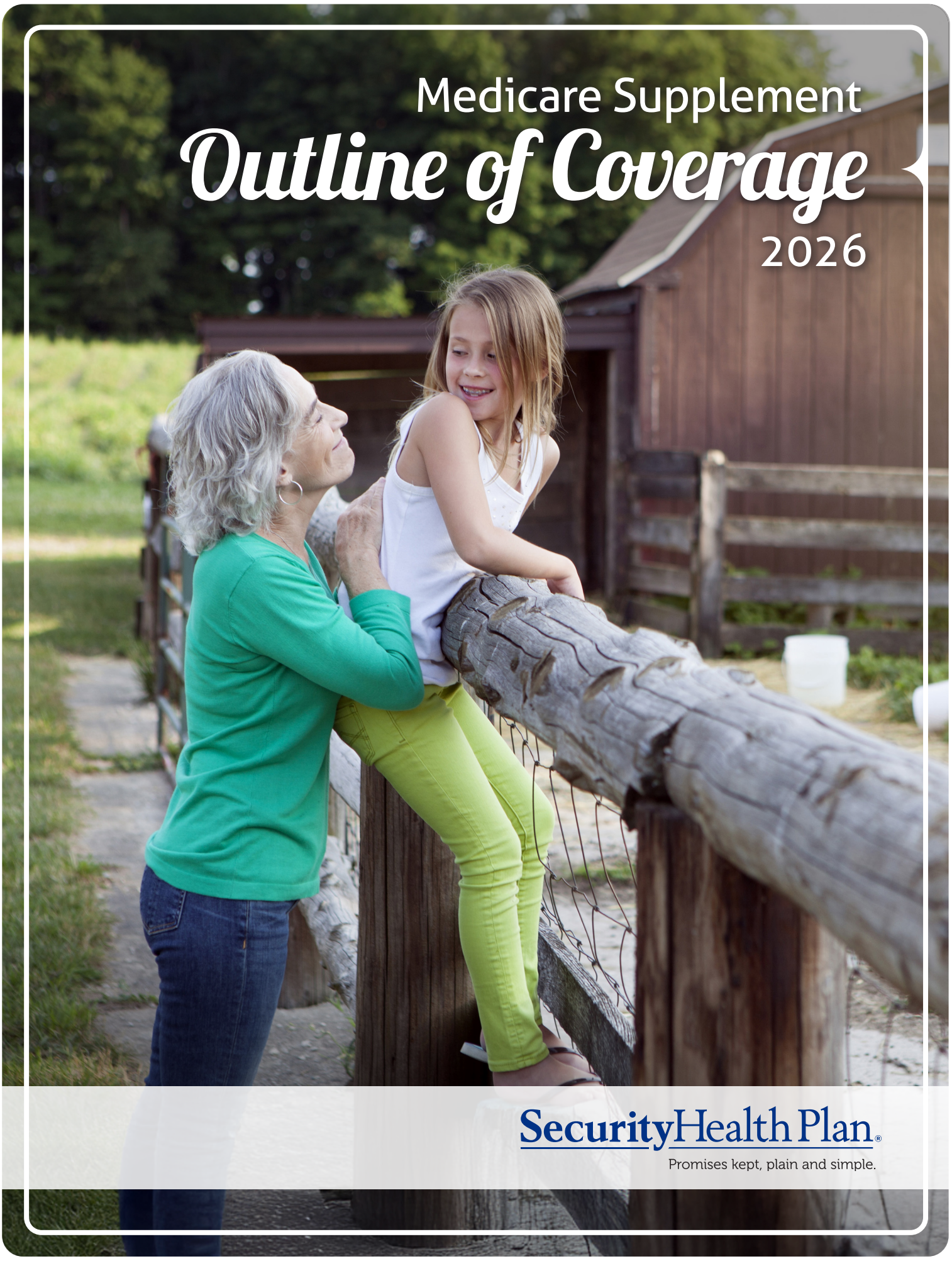


Medicare Supplement

Outline of Coverage

2026

SecurityHealth Plan®

Promises kept, plain and simple.

Security Health Plan of Wisconsin, Inc.
Medicare Supplement Outline of Coverage

Medicare Supplement policy

The Wisconsin Insurance Commissioner has set standards for Medicare Supplement insurance. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the "Guide to Health Insurance for People with Medicare in Wisconsin." This guide was given to you when you applied for this policy. **Do not buy this policy if you did not get this guide.**

Get peace of mind with Medicare Supplement insurance

If you currently have Original Medicare alone, you know it does not always pay 100 percent of your health care bills. When you purchase Medicare Supplement insurance, your share of health care bills is much less because more costs and benefits are covered through your Medicare Supplement insurance. You get peace of mind because you know you will have fewer medical out-of-pocket expenses. When you have a medical expense, your Medicare Supplement covers you.

Medicare is divided into two parts:

- **Medicare Part A** covers inpatient hospital and nursing home charges; usually you are automatically enrolled in Part A when you apply for Social Security
- **Medicare Part B** covers doctor and other health care charges; you must enroll in and pay for Part B of Medicare through the Social Security Administration

Security Health Plan's Medicare Supplement adds benefits to both parts but will not pay for services already covered by Medicare.

As indicated in the coverage outline later in this booklet, Original Medicare does not fully reimburse physicians, hospitals or other medical providers. For some services you must pay a deductible and coinsurance before Medicare payments begin. In addition, Medicare limits or denies coverage for some well-patient care, illnesses or lengthy hospitalizations. Physicians' charges in excess of Medicare's approved levels may be your responsibility over and above the 20 percent Part B coinsurance.



That is why you need Security Health Plan's Medicare Supplement coverage. This coverage supplements the partial payments made by Medicare. It also provides broad coverage for well-patient services such as periodic physicals that may be denied by Medicare. In addition, coverage is provided for those benefits required by state or federal law.

Choose the plan that fits your needs

Security Health Plan's Medicare Supplement offers multiple options called riders to help you design a plan that fits your financial and health needs. By purchasing riders you can pay a little more each month to eliminate deductibles and cover additional services not covered by Medicare. Or you can choose to pay a smaller premium knowing that when you use medical services you will pay more towards your cost of care. Please consider all these options as you design the Security Health Plan Medicare Supplement that is best for you.

This document gives you a comparison of the benefits available under Medicare and Security Health Plan's Medicare Supplement coverage. Study the charts of Part A and Part B benefits on pages 6-8 and the premium information sheet included with this document.

In addition to this outline of coverage, Security Health Plan will send an annual notice to you 30 days prior to the effective date of Medicare changes. The notice will describe these changes and the changes in your Medicare Supplement coverage.

Who may apply for Medicare Supplement coverage?

To be eligible for Security Health Plan's Medicare Supplement coverage, you must:

- Be at least 65 years old or under 65 with certain disabilities, including end-stage renal disease
- Reside in Wisconsin on the effective date of the policy
- Be eligible for and enrolled in both Medicare Part A and Medicare Part B by the date your coverage under this policy starts
- You must not be covered by Medicaid (BadgerCare Plus) or a Medicare Advantage plan

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To apply, fill out an application and return it to Security Health Plan or your independent insurance agent. You can also apply online at **www.securityhealth.org/supplement**.

Open enrollment period

If you enroll during the Medicare Supplement open enrollment period, you are guaranteed coverage (this is called guaranteed issue). The open enrollment period lasts six consecutive calendar months. It begins with the month for which you were first enrolled in Medicare Part B or the month in which you turned age 65 if you were first enrolled in Medicare Part B on any of the following grounds:

- Health status
- Claims experience
- Receipt of health care
- Medical condition

Coverage begins the first of the month after we accept your application. If you are applying before you turn 65, coverage could begin up to three months after you completed your application.

Special enrollment period

If you have lost or are losing other health insurance coverage, you may be guaranteed acceptance into this policy. You may have received a notice from your prior insurer saying that you had certain rights and were eligible for guaranteed issue of a Medicare Supplement insurance policy. If you received such a notice from your prior insurer, you must submit a copy of the notice with your application to us. You must submit the notice to us no later than 63 days after your other coverage ends.

Enrollments made during the special enrollment period are guaranteed issue.

Other enrollment period

Enrollments made outside the open or special enrollment period may be subject to medical underwriting. We may alter our underwriting standards from time to time.



Important Information

Premium information. We can only raise your premium if we raise the premium for all policies like yours in this state. Premiums may change on the renewal dates of the policy. If your policy was issued as an under age 65 policy due to disability, when you turn 65 your premiums will remain at the disabled rates.

Disclosures. Use this outline to compare benefits and premiums among policies.

Read your policy carefully. This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to return policy. If you find that you are not satisfied with your policy, you may return it to Security Health Plan, 1515 North Saint Joseph Avenue, PO Box 8000, Marshfield, WI 54449-8000. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments directly to you.

Policy replacement. If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice. This policy may not fully cover all of your medical costs.

Neither Security Health Plan of Wisconsin, Inc., nor its agents are connected with Medicare.



Outline of Coverage for Security Health Plan Medicare Supplement Insurance

Medicare and Medicare Supplement Benefit Chart[1]

(Includes a brief summary of the major benefits and gaps in Medicare Parts A & B with a parallel description of supplemental benefits, including the dollar amounts, provided by Security Health Plan's Medicare Supplement coverage)

MEDICARE AND SECURITY HEALTH PLAN'S MEDICARE SUPPLEMENT WILL NOT PAY FOR CHARGES IT DEEMS "UNREASONABLE AND UNNECESSARY."

NOTE: A benefit period begins on the first day you receive care as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

MEDICARE SUPPLEMENT PART A | HOSPITAL SERVICES | PER BENEFIT PERIOD

Services	Per Benefit Period	Medicare Pays	This Policy Pays	You Pay
Hospitalization Semiprivate room and board, general nursing and miscellaneous hospital services and supplies	First 60 days	All but $1,736	$0 or $1,736 - ☐ Optional Part A Deductible Rider[2]	$1,736 or $0 - ☐ Optional Part A Deductible Rider[2]
	61st to 90th days	All but $434 per day	$434 per day	$0
	91st day and after while using 60 lifetime reserve days	All but $868 per day	$868 per day	$0
	Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses[3]	$0
	Beyond the additional 365 days	$0	$0	100% of Medicare eligible expenses[3]
Skilled nursing facility care – You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	$0	$0
	21st through 100th day	All but $217 per day	$217 per day	$0
	101st day and after	$0	$0	All
Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 days per lifetime	Beyond 365 days per lifetime
Blood	First 3 pints	$0	First 3 pints	$0
	Additional amounts	100%	$0	$0
Hospice care Available as long as your doctor certifies you are terminally ill and you elect to receive these services		All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care	$0	Outpatient drugs and inpatient respite care remaining after Medicare payments

Medicare deductibles noted are effective as of January 1, 2026.

[1] This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare and You" for more details.

[2] This is an optional rider. You may purchase this benefit if you pay an additional premium.

[3] Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare. The insurer will pay whatever amount Medicare would have paid as provided in the policy's core benefits.

See Limitations and exclusions on page 10 for further explanation.

MEDICARE SUPPLEMENT POLICIES | PART B BENEFITS

Medicare Part B Benefits	Per Calendar Year	Medicare Pays	This Policy Pays	You Pay
Medical expenses Eligible expense for physicians' services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment[7]	First $283 of Medicare approved amounts[4]	$0	$0 or $283 - ☐ Optional Part B Deductible Rider[5,6]	$283 or $0 - ☐ Optional Part B Deductible Rider[5,6]
	Remainder of Medicare approved amounts	Generally 80%	Generally 20% or 20% less your copayment - ☐ Optional Part B Copayment or Coinsurance Rider[8] Or ☐ Optional Part B Excess Charges Rider[5]	$0 or the lesser of $20 per office visit or 20% coinsurance, or the lesser of $50 per emergency room visit or 20% coinsurance - ☐ Optional Part B Copayment or Coinsurance Rider[8] Or ☐ Optional Part B Excess Charges Rider[5]
Blood	First 3 pints	$0	First 3 pints	$0
	Next $283 of Medicare approved amounts[4]	$0	$0 or $283 - ☐ Optional Part B Deductible Rider[5,6]	$283 or $0 - ☐ Optional Part B Deductible Rider[5,6]
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	$0
Clinical laboratory services Tests for diagnostic services		100%	$0	$0
Home health care		100% of charges for visits considered medically necessary by Medicare	40 visits or ☐ Optional Additional Home Health Care Rider[5]	Charges for visits NOT considered medically necessary by Medicare

(chart continues on next page)

4 Once you have been billed $283 of Medicare approved amounts for covered Part B services, your Part B deductible will have been met for the calendar year.
5 This is an optional rider. You may purchase this benefit if you pay an additional premium.
6 The Part B Deductible Rider is not available to persons first eligible for Medicare on or after Jan. 1, 2020.
7 Your Medicare Supplement includes free, unlimited coverage for Care My Way®. When you have a health care question, call Care My Way® at (800) 549-3174. For many common health ailments, you can talk to a Care My Way® nurse practitioner who will verify your symptoms and, if needed, call a prescription into your pharmacy, saving you time by avoiding a provider office visit.
8 This is an optional rider. It will decrease your premium when you agree to pay copayments or coinsurance for medical and emergency room visits.

MEDICARE SUPPLEMENT POLICIES | PART B BENEFITS (continued)

Medicare Part B Benefits	Per Calendar Year	Medicare Pays	This Policy Pays	You Pay
Foreign travel – not covered by Medicare Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA	First $250 each calendar year	$0	$0	$250
	Additional charges	$0	$0 or 80% to a lifetime maximum benefit of $50,000 - ☐ Optional Foreign Travel Emergency Rider[9]	All charges or 20% and amounts over the $50,000 lifetime maximum - ☐ Optional Foreign Travel Emergency Rider[9]
Preventive medical care benefit – not covered by Medicare Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare		$0	100% of usual and customary charges	$0 - If your provider does not accept our payment in full, you are responsible for amounts above usual and customary charges

[9] This is an optional rider. You may purchase this benefit if you pay an additional premium.



Premium Calculation Worksheet

(See premium tables on separate sheet for specific dollar amounts, discounts and area factors)

$

BASIC MEDICARE SUPPLEMENT COVERAGE

Security Health Plan Medicare Supplement (Base plan)

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

(Each of these riders may be purchased separately)

$

Medicare Part A Deductible Rider

If you select this coverage, we will pay 100% of your Medicare Part A hospital deductible.

$

Medicare Part B Deductible Rider*

If you select this coverage, we will pay 100% of your Medicare Part B deductible. The Part B Deductible Rider is not available to persons first eligible for Medicare on or after Jan. 1, 2020.

$

Medicare Part B Excess Charges Rider

If you select this coverage, we will pay the difference between the Medicare-eligible charge and the amount charged by the provider, if your provider does not accept Medicare assignment. The difference shall be no more than the actual charge or the limiting charge allowed by Medicare, whichever is less.

$

Additional Home Health Care Rider

If you select this coverage, we will pay benefits for an additional 325 home health care visits each calendar year, up to a total of 365 visits per year including those covered by Medicare.

$

Foreign Travel Emergency Rider

If you select this coverage, after you pay a $250 deductible, we will pay 80% of expenses for emergency hospital, physician and medical care received outside the United States during the first 60 days of a trip with a lifetime maximum of $50,000.

$

SUBTOTAL

< $ >

Medicare Part B Copayment or Coinsurance Rider* (amount is subtracted)

If you select this coverage, we will apply cost sharing to your Medicare Part B expenses. Your copayment or coinsurance will be the lesser of $20 per office visit or the Medicare Part B coinsurance and the lesser of $50 per emergency room visit or the Medicare Part B coinsurance. The emergency room copayment or coinsurance fee shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

* You cannot have both the Part B Deductible Rider and Part B Copayment or Coinsurance Rider.

$

TOTAL MONTHLY PREMIUM

In addition to this Outline of Coverage, Security Health Plan will send an annual notice to you 30 days prior to the effective date of Medicare changes that will describe these changes and the changes in your Medicare Supplement coverage.

Limitations and exclusions

Policy limitations

Except as stated in the Medicare Supplement Policy (Section 2 - To Supplement Benefits and Other Policy Benefits) and in the optional riders, only covered charges, as defined in Part A of Medicare, and allowable charges, as defined in Part B of Medicare, are covered under this policy. Also covered are usual and customary charges as described in the Other Policy Benefits section of the Policy for certain Wisconsin-mandated coverages. Usual and customary means the range of usual fees charged by providers for the same service or supply under like circumstances within the geographic or socioeconomic area where the service or supply is performed or furnished. Usual and customary charges may not be the same as the actual charges you incur. Benefits for the Part A deductible, Part B deductible, Part B excess charges, home health care and foreign travel emergency will be provided only if these optional riders are selected at the time of application.

Ground or air ambulance that is not covered by Medicare is not covered by Security Health Plan.

Subrogation. The policy provides that if you suffer illness or injury due to the negligence of a third party, you transfer your rights to damages to Security Health Plan. The insurer can then recover payments that are the liability of someone else. You transfer your rights to damages only to the extent of benefits paid under this policy and only after you have been made whole for a proven loss.

Exclusions

The following aren't covered under this policy:

A. Treatment, services or supplies Medicare doesn't cover, unless this policy specifically provides for them

B. Treatment, services or supplies which neither you nor a party on your behalf has a legal obligation to pay in the absence of insurance

C. Treatment, services or supplies to the extent that they are paid for by Medicare, or would have been paid for by Medicare if you were enrolled in Medicare Parts A and B; treatment, services or supplies that would have been paid for by Medicare but for your failure to notify your provider that you are covered by Medicare; treatment, services or supplies to the extent that they are paid for by another government entity or program, directly or indirectly; this doesn't apply, though, to health benefits or insurance plans for employees of such entities

D. Treatment, services or supplies you need as a result of war, or an act of war, occurring on or after the effective date of this policy

E. Personal comfort items

F. Routine physical exams, eye exams, hearing exams and directly related tests, except as otherwise stated in your schedule of benefits

G. Eyeglasses or the preparation or fitting of such things as eyeglasses or hearing aids except for those services covered by Medicare

H. Orthopedic shoes or other supporting devices for the feet; or routine foot care not covered by Medicare

I. Custodial care, including maintenance care and supportive care

J. Cosmetic surgery. But we do cover such surgery if it's for repair of accidental injury or for improving the functioning of a malformed body part

K. Services provided by members of your immediate family or anyone else living in your household

L. Care, treatment, filling, removal or replacement of teeth, or for dental X-rays, root canal therapy, surgery for impacted teeth, or for other surgical procedures involving the teeth or structures directly supporting them

M. Treatment, services or supplies to the extent that a worker's compensation law or other U.S. or state plan covers them

N. Drugs and medicines you buy with or without a physician's prescription

O. Treatment, services or supplies for confinement, surgery or care before your insurance becomes effective, or after coverage ends except as otherwise stated in your schedule of benefits

P. Treatment, services or supplies that are deemed not medically necessary by Medicare. This includes but is not limited to the following:

- Drugs or devices that have not been approved by the Food and Drug Administration (FDA)
- Medical procedures and services performed using drugs or devices not approved by FDA
- Services including drugs or devices not considered safe and effective because they are experimental or investigational except for the HIV drugs as described in Wis. Stat. § 632.895(9) as amended

The decision regarding whether or not a service, drug or device is experimental or investigational shall be made by the Security Health Plan Medical Director. The criteria defining whether a service, drug or device is experimental or investigational is available to enrollees upon request.

Q. Treatment, services or supplies received outside the United States, except as otherwise stated in your schedule of benefits

R. Physician charges exceeding the Medicare-eligible expense for treatment, services or supplies, except as otherwise stated in your schedule of benefits

S. Routine immunizations, except as otherwise stated in your schedule of benefits, or if eligible under Medicare

T. Treatment of service-related conditions for members or ex-members of the armed forces by any military or veterans' hospital or soldier home or any hospital contracted for or operated by any national government or agency

U. Medicare Part A deductible, except as otherwise stated in your schedule of benefits

V. Medicare Part B deductible, except as otherwise stated in your schedule of benefits

W. Home health care above 40 visits mandated by Wis. Stat. § 632.895(2), except if shown in the schedule of benefits as being applicable

X. Nursing home care costs beyond what is covered by Medicare and the additional 30-day skilled nursing mandated by Wis. Stat. § 632.895(3).

Renewal terms

We, Security Health Plan, can only raise your premium if we raise the premium for all policies like yours in this state. Premiums may change on the renewal dates of your policy. Your premium will also change on July 1st following your birthdate that places you in a new age category. Age categories are shown on the premium information sheet included with this booklet. You cannot be canceled because you have used benefits or overused benefits. Of course, YOU can end your Medicare Supplement policy as of the last day of any month. Just write to the Security Health Plan office.

Benefit appeal/grievance procedure

A grievance is any dissatisfaction with the administration, claims, practices or services of Security Health Plan, which is expressed to us in writing by you, or on your behalf.

If we deny a benefit, you have the right to appeal our denial. The grievance appeal procedure is printed in your policy and will accompany our denial of a benefit. Our Customer Service representative will assist you with your grievance. Your appeal needs to be in writing. You can appear in person to explain your appeal to the Grievance Committee. You will be notified as to their decision within 30 days of receiving your written appeal.

Fraud

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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 (800) 472-2363 (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 a Section 504 Coordinator at: Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103, Telephone Number: (877) 473-0911 (TTY: 711), Fax: (605) 312-9886, Email: shp.appeals.grievance@securityhealth.org

You can file a grievance in person, 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.ov/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 or TDD: (800) 537–7697

More information is available at http://www.hhs.gov/ocr/index.html.

Notice of Availability

English: 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. **Spanish:** 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. **Hmong:** 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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