

MONTHLY PREMIUM RATES | BASE POLICY

Age on July 1, 2021*	Male Rates	Female Rates
Under 65	\$ 488.99	\$ 443.61
65	\$ 139.70	\$ 126.75
66	\$ 146.70	\$ 133.09
67	\$ 153.68	\$ 139.41
68	\$ 160.66	\$ 145.75
69	\$ 167.65	\$ 152.10
70-74	\$ 174.63	\$ 158.43
75-79	\$ 209.55	\$ 190.11
80-84	\$ 244.48	\$ 221.81
85 & Over	\$ 279.42	\$ 253.49

MONTHLY PREMIUM RATES | ADDITIONAL RIDERS

Age on July 1, 2021*	Male Rates			Female Rates		
	Part B Copay or Coinsurance Rider	Part A Deductible Rider	Part B Excess Charges Rider	Part B Copay or Coinsurance Rider	Part A Deductible Rider	Part B Excess Charges Rider
Under 65	\$ (77.23)	\$ 92.55	\$ 21.72	\$ (69.98)	\$ 83.86	\$ 19.69
65	\$ (21.35)	\$ 24.40	\$ 6.01	\$ (19.28)	\$ 22.04	\$ 5.43
66	\$ (22.47)	\$ 26.04	\$ 6.32	\$ (20.30)	\$ 23.52	\$ 5.71
67	\$ (23.58)	\$ 27.69	\$ 6.64	\$ (21.32)	\$ 24.99	\$ 6.00
68	\$ (24.71)	\$ 29.33	\$ 6.95	\$ (22.32)	\$ 26.48	\$ 6.27
69	\$ (25.81)	\$ 30.96	\$ 7.26	\$ (23.34)	\$ 27.98	\$ 6.56
70-74	\$ (26.94)	\$ 32.64	\$ 7.56	\$ (24.35)	\$ 29.52	\$ 6.85
75-79	\$ (32.53)	\$ 42.69	\$ 9.16	\$ (29.41)	\$ 38.60	\$ 8.27
80-84	\$ (38.12)	\$ 55.85	\$ 10.72	\$ (34.47)	\$ 50.53	\$ 9.70
85 & Over	\$ (43.72)	\$ 70.30	\$ 12.30	\$ (39.54)	\$ 63.63	\$ 11.14

Age	Male Rates			Female Rates		
	Additional Home Health Rider	Part B Deductible Rider**	Foreign Travel Emergency Rider	Additional Home Health Rider	Part B Deductible Rider**	Foreign Travel Emergency Rider
All	\$ 3.78	\$ 16.92	\$ 2.54	\$ 3.78	\$ 16.92	\$ 2.54

► **Area Factors**

Multiply the rates listed above by 1.65 for applicants who live outside the state of Wisconsin
 Multiply the rates listed above by 1.15 for applicants with a ZIP code in Wisconsin between 530XX-534XX
 The rates as displayed above are used for all other Wisconsin applicants

► **A \$5 discount is applied for rates paid automatically from your bank account, credit card or debit card**

► **A 5 percent discount is applied for applicants eligible for the household discount. If your spouse also has Security Health Plan coverage, you may qualify for the household discount. Please contact Customer Service at 1-844-622-0805 (TTY 711)**

**Medicare Part B Deductible Rider is not subject to area factors.
 The Part B Deductible Rider is not available to persons first eligible for Medicare on or after Jan. 1, 2020.

Calculate monthly premium in this order:

1. Add the base policy and applicable rider premiums
2. Multiply by the area factor if applicable
3. Apply 5% household discount if applicable
4. Subtract \$5 for automatic premium payment if applicable

► **Modal Factor** Multiply the final monthly premium by 3 for applicants who select quarterly payments

* **Applicants age 65 pay the age 65 premium.** For all other applicants and renewing members, rates are based on their age on July 1, 2021. Example: If an applicant or renewing member turns 75 after July 1, 2021, he/she will pay the lower age 70-74 premium until July 1, 2022, then move to the age 75-79 premium.

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, 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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, contact Customer Service at 1-844-622-0805 (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 1-844-622-0805 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-622-0805 (TTY 711).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-622-0805 (TTY 711).

SecurityHealth PlanSM

Promises kept, plain and simple.[®]

1515 North Saint Joseph Avenue
PO Box 8000
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1.844.622.0805 | 715.221.9425
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