SecurityHealth Plan®
Promises kept, plain and simple.

Medicare Supplement

2026-2027 Premium Information | Effective July 1, 2026

Monthly Premium Rates | Base Policy

Age on July 1, 2026*	Male Rates	Female Rates
Under 65	$ 754.21	$ 684.22
65	$ 215.47	$ 195.49
66	$ 226.26	$ 205.29
67	$ 237.04	$ 215.01
68	$ 247.80	$ 224.82
69	$ 258.58	$ 234.60
70-74	$ 269.36	$ 244.36
75-79	$ 323.19	$ 293.22
80-84	$ 377.08	$ 342.12
85 & Over	$ 430.99	$ 390.99

Monthly Premium Rates | Additional Riders

Age on July 1, 2026*	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	$ (119.12)	$ 142.74	$ 33.50	$ (107.94)	$ 129.33	$ 30.36
65	$ (32.93)	$ 37.63	$ 9.28	$ (29.74)	$ 33.99	$ 8.38
66	$ (34.66)	$ 40.15	$ 9.76	$ (31.30)	$ 36.28	$ 8.80
67	$ (38.11)	$ 42.70	$ 10.24	$(32.90)	$ 38.55	$ 9.26
68	$ (36.64)	$ 45.24	$ 10.72	$ (34.43)	$ 40.84	$ 9.67
69	$ (39.82)	$ 47.76	$ 11.20	$ (35.99)	$ 43.16	$ 10.11
70-74	$ (41.55)	$ 50.35	$ 11.65	$ (37.54)	$ 45.52	$ 10.57
75-79	$ (50.18)	$ 65.84	$ 14.12	$ (45.35)	$ 59.54	$ 12.75
80-84	$ (58.80)	$ 86.13	$ 16.54	$ (53.16)	$ 77.94	$ 14.96
85 & Over	$ (67.42)	$ 108.43	$ 18.97	$ (60.99)	$ 98.16	$ 17.18

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	$ 5.83	$ 23.60	$ 3.92	$ 5.83	$ 23.60	$ 3.92

▶ **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

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

▶ **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 (844) 622-0805 (TTY: 711)**

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, 2026. Example: If an applicant or renewing member turns 75 after July 1, 2026, he/she will pay the lower age 70-74 premium until July 1, 2027, then move to the age 75-79 premium.

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Notice of nondiscrimination

Discrimination is against the law

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently based on race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Security Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Customer Service at (844) 622-0805 (TTY: 711). If you believe that Security Health Plan has failed to provide these services or discriminated in another way based on race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation, you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Phone: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shp.appeals.grievance@securityhealth.org

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW. Room 509F, HHH Building Washington, DC 20201
Phone: (800) 368-1019 (TDD: (800) 537-7697)
More information is available at http://www.hhs.gov/ocr/index.html.

Limited English Proficiency Language Services

ATTENTION: Free interpretation services are available to you. Additional services and resources necessary to provide information on accessible formats are also available at no cost. Call (844) 622-0805 (TTY: 711) or speak with your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al (844) 622-0805 (TTY: 711) o hable con su proveedor.

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (844) 622-0805 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

If you require materials in large print, please call (844) 622-0805 (TTY 711).

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