

2021

Summary of Benefits

H5211



Assurance Rx (HMO-POS)

Essence Rx (HMO-POS)

Essence (HMO-POS)

Spirit Rx (HMO-POS)

Spirit (HMO-POS)

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. Call Customer Service at 1-877-998-0998 (TTY 711) for more information.

SecurityHealthPlanSM

Promises kept, plain and simple.®

Summary of Benefits

January 1, 2021 – December 31, 2021

This is a summary of health and prescription drug services covered by Security Health Plan's **Assurance Rx (HMO-POS), Essence Rx (HMO-POS), Essence (HMO-POS), Spirit Rx (HMO-POS) and Spirit (HMO-POS)** Medicare Advantage plans.

The benefit information provided is a summary of what each plan covers and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. The complete list of services we cover is found in each plan's *Evidence of Coverage*. You can review the *Evidence of Coverage* at www.securityhealth.org/medicaredocuments. If you would like a printed copy of the *Evidence of Coverage* mailed to you, call Customer Service (phone numbers are on page 2 of this booklet).

Who can join?

To join Assurance Rx (HMO-POS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Wisconsin: Columbia, Dane, Green, Green Lake, Iowa, Jefferson, Marquette, Richland, Sauk and Waukesha.

To join Essence Rx (HMO-POS) or Essence (HMO-POS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Wisconsin: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Dane, Douglas, Dunn, Eau Claire, Florence, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, La Crosse, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Waukesha, Waupaca, Waushara and Wood.

To join Spirit Rx (HMO-POS) or Spirit (HMO-POS), you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following counties in Wisconsin: Adams, Ashland, Barron, Bayfield, Buffalo, Burnett, Chippewa, Clark, Columbia, Crawford, Dane, Douglas, Dunn, Eau Claire, Florence, Forest, Green, Green Lake, Iowa, Iron, Jackson, Jefferson, Juneau, La Crosse, Langlade, Lincoln, Marathon, Marquette, Monroe, Oneida, Pepin, Pierce, Polk, Portage, Price, Richland, Rusk, Sauk, Sawyer, Shawano, Taylor, Trempealeau, Vernon, Vilas, Washburn, Waukesha, Waupaca, Waushara and Wood.

Providers

Security Health Plan has a network of doctors, hospitals, pharmacies and other providers. You can see our plans' provider directory on our website at www.securityhealth.org/directory.

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/medicarepharmacies.

Prescription drug coverage

Essence (HMO-POS) and Spirit (HMO-POS) cover Part B drugs including chemotherapy and some drugs administered by your provider. However, these plans do NOT cover Part D prescription drugs.

Assurance Rx (HMO-POS), Essence Rx (HMO-POS) and Spirit Rx (HMO-POS) cover Part D drugs. In addition, these plans cover 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/medicareformulary.

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, contact our Customer Service Department:

- email us at shpcsweb@securityhealth.org
- phone us at 1-877-998-0998. If you are hearing- or speech-impaired, call TTY 711. We are open 7 days a week, 8 a.m. to 8 p.m., October 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-September 30.
- visit us at www.securityhealth.org/medicare21

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 alternate formats.

Summary of Benefits

January 1, 2021 – December 31, 2021

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Monthly plan premium	\$0	\$85	\$16	\$226	\$150	You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an additional premium of \$34 per month.
Deductible	\$0	\$0	\$0	\$0	\$0	See Part D section below for prescription drug deductibles.
Maximum out-of-pocket responsibility <i>(does not include Part D prescription drugs, hearing aids, eyeglasses or optional supplemental dental benefits)</i>	In network and out of network combined: \$6,500	In network and out of network combined: \$3,400	In network and out of network combined: \$3,400	In network and out of network combined: \$1,200	In network and out of network combined: \$1,200	These amounts are the most you will pay for copayments, coinsurance and other costs for medical services for the year.
Inpatient hospital coverage	In or out of network: You pay \$395 per day, days 1-4. You pay \$0, days 5 through discharge.	In or out of network: You pay \$300 per day, days 1-5. You pay \$0, days 6 through discharge.	In or out of network: You pay \$300 per day, days 1-5. You pay \$0, days 6 through discharge.	In or out of network: You pay \$250 per stay.	In or out of network: You pay \$250 per stay.	Copayments <u>will not</u> start over if you transition to an inpatient rehabilitation or psychiatric unit within the same facility or to another hospital. Copayments <u>will</u> start over if you are readmitted to a hospital following a discharge home or transition from a swing

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Inpatient hospital coverage <i>(Continued)</i>						bed or skilled nursing facility. You are responsible for obtaining prior authorization for non-emergent inpatient hospital admissions when received out of network.
Outpatient hospital coverage	In or out of network: You pay \$400 for Medicare-covered surgical services.	In or out of network: You pay \$200 for Medicare-covered surgical services.	In or out of network: You pay \$200 for Medicare-covered surgical services.	In or out of network: You pay \$100 for Medicare-covered surgical services.	In or out of network: You pay \$100 for Medicare-covered surgical services.	You are responsible for obtaining prior authorization for outpatient interventional pain management, outpatient sleep studies and outpatient total knee replacement, hip replacement, joint and back surgeries when received out of network.
Ambulatory surgery center	In or out of network: You pay \$250 for Medicare-covered surgical services.	In or out of network: You pay \$200 for Medicare-covered surgical services.	In or out of network: You pay \$200 for Medicare-covered surgical services.	In or out of network: You pay \$100 for Medicare-covered surgical services.	In or out of network: You pay \$100 for Medicare-covered surgical services.	You are responsible for obtaining prior authorization for outpatient interventional pain management and outpatient total knee replacement, hip replacement, joint and back surgeries when received out of network.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Doctor visits (primary care providers and specialists)	In or out of network: You pay \$20 for primary care and \$50 for specialty care.	In or out of network: You pay \$10 for primary care and \$50 for specialty care.	In or out of network: You pay \$10 for primary care and \$50 for specialty care.	In or out of network: You pay \$0 for primary care and \$25 for specialty care.	In or out of network: You pay \$0 for primary care and \$25 for specialty care.	<p>You are responsible for obtaining prior authorization for outpatient interventional pain management when received out of network.</p> <p>You have the option of receiving physician services either through an in-person visit or via telehealth. Telehealth services will be subject to the same standard copayment, coinsurance and deductible as in-office services.</p> <p>Additional telehealth benefits offered by Security Health Plan must be received from an in-network provider. If you choose to receive these services out of network, you will be responsible for 100% of the cost.</p>
Preventive care	Medicare-covered preventive services are covered at 100%.	Medicare-covered preventive services are covered at 100%.	Medicare-covered preventive services are covered at 100%.	Medicare-covered preventive services are covered at 100%.	Medicare-covered preventive services are covered at 100%.	<p>Additional preventive services approved by Medicare during the contract year will be covered. Any office visit copayment associated with a Medicare-covered preventive service will be waived.</p> <p>Medicare does not cover all preventive services.</p>

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Preventive care <i>(Continued)</i>						For a list of covered preventive services, go to www.medicare.gov/coverage/preventive-and-screening-services.html
Emergency care	You pay \$90 per visit.	You pay \$120 per visit.	You pay \$120 per visit.	You pay \$120 per visit.	You pay \$120 per visit.	You pay \$0 if you are admitted to hospital within 24 hours for the same condition. Emergency care is covered worldwide.
Urgently needed services	You pay \$20 for primary care and \$50 for specialist care.	You pay \$10 for primary care and \$50 for specialist care.	You pay \$10 for primary care and \$50 for specialist care.	You pay \$0 for primary care and \$25 for specialist care.	You pay \$0 for primary care and \$25 for specialist care.	Urgently needed services are covered worldwide.
Diagnostic services/ labs/imaging (X-rays/radiation therapy)	In or out of network you pay: <ul style="list-style-type: none"> • \$0 for oral anticoagulation therapy testing and associated blood draws • \$0-20% of the cost for outpatient lab services • 20% of the cost for outpatient X-rays • 20% of the cost for diagnostic tests and procedures • 20% of the cost for radiation therapy 	In or out of network you pay: <ul style="list-style-type: none"> • \$0 for oral anticoagulation therapy testing and associated blood draws • \$0 for outpatient lab services • \$0 for outpatient X-rays • \$0 for diagnostic tests and procedures • \$0 for radiation therapy 	In or out of network you pay: <ul style="list-style-type: none"> • \$0 for oral anticoagulation therapy testing and associated blood draws • \$0 for outpatient lab services • \$0 for outpatient X-rays • \$0 for diagnostic tests and procedures • \$0 for radiation therapy 	In or out of network you pay: <ul style="list-style-type: none"> • \$0 for oral anticoagulation therapy testing and associated blood draws • \$0 for outpatient lab services • \$0 for outpatient X-rays • \$0 for diagnostic tests and procedures • \$0 for radiation therapy 	In or out of network you pay: <ul style="list-style-type: none"> • \$0 for oral anticoagulation therapy testing and associated blood draws • \$0 for outpatient lab services • \$0 for outpatient X-rays • \$0 for diagnostic tests and procedures • \$0 for radiation therapy 	You are responsible for obtaining prior authorization for non-emergent cardiac lab tests and catheterizations when received out of network; for radiation therapy when received out of network; and for genetic testing when received in or out of network.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Diagnostic services/labs/imaging (X-rays/radiation therapy) <i>(Continued)</i> <hr/> <ul style="list-style-type: none"> High end imaging (MRI tests, CT and PET scans, ultrasounds, echocardiograms, nuclear medicine stress tests) 	<hr/> In or out of network: You pay \$300.	<hr/> In or out of network: You pay \$200.	<hr/> In or out of network: You pay \$200.	<hr/> In or out of network: You pay \$150.	<hr/> In or out of network: You pay \$150.	<hr/> You are responsible for obtaining prior authorization for high-end imaging when received out of network.
Hearing services <ul style="list-style-type: none"> Diagnostic and annual routine visits Hearing aid fittings and evaluations in conjunction with Security Health Plan-covered hearing aid dispensing <hr/> <ul style="list-style-type: none"> Hearing aids 	In or out of network: You pay \$50. <hr/> You pay \$500 for each hearing aid up to 2 hearing aids per year.	In or out of network: You pay \$50. <hr/> You pay \$500 for each hearing aid up to 2 hearing aids per year.	In or out of network: You pay \$50. <hr/> You pay \$500 for each hearing aid up to 2 hearing aids per year.	In or out of network: You pay \$25. <hr/> You pay \$500 for each hearing aid up to 2 hearing aids per year.	In or out of network: You pay \$25. <hr/> You pay \$500 for each hearing aid up to 2 hearing aids per year.	<hr/> Hearing aid costs do not count toward your out-of-pocket maximum. You must use an in-network provider for hearing aids and will be limited to select hearing aid brands/types as specified by each provider.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Dental services <ul style="list-style-type: none"> • Medicare-covered <hr/> <ul style="list-style-type: none"> • Preventive dental services including: <ul style="list-style-type: none"> ○ One preventive dental exam per calendar year ○ Either one standard preventive cleaning or one periodontal maintenance cleaning per calendar year ○ Either a full mouth series, panoramic X-ray or up to four bitewing X-rays per calendar year 	<p>In or out of network: You pay \$0.</p> <hr/> <p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In or out of network: You pay \$0.</p> <hr/> <p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In or out of network: You pay \$0.</p> <hr/> <p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In or out of network: You pay \$0.</p> <hr/> <p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In or out of network: You pay \$0.</p> <hr/> <p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>Limited dental services do not include services associated with care, treatment, filling, removal or replacement of teeth.</p> <hr/> <p>You must use a Delta Dental Medicare Advantage network dentist for preventive dental services.</p>
Optional supplemental dental benefit <ul style="list-style-type: none"> • Preventive dental services including: <ul style="list-style-type: none"> ○ One preventive dental exam per calendar year 	<p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p>	<p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p>	<p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p>	<p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p>	<p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p>	<p>If you choose the optional supplemental dental benefit, you pay an additional premium of \$34 per month.</p> <p>You may use in-network or out-of-network dentists.</p> <p>The maximum your plan will pay for services</p>

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
<p>Optional supplemental dental benefit (Continued)</p> <ul style="list-style-type: none"> ○ Either one standard preventive cleaning or one periodontal maintenance cleaning per calendar year ○ Either a full mouth series, panoramic X-ray or up to four bitewing X-rays per calendar year <hr/> <ul style="list-style-type: none"> ● One additional exam and cleaning per calendar year <hr/> <ul style="list-style-type: none"> ● Fluoride treatments and emergency treatment of pain <hr/>	<hr/> <p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p> <hr/> <p>In network: You pay 20% of the cost</p> <p>Out of network: You pay 50% of the cost</p> <hr/>	<hr/> <p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p> <hr/> <p>In network: You pay 20% of the cost</p> <p>Out of network: You pay 50% of the cost</p> <hr/>	<hr/> <p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p> <hr/> <p>In network: You pay 20% of the cost</p> <p>Out of network: You pay 50% of the cost</p> <hr/>	<hr/> <p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p> <hr/> <p>In network: You pay 20% of the cost</p> <p>Out of network: You pay 50% of the cost</p> <hr/>	<hr/> <p>In network: You pay \$0</p> <p>Out of network: You pay 20% of the cost</p> <hr/> <p>In network: You pay 20% of the cost</p> <p>Out of network: You pay 50% of the cost</p> <hr/>	<p>covered under the optional supplemental dental benefit is \$1,000 per calendar year. Amounts you pay for dental services do not count toward your medical out-of-pocket maximum.</p> <p>Major restorative services (crowns and onlays) and prosthodontic services (bridges, implants and dentures) are payable once per tooth per 5-year period.</p>

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Optional supplemental dental benefit <i>(Continued)</i> <ul style="list-style-type: none"> Restorative services, endodontics, periodontics, prosthodontics and other basic services 	In or out of network: You pay a \$100 deductible, then 50% of the cost	In or out of network: You pay a \$100 deductible, then 50% of the cost	In or out of network: You pay a \$100 deductible, then 50% of the cost	In or out of network: You pay a \$100 deductible, then 50% of the cost	In or out of network: You pay a \$100 deductible, then 50% of the cost	
Vision services <ul style="list-style-type: none"> Diagnostic and routine exams <p>_____</p> <ul style="list-style-type: none"> Eyeglasses or contact lenses after cataract surgery <p>_____</p> <ul style="list-style-type: none"> Eyeglasses for members with routine vision correction needs 	In or out of network: You pay \$0 for one preventive exam and refraction per calendar year. For additional exams: You pay \$50. _____ In or out of network: You pay \$0. _____ \$115 allowance each calendar year toward purchase.	In or out of network: You pay \$0 for one preventive exam and refraction per calendar year. For additional exams: You pay \$50. _____ In or out of network: You pay \$0. _____ \$175 allowance each calendar year toward purchase.	In or out of network: You pay \$0 for one preventive exam and refraction per calendar year. For additional exams: You pay \$50. _____ In or out of network: You pay \$0. _____ \$175 allowance each calendar year toward purchase.	In or out of network: You pay \$0 for one preventive exam and refraction per calendar year. For additional exams: You pay \$25. _____ In or out of network: You pay \$0. _____ \$175 allowance each calendar year toward purchase.	In or out of network: You pay \$0 for one preventive exam and refraction per calendar year. For additional exams: You pay \$25. _____ In or out of network: You pay \$0. _____ \$175 allowance each calendar year toward purchase.	<p>_____</p> You must use an in-network provider. Additional costs you pay for eyeglasses do not count toward your out-of-pocket maximum.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Mental health services <ul style="list-style-type: none"> Inpatient visit <hr/> <ul style="list-style-type: none"> Outpatient group/individual therapy visit 	<p>In or out of network: You pay \$395 per day, days 1-4. You pay \$0, days 5-190.</p> <hr/> <p>In or out of network: You pay \$40.</p>	<p>In or out of network: You pay \$300 per day, days 1-5. You pay \$0, days 6-190.</p> <hr/> <p>In or out of network: You pay \$40.</p>	<p>In or out of network: You pay \$300 per day, days 1-5. You pay \$0, days 6-190.</p> <hr/> <p>In or out of network: You pay \$40.</p>	<p>In or out of network: You pay \$250 per stay.</p> <hr/> <p>In or out of network: You pay \$25.</p>	<p>In or out of network: You pay \$250 per stay.</p> <hr/> <p>In or out of network: You pay \$25.</p>	<p>There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.</p> <p>Copayments <u>will not</u> start over if you transition to an inpatient rehabilitation or psychiatric unit within the same facility or to another hospital.</p> <p>Copayments <u>will</u> start over if you are readmitted to a hospital following a discharge home or transition from a swing bed or skilled nursing facility.</p> <p>You are responsible for obtaining prior authorization when the following services are received out of network:</p> <ul style="list-style-type: none"> non-emergent inpatient hospital admissions electroconvulsive therapy (ECT) after 10 visits implantation of a vagus nerve stimulator for depression

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Skilled nursing facility	In or out of network: You pay \$0, days 1-20. You pay \$160 each day, days 21-100.	In or out of network: You pay \$0, days 1-6. You pay \$20 each day, days 7-45. You pay \$0, days 46-100.	In or out of network: You pay \$0, days 1-6. You pay \$20 each day, days 7-45. You pay \$0, days 46-100.	In or out of network: You pay \$0, days 1-6. You pay \$20 each day, days 7-20. You pay \$0, days 21-100.	In or out of network: You pay \$0, days 1-6. You pay \$20 each day, days 7-20. You pay \$0, days 21-100.	Evaluation by a physician is required prior to entering a skilled nursing facility. You are responsible for obtaining prior authorization for skilled nursing care when received out of network. Custodial care is not covered.
Physical therapy, occupational therapy, speech and language pathology	In or out of network: You pay \$40 per day - can include all types.	In or out of network: You pay \$20 per day - can include all types.	In or out of network: You pay \$20 per day - can include all types.	In or out of network: You pay \$20 per day - can include all types.	In or out of network: You pay \$20 per day - can include all types.	You are responsible for obtaining prior authorization for therapy services when received out of network.
Ambulance	You pay \$275.	You pay \$200.	You pay \$200.	You pay \$150.	You pay \$150.	We cover Medicare-covered ambulance benefits worldwide. You are responsible for obtaining prior authorization for non-emergent ambulance transportation.
Transportation	Not covered	Not covered	Not covered	Not covered	Not covered	
Medicare Part B drugs Part B-covered drugs and biologicals, including chemotherapy drugs	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	The coinsurance applies to Part B-covered drugs that are injected or infused while you are getting physician, hospital outpatient or ambulatory surgical center services, including diagnostic tests.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Medicare Part B drugs <i>(Continued)</i>						<p>You are responsible for obtaining prior authorization for Part B drugs when received out of network.</p> <p>Part B drugs may be subject to step therapy requirements.</p>
Acupuncture for chronic low back pain	In or out of network: You pay \$20.	In or out of network: You pay \$20.	In or out of network: You pay \$20.	In or out of network: You pay \$20.	In or out of network: You pay \$20.	<p>Medicare-covered acupuncture services include:</p> <p>Up to 12 visits in 90 days are covered for Medicare beneficiaries under the following circumstances:</p> <p>For the purpose of this benefit, chronic low back pain is defined as:</p> <ul style="list-style-type: none"> • lasting 12 weeks or longer • nonspecific, in that it has no identifiable systemic cause (i.e., not associated with metastatic, inflammatory, infectious, etc. disease) • not associated with surgery • not associated with pregnancy <p>An additional eight sessions will be covered for those patients demonstrating an improvement. No more</p>

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Acupuncture for chronic low back pain <i>(Continued)</i>						than 20 acupuncture treatments may be administered annually. Treatment must be discontinued if the patient is not improving or is regressing.
Cardiac rehabilitation	In or out of network: You pay \$40.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	Medicare has specific limits for cardiac rehabilitation visits.
Chiropractic services • Manipulation of the spine to correct a subluxation (when one or more of the bones of your spine move out of position) • Routine chiropractic visit	In or out of network: You pay \$20. In or out of network: You pay \$20.	In or out of network: You pay \$20. In or out of network: You pay \$20.	In or out of network: You pay \$20. In or out of network: You pay \$20.	In or out of network: You pay \$20. In or out of network: You pay \$20.	In or out of network: You pay \$20. In or out of network: You pay \$20.	Routine chiropractic benefits do not include maintenance care. You pay 100% of charges for maintenance care visits. Additional benefits offered by Security Health Plan include medical office visits, X-rays, subluxations other than to the spine, and therapies.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Diabetes self-monitoring training, supplies and services	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.	You must use Abbott brands as the preferred blood glucose self-monitoring systems. You must use Abbott or Dexcom brands as the preferred continuous glucose monitoring systems.
Durable medical equipment and supplies Durable medical equipment (e.g. wheelchairs, oxygen) and prosthetic devices and related supplies (e.g. braces, artificial limbs)	In or out of network: You pay 20% of the cost, with the exception of ostomy, wound care and urological supplies, which are covered at 100%.	In or out of network: You pay 20% of the cost, with the exception of ostomy, wound care and urological supplies, which are covered at 100%.	In or out of network: You pay 20% of the cost, with the exception of ostomy, wound care and urological supplies, which are covered at 100%.	In or out of network: You pay 20% of the cost, with the exception of ostomy, wound care and urological supplies, which are covered at 100%.	In or out of network: You pay 20% of the cost, with the exception of ostomy, wound care and urological supplies, which are covered at 100%.	You are responsible for obtaining prior authorization for durable medical equipment and prosthetic devices and related supplies. Select bathroom safety devices are covered from in-network DME suppliers only. See your Provider Directory for a list of in-network DME suppliers.
Fitness – SilverSneakers®	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.	You pay \$0.	The SilverSneakers program gives you a basic membership to participating national and locally-owned fitness centers. Use the SilverSneakers website to find fitness centers and SilverSneakers FLEX classes. SilverSneakers includes a mobile fitness app, SilverSneakers On-Demand™, with access to

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Fitness – SilverSneakers <i>(Continued)</i>						<p>over 200 workout videos. You also have access to full-length live classes and workshops with SilverSneakers LIVE available free of charge.</p> <p>You may pay extra fees for fitness center services and classes that are not included in your membership.</p> <p>All other fitness programs are not covered.</p>
Foot care (podiatry services) <ul style="list-style-type: none"> • Foot exams 	In or out of network: You pay \$50.	In or out of network: You pay \$50.	In or out of network: You pay \$50.	In or out of network: You pay \$25.	In or out of network: You pay \$25.	We cover Medicare-covered services that are medically necessary to treat injuries and diseases of the feet.
<ul style="list-style-type: none"> • Routine foot care 	Not covered	Not covered	Not covered	Not covered	Not covered	You pay 100% for routine foot care unless Medicare coverage criteria are met.
Help with certain chronic conditions (members with congestive heart failure)	You pay \$0 if you are eligible.	You pay \$0 if you are eligible.	You pay \$0 if you are eligible.	You pay \$0 if you are eligible.	You pay \$0 if you are eligible.	Members with congestive heart failure who are eligible for the help with certain chronic conditions benefit will be offered prepared meals to encourage healing and recovery in the first two weeks at home following an inpatient hospital or skilled nursing facility stay. This benefit is

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Help with certain chronic conditions (members with congestive heart failure) <i>(Continued)</i>						<p>offered at no cost to the member.</p> <p>Security Health Plan's designated vendor will provide two meals per day for two weeks, for a total of 28 meals. Refrigerated meals ready to heat and eat will be delivered in two separate weekly deliveries by FedEx or UPS. Not all members are guaranteed access to this benefit. Eligible members:</p> <ul style="list-style-type: none"> • must have a current diagnosis of congestive heart failure; AND • are being discharged to home from an inpatient hospital stay; OR • are being discharged to home from a skilled nursing facility stay.
Home health care	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	You are responsible for obtaining prior authorization for home health care services when received out of network.
Home infusion therapy <ul style="list-style-type: none"> • Medicare-covered 	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	Home infusion therapy involves the intravenous or subcutaneous administration of drugs or biologicals to an individual at home. The components needed to

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
<p>Home infusion therapy <i>(Continued)</i></p> <ul style="list-style-type: none"> • Drugs that Security Health Plan covers beyond Medicare 	<p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>In network: You pay \$0.</p> <p>Out of network: Not covered.</p>	<p>perform home infusion include the drug (for example, antivirals, immune globulin), equipment (for example, a pump), and supplies (for example, tubing and catheters).</p> <p>Covered services include, but are not limited to:</p> <ul style="list-style-type: none"> • Professional services, including nursing services, furnished in accordance with the plan of care • Patient training and education not otherwise covered under the durable medical equipment benefit • Remote monitoring • Monitoring services for the provision of home infusion therapy and home infusion drugs furnished by a qualified home infusion therapy supplier • Prior authorization is required from Security Health Plan before receiving some home infusion services. Go to www.securityhealth.org/homeinfusion for a list

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Home infusion therapy <i>(Continued)</i>						<p>of drugs that require prior authorization.</p> <p>Security Health Plan also covers additional drugs beyond what Medicare covers.</p> <ul style="list-style-type: none"> • For a list of drugs covered under the home infusion benefit, go to www.securityhealth.org/homeinfusion. This list will indicate if the drug is covered under the Medicare benefit or if it is covered by Security Health Plan beyond what Medicare covers and if prior authorization is required. • Drugs that Security Health Plan covers beyond what Medicare covers must be provided by an in-network provider to be covered. • Prior authorization is required from Security Health Plan before receiving some home infusion services. Go to www.securityhealth.org/homeinfusion for a list of drugs that require prior authorization.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Opioid treatment program services	<p>In or out of network: You pay a \$40 copay from a mental health provider; or a \$20 copay from a primary care provider; or a \$50 copay from a specialty care provider other than a mental health provider.</p> <p>If services are received as part of an Opioid Treatment Program bundle, you pay 20% of the cost.</p>	<p>In or out of network: You pay a \$40 copay from a mental health provider; or a \$10 copay from a primary care provider; or a \$50 copay from a specialty care provider other than a mental health provider.</p> <p>If services are received as part of an Opioid Treatment Program bundle, you pay 20% of the cost.</p>	<p>In or out of network: You pay a \$40 copay from a mental health provider; or a \$10 copay from a primary care provider; or a \$50 copay from a specialty care provider other than a mental health provider.</p> <p>If services are received as part of an Opioid Treatment Program bundle, you pay 20% of the cost.</p>	<p>In or out of network: You pay a \$25 copay from a mental health provider; or a \$0 copay from a primary care provider; or a \$25 copay from a specialty care provider other than a mental health provider.</p> <p>If services are received as part of an Opioid Treatment Program bundle, you pay 20% of the cost.</p>	<p>In or out of network: You pay a \$25 copay from a mental health provider; or a \$0 copay from a primary care provider; or a \$25 copay from a specialty care provider other than a mental health provider.</p> <p>If services are received as part of an Opioid Treatment Program bundle, you pay 20% of the cost.</p>	<p>You pay the copays shown if services are received as part of Medicare-covered outpatient substance abuse treatment.</p> <p>Part B Drug coinsurance may be applicable if administered during a treatment session.</p>
Outpatient hospital observation	<p>In or out of network: You pay \$400 for Medicare-covered surgical services.</p>	<p>In or out of network: You pay \$200 for Medicare-covered surgical services.</p>	<p>In or out of network: You pay \$200 for Medicare-covered surgical services.</p>	<p>In or out of network: You pay \$100 for Medicare-covered surgical services.</p>	<p>In or out of network: You pay \$100 for Medicare-covered surgical services.</p>	<p>When received out of network, you are responsible for obtaining prior authorization for:</p> <ul style="list-style-type: none"> • knee replacement, • hip replacement • joint surgery • back surgery • observation stays greater than 48 hours

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Over-the-counter drugs	You pay 100% of costs that exceed the \$30 benefit per quarter.	You pay 100% of costs that exceed the \$30 benefit per quarter.	You pay 100% of costs that exceed the \$30 benefit per quarter.	You pay 100% of costs that exceed the \$30 benefit per quarter.	You pay 100% of costs that exceed the \$30 benefit per quarter.	You are eligible for a \$30 quarterly benefit to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through our mail order catalog.
Pulmonary rehabilitation	In or out of network: You pay \$30.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	In or out of network: You pay \$0.	Medicare has specific lifetime limits for pulmonary rehabilitation visits.
Services to treat kidney disease	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	In or out of network: You pay 20% of the cost.	Coverage includes dialysis treatments, education, self-dialysis training and home dialysis equipment, supplies and support.
Smoking, tobacco and nicotine use cessation (counseling to stop smoking, tobacco or nicotine use)	You pay \$0 for smoking, tobacco or nicotine use cessation prevention benefits.	You pay \$0 for smoking, tobacco or nicotine use cessation prevention benefits.	You pay \$0 for smoking, tobacco or nicotine use cessation prevention benefits.	You pay \$0 for smoking, tobacco or nicotine use cessation prevention benefits.	You pay \$0 for smoking, tobacco or nicotine use cessation prevention benefits.	Coverage includes unlimited counseling sessions for smoking/tobacco/nicotine 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 Nicotine-Free program. You must obtain prior authorization from a Security Health Plan health educator.

Premiums and benefits	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Essence (HMO-POS)	Spirit Rx (HMO-POS)	Spirit (HMO-POS)	What you should know
Wellness programs	You pay \$0 for health and wellness support from Security Health Plan health coaches and nurse care managers.	You pay \$0 for health and wellness support from Security Health Plan health coaches and nurse care managers.	You pay \$0 for health and wellness support from Security Health Plan health coaches and nurse care managers.	You pay \$0 for health and wellness support from Security Health Plan health coaches and nurse care managers.	You pay \$0 for health and wellness support from Security Health Plan health coaches and nurse care managers.	Also see Fitness – SilverSneakers above

Part D prescription drugs

There are four stages of cost-sharing in the Part D benefit – deductible, initial coverage, coverage gap and catastrophic coverage. Cost-sharing changes when you enter each stage of the Part D benefit.

NOTE: You pay a \$35 copay for a 1-month supply of select insulins in the deductible, initial coverage and coverage gap stages. To find out which drugs are select insulins, review the most recent drug list provided electronically on our website at www.securityhealth.org/medicareformulary. If you have questions about the drug list, you can also call Customer Service (phone numbers are on page 2 of this booklet).

	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Spirit Rx (HMO-POS)	What you should know
Deductible stage	You must pay a \$330 deductible for drugs in tiers 3-5 only	You must pay a \$330 deductible for drugs in tiers 3-5 only	There is no deductible for the Spirit Rx plan.	For plans with a deductible, you must pay the full cost of your tier 3-5 drugs until you reach the plan's deductible amount. For all other drugs, you start immediately in the initial coverage stage.
Initial coverage stage	Standard retail, mail-order and long-term care cost sharing (1-month supply / 3-month supply)	Standard retail, mail-order and long-term care cost sharing (1-month supply / 3-month supply)	Standard retail, mail-order and long-term care cost sharing (1-month supply / 3-month supply)	We cover drugs filled at an out-of-network pharmacy only when you are not able to use a network pharmacy.
Tier 1: Preferred generic drugs	You pay \$7 / \$21	You pay \$4 / \$12	You pay \$9 / \$27	If the cost of your drug is less than the listed copay, you will pay only the lower amount.
Tier 2: Generic drugs	You pay \$20 / \$60	You pay \$12 / \$36	You pay \$20 / \$60	All Part D vaccines including but not limited to the shingles, tetanus and tetanus-diphtheria-pertussis (T-dap) vaccines, when given as routine vaccinations, are covered through all four stages of the Part D benefit.
Tier 3: Preferred brand drugs	You pay \$47 / \$141	You pay \$47 / \$141	You pay \$47 / \$141	
Tier 4: Non-preferred drugs	You pay \$100 / \$300	You pay \$100 / \$300	You pay \$100 / \$300	
Tier 5: Specialty drugs	You pay 26% / 3-month supply not available	You pay 26% / 3-month supply not available	You pay 33% / 3-month supply not available	
Tier 6: Part D vaccines	You pay \$0 / 3-month supply not available	You pay \$0 / 3-month supply not available	You pay \$0 / 3-month supply not available	

	Assurance Rx (HMO-POS)	Essence Rx (HMO-POS)	Spirit Rx (HMO-POS)	What you should know
Coverage gap stage	You pay 25% of the cost for generic drugs. You pay 25% of the cost for brand-name drugs plus dispensing fees.	You pay 25% of the cost for generic drugs. You pay 25% of the cost for brand-name drugs plus dispensing fees.	You pay 25% of the cost for generic drugs. You pay 25% of the cost for brand-name drugs plus dispensing fees.	You stay in this stage until you have spent \$6,550 including deductible, copays and coinsurance paid, and the 70% discount received for brand name drugs in the coverage gap.
Catastrophic coverage stage	You pay \$3.70 or 5% (whichever is greater) for generic drugs. You pay \$9.20 or 5% (whichever is greater) for brand-name drugs.	You pay \$3.70 or 5% (whichever is greater) for generic drugs. You pay \$9.20 or 5% (whichever is greater) for brand-name drugs.	You pay \$3.70 or 5% (whichever is greater) for generic drugs. You pay \$9.20 or 5% (whichever is greater) for brand-name drugs.	You stay in this stage until the end of the benefit year.

Additional information about our plans

A primary care office visit includes general/family practice, internal medicine, obstetrics/gynecology, pediatrics and a visit with a nurse practitioner or physician’s assistant. A specialty care office visit covers all other physician specialties.

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. This process, called Utilization Management (UM), 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).

Care management, health coaching and other services are also offered free to help our members stay healthy. Learn more at www.securityhealth.org/live-healthier.

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 many 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).

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.,
October 1-March 31; and Monday through Friday,
8 a.m. to 8 p.m., April 1-September 30.

www.securityhealth.org/medicare21

About Security Health Plan

Security Health Plan of Wisconsin, Inc., part of the Marshfield Clinic Health System, is helping its 205,000 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. It also provides full-service third-party administration for self-funded employee benefit plans through Security Administrative Services.