

Enrich

2022

Individual and Family plans

Serving Wisconsin for 50 years with affordable health care plans,
including plans with special perks just for you.



Available
exclusively
in Dodge
County!

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

Get reliable health insurance coverage with extra perks

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

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



As a member you'll have access to our secure member website and mobile app, *My Security Health Plan*, where you'll be able to review claims, pay your premiums, take your health assessment, chat online with our Customer Service team and securely message us with any questions you may have.

We're Security Health Plan. Wisconsin is our home and your home. When we say reliable, high-quality health insurance, we mean it. **Promises kept. Plain and simple.**

Exceptional coverage in one package for Dodge County



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

With Security Health Plan's *Enrich* network, you'll get access to Marshfield Clinic Health System, UW Health and UnityPoint Health-Meriter.

When you choose Security Health Plan's *Enrich* network, you gain access to Marshfield Clinic Health System's 170 specialties, 10 hospitals and more than 60 clinic locations, as well as UW Health and UnityPoint Health-Meriter providers, hospitals and clinics.

Enrich provides exclusive access to even more perks! With *Enrich*, you'll get:



Lower copays for prescription drugs

filled at a Marshfield Clinic Health System pharmacy



Access to Marshfield Clinic Health System Patient Navigator Program

to help with scheduling appointments, answer questions about bills and health plan coverage.

Worldwide emergency and urgent care

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



Things to know before you get started:

How does a health savings account (HSA) work?

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

Can I get financial assistance?

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

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

Here are more good reasons to choose Security Health Plan

Security Health Plan Enrich Benefit Summary - 2022

	Enrich \$1,500 - 30%	Enrich \$3,500 - 30%	Enrich \$4,800 - 30%	Enrich \$6,950 - 30%	Enrich \$4,500 HDHP	Enrich \$6,200 HDHP	Enrich \$8,700 Copay	Enrich \$7,500	Enrich \$8,700	Enrich Protection
<i>Note: For family plans, the levels for deductibles and maximum out-of-pocket costs are double those of individual plans.</i>										
Metal Tier	Gold	Gold	Silver	Silver	Silver	Bronze	Bronze	Bronze	Bronze	Catastrophic
Eligible for Health Savings Account					✓	✓				
Annual Maximum Out of Pocket Expense (x2 family)	\$6,500	\$6,500	\$7,900	\$8,550	\$7,000	\$7,000	\$8,700	\$8,550	\$8,700	\$8,700
Deductible (x2 family)	\$1,500	\$3,500	\$4,800	\$6,950	\$4,500	\$6,200	\$8,700	\$7,500	\$8,700	\$8,700
Coinsurance (after deductible is met)	30%	30%	30%	30%	0%	0%	0%	0%	0%	0%
Primary Care Visits (no cost sharing)	NA	1 visit per member per year covered at 100% before copayment	NA	1 visit per member per year covered at 100% before deductible and coinsurance	NA	NA	NA	NA	NA	3 visits per member per year covered at 100% before deductible
Care My Way®	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%	Unlimited visits covered at 100%
Office Visit	\$25 per visit primary care/\$50 per visit specialty care	\$30 per visit primary care/\$75 per visit specialty care	\$30 per visit primary care/\$75 per visit specialty care	Subject to deductible and coinsurance	Primary care subject to deductible then \$30 per visit/specialty care subject to deductible then \$75 per visit	Primary care subject to deductible/specialty care subject to deductible then \$75 per visit	\$35 per visit primary care/specialty care subject to deductible	Primary care subject to deductible then \$30 per visit/specialty care subject to deductible then \$75 per visit	Subject to deductible	Subject to deductible
Urgent Care	\$50 per visit	\$75 per visit	\$75 per visit	Subject to deductible and coinsurance	Subject to deductible then \$75 per visit	Subject to deductible then \$75 per visit	Subject to deductible	Subject to deductible then \$75 per visit	Subject to deductible	Subject to deductible
Emergency Room	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible then \$450 per visit	Subject to deductible then \$450 per visit	Subject to deductible	Subject to deductible then \$450 per visit	Subject to deductible	Subject to deductible
Hospital Inpatient	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible then \$250 per day	Subject to deductible then \$250 per day	Subject to deductible	Subject to deductible then \$250 per day	Subject to deductible	Subject to deductible
Maternity Services	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible and coinsurance	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible	Subject to deductible
Preventive Benefit	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%	Paid at 100%
Pharmacy*	\$10/\$25/\$50/40%	\$10/\$25/\$50/40%	\$12.50/\$30/\$60/40%	\$12.50/\$30/\$60/40%	Subject to deductible then \$12.50/\$30/\$60/40%	Subject to deductible then \$12.50/\$40/\$75/45%	\$12.50/\$57.50/subject to deductible	Subject to deductible then \$12.50/\$40/\$75/45%	Subject to deductible	Subject to deductible
generic/preferred/non-preferred/specialty from a Marshfield Clinic Health System Pharmacy	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
-----	\$20/\$50/\$100/40%	\$20/\$50/\$100/40%	\$25/\$60/\$120/40%	\$25/\$60/\$120/40%	Subject to deductible then \$25/\$60/\$120/40%	Subject to deductible then \$25/\$80/\$150/45%	\$25/\$115/subject to deductible	Subject to deductible then \$25/\$80/\$150/45%	Subject to deductible	Subject to deductible
-----	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)	(combined toward maximum out of pocket)

*All prescriptions are limited to a maximum of 30 day supply

1 NEW in 2022 Get care anywhere* 24/7

With Care My Way® a nurse practitioner can evaluate certain conditions by phone and order a prescription, if needed. With a plan from Security Health Plan you have 24/7 access to **Care My Way and it is covered at 100% every time you use it.**

*Care My Way is available in all 50 states

2 Save up to \$120 a year on over-the-counter health products

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

3 24-hour medical advice

We offer a **24-hour Nurse Line** so you can speak with a registered nurse about your symptoms.

4 No-cost preventive care

Coverage for important services such as:

- many preventive laboratory services and screenings covered annually at no additional cost
- immunizations, even those for travel, covered at no cost
- childhood screenings and services
- services for pregnant women and well-woman visits

Learn more about Security Health Plan's approach to preventive health care at www.securityhealth.org/preventive-care

5 NEW in 2022 SSRIs covered at 100%

Selective serotonin reuptake inhibitors (SSRIs), which are prescribed for symptoms associated with anxiety, depression or other mood disorders are covered at no cost for Enrich plan members. Learn more about SSRIs at www.securityhealth.org/SSRI

6 Enhanced diabetic coverage

Our Enrich plans include:

- \$25 monthly insulin cap on select insulins
- select diabetic testing supplies covered at 100%

View the 2022 Choice Diabetic list at www.securityhealth.org/choice

Important things to know:

How will billing work?

We offer many convenient ways to pay your premium. We'll send you a bill with the amount of your monthly premium. You have three options to pay your monthly premium:

1. pay online with a debit or credit card through your *My Security Health Plan* account
2. arrange to pay monthly directly from your bank account
3. write and mail a check to Security Health Plan

What about purchasing on the Federally-facilitated Exchange?

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



What about dental coverage for children?

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

How do I get started?

Whether you **call, click or visit**, you can easily compare plans and apply for Security Health Plan coverage.



Call

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

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



Click

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

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



Email

us to **request a quote** at shp.ifp.request@securityhealth.org.

Language Assistance Services

English

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

Español (Spanish)

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

Hmoob (Hmong)

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

繁體中文 (Chinese)

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

Deutsch (German)

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

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-274-008-3632 (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.

Oroomiffa (Oromo/Somalia)

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

Tiếng Việt (Vietnamese)

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

Deitsch (Pennsylvania Dutch)

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

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ 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).

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

Notice of nondiscrimination

Discrimination is against the law

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

Security Health Plan of Wisconsin, Inc.:

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

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

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

- Qualified interpreters
- Information written in other languages

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

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

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

