

2019

Summary of Benefits

H5211



Ally Rx (HMO SNP)

SecurityHealth Plan_{SM}
Promises kept, plain and simple.[®]

Summary of Benefits

January 1, 2019 – December 31, 2019

This is a summary of health and prescription drug services covered by Security Health Plan's **Ally Rx (HMO SNP)** Medicare Advantage plan.

The benefit information provided is a summary of what the plan covers and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Who can join?

To join **Ally Rx (HMO SNP)**, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, have full-benefit Medicaid and live in our service area.

If you join Ally Rx and then lose your Medicaid eligibility, we are required to disenroll you if you don't become eligible for Medicaid again during the 2-month Ally Rx grace period.

Our service area includes the following counties in Wisconsin: Chippewa, Clark, Eau Claire, Lincoln, Marathon, Portage, Price, Rusk, Taylor and Wood.

Providers

You must generally use Security Health Plan's network of doctors, hospitals, pharmacies and other providers except in emergency or urgent care situations. You can see the plan's provider directory on our website at www.securityhealth.org/allyproviders.

Pharmacies

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plans' pharmacy directory on our website at www.securityhealth.org/allypharmacies.

Prescription drug coverage

Ally Rx (HMO SNP) covers Part D drugs. In addition, the plan covers Part B drugs such as chemotherapy and some drugs administered by your provider.

You can see our complete formulary (list of Part D prescription drugs) and any restrictions on our website at www.securityhealth.org/allyformulary.

Or you can call us and we will send you a printed copy of the provider directory, pharmacy directory and/or abridged formulary.

Contact information

For more information, call our Customer Service Department at 1-877-998-0998. If you are hearing or speech impaired, call TTY 711. You can call 7 days a week from 8 a.m. to 8 p.m., from October 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., from April 1-September 30. Or, visit us at www.securityhealth.org/medicare19.

For coverage and costs of Original Medicare, look in your current "**Medicare & You**" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This Summary of Benefits is available in languages other than English, large print or other alternative formats.

Summary of benefits

January 1, 2019 – December 31, 2019

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|--|---|---|
| Monthly plan premium | \$0 | You must continue to pay your Medicare Part B premium unless it is paid for you by Medicaid or another third party. |
| Deductible • Medical services _____ | \$0 _____ | Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare-covered services you receive as long as you meet coverage requirements. |
| • Part D prescription drugs | \$0 | |
| Maximum out-of-pocket responsibility <i>(does not include prescription drugs)</i> | \$6,700* | In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are not responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services. |
| Inpatient hospital coverage | You pay \$0.* Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive. | If you receive inpatient care at an out-of-network hospital not related to an emergency condition, it will not be covered by our plan. |
| Outpatient hospital coverage | You pay \$0.* Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive. | |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|--|---|--|
| Doctor visits (primary care and specialty care) | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | |
| Preventive care | <p>Medicare-covered preventive services are covered at 100%.</p> | <p>Additional preventive services approved by Medicare during the contract year will be covered. Additional preventive services may be available through the Wisconsin Medicaid program.</p> |
| Emergency care | <p>You pay \$0 for emergency care received in the United States.</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> <p>Emergency care is covered worldwide. You pay 20% coinsurance, up to a \$90 maximum per visit, for emergency care received outside of the United States.</p> | <p>If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered; or you must have your inpatient care at the out-of-network hospital authorized by the plan.</p> |
| Urgently needed services | <p>You pay \$0 for urgent care you receive in the United States.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> <p>Urgent care is covered worldwide. You pay 20% coinsurance, up to a \$65 maximum per visit, for urgent care received outside of the United States.</p> | <p>Urgently needed services are covered worldwide.</p> |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|--|---|---|
| Diagnostic services/ labs/imaging (X-rays/radiation therapy) | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>You are responsible for obtaining prior authorization for any genetic testing.</p> |
| Hearing services | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Additional hearing services and hearing aids may be available through your Wisconsin Medicaid program.</p> |
| Dental services <ul style="list-style-type: none"> • Medicare-covered | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Additional dental coverage may be available through your Wisconsin Medicaid program.</p> |
| Vision services <ul style="list-style-type: none"> • Diagnostic exams • Eyeglasses or contact lenses after cataract surgery <hr/> <ul style="list-style-type: none"> • Eyeglasses for members with routine vision correction needs | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> <hr/> <p>\$175 allowance each calendar year toward purchase.</p> | <hr/> <p>Security Health Plan will pay up to \$175 toward the purchase of eyeglasses of your choice for members with routine vision correction needs. You must use an in-network provider.</p> <p>Your Wisconsin Medicaid program may also provide coverage for vision care and eyeglasses.</p> |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|---|--|---|
| Mental health services <ul style="list-style-type: none"> • Inpatient visit • Outpatient group or individual therapy visit | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>There is a 190-day lifetime limit for inpatient services in a psychiatric hospital. The 190-day limit does not apply to inpatient mental health services provided in a psychiatric unit of a general hospital.</p> <p>Your Wisconsin Medicaid program may also provide additional coverage after Medicare limits have been met.</p> |
| Skilled nursing facility | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>No prior hospital stay required, but you must require skilled nursing care, skilled rehabilitation services or both. An evaluation by a physician is required prior to entering a skilled nursing facility.</p> <p>Custodial care is not covered by our plan. Your Wisconsin Medicaid program may include coverage for custodial care or long-term care.</p> |
| Physical therapy, occupational therapy, speech and language pathology | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | |
| Ambulance | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>The ambulance benefit is a transport benefit. If there is no transport, it is not covered by Medicare.</p> |
| Transportation | <p>Not covered</p> | <p>Your Wisconsin Medicaid program may provide coverage for non-emergency medical transportation.</p> |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|--|--|---|
| Medicare Part B drugs <ul style="list-style-type: none"> Part B-covered drugs and biologicals, including chemotherapy drugs | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | |
| Foot care (podiatry services) | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Coverage includes treatment of injuries and diseases of the feet that are covered by Original Medicare. You pay 100% for routine foot care unless Medicare coverage criteria are met.</p> <p>Your Wisconsin Medicaid program may include coverage for routine foot care.</p> |
| Durable medical equipment and supplies <ul style="list-style-type: none"> Durable medical equipment (e.g. wheelchairs, oxygen) and prosthetic devices and related supplies (e.g. braces, artificial limbs) | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>You are responsible for obtaining prior authorization for durable medical equipment and prosthetic devices and related supplies. See your Provider Directory for a list of suppliers.</p> |
| Wellness programs (e.g. fitness) | <p>You pay \$0 for health and wellness support from your Security Health Plan personal health team, health coaches and nurse care managers.</p> | <p>You have a personal health team of registered nurses, social workers and community support specialists that provides personalized care, education and guidance for your health care needs.</p> <p>Fitness programs through outside organizations (e.g. YMCA) are not covered.</p> |
| Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) | <p>You pay \$0 for smoking and tobacco use cessation prevention benefits.</p> | <p>Coverage includes unlimited counseling sessions for tobacco cessation and up to a 6-month supply of over-the-counter nicotine replacement therapy (NRT) at no charge to members who participate in our free Tobacco Free program. You must obtain prior authorization from a Security Health Plan health educator.</p> |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|--|--|---|
| Chiropractic services <ul style="list-style-type: none"> • Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Your Medicare chiropractic benefits do not include maintenance care.</p> |
| Diabetes self-monitoring training, supplies and services | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Abbott is the only brand covered by both Security Health Plan and Medicaid for self-monitoring systems and supplies.</p> |
| Home health care | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | |
| Home infusion | <p>You pay \$0 for home infusion with an in-network provider.</p> | <p>Covers home infusion administration including certain drugs, supplies and nursing services. You are responsible for obtaining prior authorization before receiving any home infusion services.</p> |
| Cardiac rehabilitation services | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Medicare has specific limits for cardiac rehabilitation visits.</p> <p>Your Wisconsin Medicaid program may provide additional coverage after Medicare limits have been met.</p> |
| Pulmonary rehabilitation services | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | <p>Medicare has specific lifetime limits on pulmonary rehabilitation.</p> <p>Your Wisconsin Medicaid program may provide additional coverage after Medicare limits have been met.</p> |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

| Premium and benefits | Ally Rx (HMO SNP) | What you should know |
|----------------------------------|--|----------------------|
| Services to treat kidney disease | <p>You pay \$0.*</p> <p>Your Wisconsin Medicaid program pays the Medicare cost sharing on your behalf for Medicare- and Medicaid-covered services you receive.</p> | |

* In most cases, Medicaid covers your deductibles and cost-sharing for services covered by both Medicare Part A and Part B and Medicaid. You are **not** responsible for paying any out-of-pocket costs for these covered services unless your provider chooses to bill nominal Medicaid copays for services.

Part D prescription drugs

Below is the cost-sharing you will pay in the Initial Coverage phase for Part D prescription drugs. Cost-sharing may vary when you enter another phase of the Part D benefit. For more information on the Coverage Gap and Catastrophic Coverage phases of the benefit, please call us or review our Evidence of Coverage online at www.securityhealth.org.

We cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy. If the cost of your drug is less than the listed copay, you will pay only the lower amount.

The shingles vaccine, tetanus vaccine and tetanus-diphtheria-pertussis (Tdap) vaccine given as routine vaccinations are covered for members with Part D coverage.

| | Standard retail cost-sharing (in-network) (up to a 93-day supply) | Mail-order cost-sharing (up to a 93-day supply) | Long-term care (LTC) cost-sharing (up to a 34-day supply) | Out-of-network cost-sharing (coverage is limited to certain situations) (up to a 31-day supply) |
|--|--|--|--|--|
| To find out your level of “Extra Help”* please refer to your Low Income Subsidy (LIS) Rider | | | | |
| Extra Help Copayments – LIS Category Level 3 Full-Benefit Dual Eligible Beneficiaries who live in long-term care institutions or who live at home, but require an institutional level of care. | | | | |
| Generic drugs | You pay \$0 | You pay \$0 | You pay \$0 | You pay \$0 |
| Brand-name drugs | You pay \$0 | You pay \$0 | You pay \$0 | You pay \$0 |
| Extra Help Copayments – LIS Category Level 2 Full-Benefit Dual Eligible Beneficiaries with income up to or at 100% of the Federal Poverty Level (FPL) | | | | |
| Generic drugs | You pay \$1.25 | You pay \$1.25 | You pay \$1.25 | You pay \$1.25 |
| Brand-name drugs | You pay \$3.80 | You pay \$3.80 | You pay \$3.80 | You pay \$3.80 |
| Extra Help Copayments – LIS Category Level 1 Full-Benefit Dual Eligible Beneficiaries with income over 100% of the Federal Poverty Level (FPL) | | | | |
| Generic drugs | You pay \$3.40 | You pay \$3.40 | You pay \$3.40 | You pay \$3.40 |
| Brand-name drugs | You pay \$8.50 | You pay \$8.50 | You pay \$8.50 | You pay \$8.50 |
| Standard Medicare Part D Benefit – Does Not Receive “Extra Help” | | | | |
| Generic drugs | You pay 25% of the cost | You pay 25% of the cost | You pay 25% of the cost | You pay 25% of the cost |
| Brand-name drugs | You pay 25% of the cost | You pay 25% of the cost | You pay 25% of the cost | You pay 25% of the cost |

*“Extra Help” is also called LIS (Low Income Subsidy)

Ally Rx (HMO SNP) and Wisconsin Medicaid

Your Wisconsin ForwardHealth Medicaid benefits pay the Medicare cost-sharing on your behalf for Medicare-covered services you receive as long as plan coverage rules are followed. Your only costs may be nominal copayments on your Medicaid coverage or a few dollars on prescription drugs through Medicare's Low Income Subsidy program. Review the chart below for more information on your health coverage.

Wisconsin Medicaid Covered Benefits

| Benefit Type | Type of Coverage |
|--|--|
| Ambulatory Surgery Centers | Coverage of certain surgical procedures and related lab services. |
| Behavioral Treatment | Full coverage of comprehensive and focused behavioral treatment services with prior authorization. |
| Chiropractic | Full coverage. |
| Dental | Full coverage. |
| Disposable Medical Supplies (DMS) | Full coverage. |
| Drugs | Comprehensive drug benefit with coverage of generic and brand name prescription drugs and some over-the-counter (OTC) drugs. |
| Durable Medical Equipment (DME) | Full coverage. |
| End-Stage Renal Disease (ESRD) | Full coverage. |
| Health Screenings for Children | Full coverage of HealthCheck screenings and other services for individuals under the age of 21. |
| Hearing Services | Full coverage. |
| Home Care Services | Full coverage of PDN, home health and personal care services. |
| Hospice | Full coverage. |
| Inpatient Hospital | Full coverage. |
| Mental Health and Substance Abuse Treatment | Full coverage (not including room and board). |
| Nursing Home Services | Full coverage. |
| Outpatient Hospital — Emergency Room | Full coverage. |
| Outpatient Hospital | Full coverage. |
| Physical Therapy (PT), Occupational Therapy, and Speech and Language Pathology (SLP) | Full coverage. |
| Physician | Full coverage, including laboratory and radiology. |
| Podiatry | Full coverage. |
| Prenatal/Maternity Care | Full coverage, including prenatal care coordination, and preventative mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. |

| | |
|---|--|
| Reproductive Health Service | Full coverage, excluding infertility treatments, surrogate parenting and related services, including, but not limited to, artificial insemination and subsequent obstetrical care as a non-covered service, and the reversal of voluntary sterilization. |
| Routine Vision | Full coverage including coverage of eyeglasses. |
| Transportation — Ambulance, Specialized Medical Vehicle (SMV), Common Carrier | Full coverage of emergency and non-emergency transportation to and from a certified provider for a covered service. |

Additional information about Ally Rx (HMO SNP) and Security Health Plan

Ally Rx has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) at least until 2019 based on a review of the Ally Rx Model of Care.

We employ doctors, nurses and other staff to review certain services to ensure that members receive the right care at the right place and time. Called Utilization Management (UM), this process helps control member costs for health care services. Learn about our UM procedures at www.securityhealth.org. If you would like a printed copy, please call 1-877-998-0998 (TTY: 711).

We take the confidentiality of our member’s health information seriously. View our Notice of Privacy Practices online at www.securityhealth.org/privacy. Call for a paper copy at 1-877-998-0998 (TTY: 711).

A comprehensive medication review is one of several Medication Therapy Management (MTM) services we provide free to members with Part D coverage. Offered to members who have multiple chronic conditions, MTM services ensure you get the best results from your medications and keep your out-of-pocket costs down. To learn more call our Pharmacy Services Department: 1-877-873-5611 (TTY: 711).

Discrimination is against the law

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

Security Health Plan:

- 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 1-877-998-0998 (TTY: 711). If you believe that Security Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status, you can file a grievance with:

Security Health Plan

Attn: Grievances

1515 North Saint Joseph Avenue
Marshfield, WI 54449-8000

Phone: 715-221-9596 (TTY: 711) Fax: 715-221-9424 Email: shp.appeals.grievance@securityhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Security Health Plan can help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

Phone: 1-800-368-1019 or 800-537-7697 (TDD)

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

Language assistance services

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

Español (Spanish)

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

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-998-0998 (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 1-877-998-0998 (TTY: 711)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-998-0998 (TTY: 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-899-778-8990 (رقم هاتف الصم والبكم: 117).

Русский (Russian)

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

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-998-0998 (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 1-877-998-0998 (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: 1-877-998-0998 (TTY: 711).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-877-998-0998 (TTY: 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-998-0998 (ATS : 711).

Polski (Polish)

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

हिंदी (Hindi)

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

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-998-0998 (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 1-877-998-0998 (TTY: 711).

Oroomiffa (Oromo/Somalia)

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-998-0998 (TTY: 711).

Large print – If you require materials in large print, please call 1-877-998-0998 (TTY: 711).

SecurityHealth PlanSM

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449-8000
1-877-998-0998 | 715-221-9897
TTY: 711
Fax 715-221-9500

We are open 7 days a week, 8 a.m. to 8 p.m., from
October 1-March 31; and Monday through Friday,
8 a.m. to 8 p.m., from April 1-September 30.

www.securityhealth.org/medicare19

Security Health Plan is an HMO-POS, MSA and D-SNP plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Security Health Plan depends on contract renewal. This information is not a complete description of benefits. Call Customer Service at 1-877-998-0998 (TTY: 711) for more information.

About Security Health Plan

Security Health Plan of Wisconsin, Inc., part of the Marshfield Clinic Health System, is helping its 230,000 members in Wisconsin and beyond reach their best health. Accredited by the National Committee for Quality Assurance (NCQA), Security Health Plan offers health insurance coverage for employees of large and small businesses, individuals and families. Security Administrative Services, a wholly-owned subsidiary of Security Health Plan, provides full service third party administration for self-funded employers in Wisconsin, Indiana and Michigan.