the Policy, except fraudulent misrepresentation, is a basis for Security Health Plan to avoid the Policy or deny a claim after the coverage has been in effect for two (2) years.

MISSTATEMENT OF AGE

Age means a member's age on their last birthday. If any member's age has been misstated, the premiums for that person's coverage under this Policy shall be equitably adjusted, as determined by Security Health Plan. If the coverage and/or payment of benefits for claims incurred by the member would be affected by such misstatement of age, the coverage and/or payment of benefits shall be adjusted by Security Health Plan to that which the member would have been entitled at the correct age. The premiums for that person's adjusted coverage shall be adjusted by Security Health Plan based on such adjusted coverage, as appropriate.

THIS POLICY IS NOT WORKERS COMPENSATION INSURANCE

The members' coverage under this Policy and this Policy are not a substitute for, nor in place of, does not provide, and does not satisfy or otherwise affect any requirements for benefits or coverage by any workers' compensation insurance, workers' compensation act or employer liability law. A member may receive benefits for charges incurred for a covered illness or injury eligible for coverage, or for which the member receives, or which is the subject of, any award or settlement under any workers' compensation insurance, workers' compensation act or employer liability law. If so, the member shall reimburse Security Health Plan promptly in full to the extent that benefits were paid by Security Health Plan under this Policy for such charges. The member further consents to give Security Health Plan a first right of recovery for such reimbursement from the proceeds payable under such worker's compensation insurance, act or employer liability law.

POLICYHOLDER'S DUTY TO FURNISH INFORMATION

The Policyholder must furnish Security Health Plan with any information that Security Health Plan requires to administer this Policy. For example, the Policyholder must notify Security Health Plan timely whenever an employee's eligibility status changes. Examples include, but are not limited to:

- An employee becomes eligible for coverage.
- A change in job or hours renders an employee eligible for coverage.
- A covered employee is no longer eligible for coverage because of termination, retirement, reduction in hours, change in jobs, etc.
- A covered employee dies.

This information enables Security Health Plan to pay claims accurately. Security Health Plan shall have the right to inspect, at any reasonable time, any of the Policyholder's records that are relevant to administering this Policy, including verification that the Policy's minimum participation and minimum contribution requirements are being met. This right of access shall continue for two (2) years beyond the termination date of this Policy.

MISCELLANEOUS

A. Advertising and Promotion Control

Security Health Plan reserves the right to control the use of its name and all symbols, trademarks, service marks and copyright presently existing, or hereinafter established with respect to it. Policyholder agrees that it will not use such name, symbols, trademarks, service marks or copyright in advertising or promotional materials or otherwise without the prior written consent of Security Health Plan and will cease any and all usage immediately upon request of Security Health Plan or upon termination of this Policy.

B. Annual Enrollment

At least once every calendar year, the Policyholder will allow eligible employees who are covered by Security Health Plan, and who opt to terminate their enrollment, to select other

coverage offered by the Policyholder by making written application on a form approved by the Policyholder. No such application shall be conditioned upon the submission by such persons of evidence of insurability. Consistent with Wisconsin law, at least once every calendar year, the Policyholder will allow an eligible employee who was not covered by Security Health Plan to enroll with Security Health Plan. That enrollment date will be as agreed upon between the Policyholder and Security Health Plan.

C. Limitation of Liability

Security Health Plan shall not be liable for, and the Policyholder shall defend and hold harmless Security Health Plan, its officers, employees and agents from and against all expenses, losses, liabilities and damages resulting from any claim, injury, demand, judgment or settlement, regardless of the form of action, which is in any way based upon: (a) failure to provide benefits to any member where such failure is due to the Policyholder's failure to submit accurate and timely information to Security Health Plan; (b) the Policyholder's failure to at least once a year allow eligible employees to select other coverage offered by the Policyholder or (c) the Policyholder's failure to pay premium when due.

D. Third Party Beneficiaries

Each member is declared to be a third party beneficiary of this Policy. The right of each person to receive coverage for health care services under this Policy shall be limited by the certificate of coverage, schedule of benefits, and other documents comprising this Policy. Nothing in this Policy will limit the right of the Policyholder or Security Health Plan to amend or terminate this Policy, or to amend or modify any document comprising this Policy or incorporated by reference as permitted by law.

E. Notices

Any notice required or permitted under this Policy between Security Health Plan and the Policyholder shall be in writing and shall be deemed to have been given when delivered in person, when sent by registered or certified United States mail, return receipt requested, proper postage prepaid, and properly addressed to the party's regular office address, or by electronic mail or other electronic means, as permitted by law. Any notices permitted by law will be sent by electronic means unless the Policyholder otherwise provides written notice to Security Health Plan. Notices to any covered employee shall be sufficient if given to the covered employee or to the Policyholder. If requested by Security Health Plan, the Policyholder will distribute notices and other communications to covered employees. The Policyholder will notify all covered employees of termination of this Policy.

F. How Clerical Errors Will Be Handled

If, due to a clerical error, the Policyholder fails to notify Security Health Plan of an employee who is eligible for coverage, that error will not deprive the employee and any dependents of coverage or affect their entitlement to benefits provided the error is corrected and premium paid within three (3) months of the employee's intended effective date.

If, due to a clerical error, the Policyholder fails to notify Security Health Plan of an employee or dependent who is no longer eligible for coverage, the Policyholder is wholly responsible for

premium due and any failure to timely notify of COBRA/continuation rights due to the clerical error.

Other than as described above, no error, including clerical error, by Security Health Plan, the Policyholder, or any member shall invalidate coverage otherwise validly in force, continue or re- issue coverage validly terminated, or cause coverage to be issued which otherwise would not be issued by Security Health Plan. Upon discovery of such an error, Security Health Plan shall make, at its option, an equitable adjustment of coverage, payment of benefits, and/or premium. A Policyholder's error will not create any liability whatsoever for Security Health Plan.

G. Conformity with Law

Any provision of this Policy that conflicts with federal law or the law of the state of Wisconsin when issued is hereby amended to conform to the minimum requirements of such laws.

H. No Waiver

No failure or delay by either party or exercise any right or to enforce any obligation under this Policy, in whole or in part, will operate as a waiver to enforce compliance with such right or obligation in the future. No course of dealing between Security Health Plan and the Policyholder or any member will operate as a waiver of any right or obligation under this Policy.

I. 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 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 (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:

Security Health Plan
Attn: Section 504 Coordinator
2301 E. 60th Street
Sioux Falls, SD 57103
Phone: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shp.appeals.grievance-mfld@sanfordhealth.org.

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, a Security Health Plan 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: (800) 368–1019 (TDD 800–537–7697)
More information is available at http://www.hhs.gov/ocr/office/file/index.html.

J. Limited English Proficiency Language Services

Limited English proficiency services
ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call (800) 472-2363 (TTY 711).
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (800) 472-2363 (TTY 711).
LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 472-2363 (TTY 711).

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