Medicare Supplement

Security Health Plan®



Use **our online app** for quick access to plan information
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Get **free over-the-counter supplies** delivered!
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Get **answers to** your **health questions** with a call or click
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# Understanding your 2026-2027 Medicare Supplement Plan

What you need to know about your health insurance coverage

**Get a free gift!**

Review the information in this booklet, then complete a short online survey to receive a free gift.

To receive a free gift, complete the survey at **www.securityhealth.org/yourfeedback**.

Verifiable retail value: $2. Prizes awarded upon survey completion.

SecurityHealth Plan®

Promises kept, plain and simple.

# *Welcome* to your Medicare Supplement plan

Use this Member Handbook as a quick-start guide to understand how your plan works and how you can make the most of your healthcare coverage.



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**INTERPRETER SERVICES:** If you need help interpreting any information in this booklet, please call Customer Service at **(844) 622-0805** (TTY: 711).

# Get *started* with your plan

Follow these basic steps to help you get the most from your Security Health Plan coverage.

### STEP 1: Register for *My Security Health Plan*

Go to **www.securityhealth.org/accountsetup** to sign up for your ***My Security Health Plan*** portal, an easy, free and secure way to track your information from Security Health Plan.

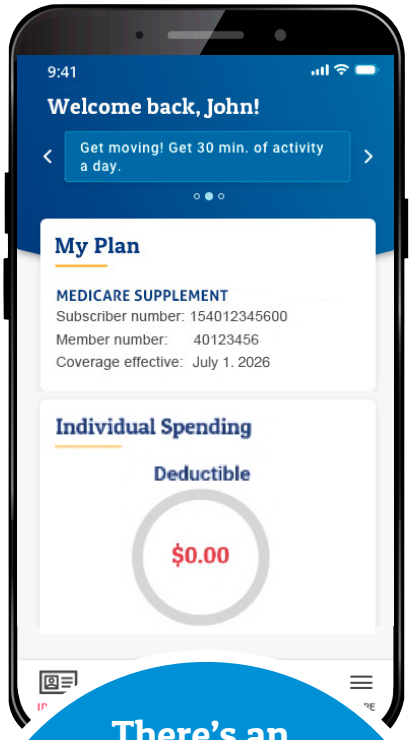
With ***My Security Health Plan*** you can:

- Check the status of your claims
- Pay your monthly premium*
- View your Explanation of Benefits
- Submit your quarterly over-the-counter order
- Opt for electronic communications and cut down on paper clutter at home
- Chat online with our world-class# Customer Service team

***...and so much more!***

** Note: online bill pay is available to subscribers who pay premiums directly to Security Health Plan.*

*#Security Health Plan has been recognized by Service Quality Measurement Group (SQM), a leading North American research firm that specializes in customer service improvement, with the World-Class Customer Experience Certification since 2016.*




## There's an app for that!

Register for your ***My Security Health Plan*** account. Next, download our app from Google Play or find it in the App Store. You'll then be able to access your electronic ID cards and manage your health plan on the go.



### STEP 2: Read your plan documents

The Medicare Supplement Policy is your main guidebook to gain a thorough understanding of the benefits and other provisions of your plan. It explains what services are covered and excluded from your plan, plus details about premiums, claims, terms you should know, how to file a grievance and the Notice of Privacy Practices. You can also view the Notice of Privacy Practices and Members' Rights and Responsibilities at **www.securityhealth.org/privacy**.

Find your policy and other plan documents on your ***My Security Health Plan*** portal or go to **www.securityhealth.org/medicaredocs** and select Medicare Supplement in the "Show" menu.

If you prefer to have a printed copy of your plan documents mailed to you, including your policy and any additional riders you may have purchased, here are your two options:

- Visit **www.securityhealth.org/papermaterials** and place your order online.
- Contact Customer Service at **(844) 622-0805** (TTY: 711) or by email at **shpcsweb@securityhealth.org**.

### STEP 3: Questions and Concerns

We want you to get the most out of your health plan. If you have questions or concerns after you've read your plan documents, you can:

**Live chat**
with a Customer Service agent, Monday–Friday, 8 a.m.–4:30 p.m. You must be a current member and be logged in to your ***My Security Health Plan*** account.

**Call**
Customer Service at **(844) 622-0805** (TTY: 711) Monday–Friday 7 a.m.–5 p.m.

**Email**
Customer Service at **shpcsweb@securityhealth.org**.

*Our average email response time is 24 business hours.*

**Secure message**
Send a secure message 24/7 from within your ***My Security Health Plan*** account.

*Our average response time is within 24 business hours.*

## Finding a provider

You may receive services from any Medicare-certified provider or facility in the United States that has not opted out of Medicare. We recommend you have regular checkups with a primary care provider (PCP), a physician, physician assistant or nurse practitioner who works in family practice, internal medicine or obstetrics/gynecology. PCPs focus on preventive care, helping you reduce your health risks and create lifelong healthy habits. PCPs coordinate your healthcare, including referrals to other healthcare providers.

# Your coverage includes *additional benefits*

Our Medicare Supplement plan also goes beyond what Medicare alone covers to offer preventive tests and services, $120 of free over-the-counter health products each year, and more.

## Save $30 each quarter on over-the-counter health products

Security Health Plan understands that over-the-counter (OTC) drugs and supplies can be expensive. That's why we offer you a way to save money on these items and have them delivered to your home.

You'll receive a copy of the latest catalog in the mail each quarter!




### How the service works

- Each plan subscriber is eligible for a $30 quarterly credit to purchase select OTC products through our catalog at **www.securityhealth.org/OTC-credit**.
- Plan subscribers can place one or more OTC orders each quarter, starting in January, April, July and October.
- The $30 credit expires at the end of each calendar year quarter.
- Unused credit does not carry over to the next quarter.
- If your order exceeds $30, you may provide payment information for the balance online or over the phone.

## OTC product and delivery information

- When placing an order, you will receive the generic equivalent of the name-brand drug or a similar product.
- If you choose a product that is unavailable or not in stock, a similar product may be substituted at no additional charge.
- Similar products are used for the same purpose but may have different ingredients, strength, dosage form or package size.
- Orders ship out the next day after they are received at no extra cost to you. Most orders are delivered within 1 to 4 business days.
- There may be order quantity limits on certain OTC items.

### Two ways to order:

Log in to your ***My Security Health Plan*** account at **www.securityhealth.org** to place your order. If you don't have an account, register at **www.securityhealth.org/accountsetup**.

If you are unable to place your order online, please call us at **(877) 216-8533** or **(715) 221-9208.** We can place your order for you over the phone, Monday-Friday, 8 a.m. to 5 p.m.

## Over-the-counter product categories:

- Allergy
- Anti-fungals
- Cold, cough and flu
- Dental and denture care
- Diabetes care
- Digestive health
- Eye and ear care
- First aid creams, ointments and antiseptics
- First aid supplies
- Hemorrhoidal preparations
- Home aids
- Motion sickness
- Pain relief aids
- Pain relievers and fever reducers
- Personal care
- Sleep aids
- Supports and braces
- Urinary pain relievers
- Vitamins and minerals

**View the OTC drug catalog at**
**www.securityhealth.org/OTC-credit**.



# *Your* Explanation of Benefits

## Health insurance terms to know

You might not be familiar with many terms commonly used in health insurance. Many of these terms appear on your Explanation of Benefits (EOB). Security Health Plan will send you an EOB after we receive a claim for your healthcare services. Your EOB explains the services you received, what they cost, payments Security Health Plan made to the provider on your behalf and additional payments you might owe the provider.

SecurityHealth Plan **Explanation of Benefits**

**Subscriber:** JONATHON DOE
**Subscriber ID:** 154012345600
**Group:** MEDICARE SUPPLEMENT
**Group number:** 992500

**Member:** JONATHON DOE
**Member ID:** 40123456

**This is not a bill.** Your provider may send you a statement if you have **NOT** already paid your copay, deductible or coinsurance at the time you received these services.

**Service location:** MARSHFIELD MEDICAL CENTER - MFLD

| Date of service | Health care service [service code] | Amount billed for health care service | Your savings (1) | Amount Security Health Plan paid | Amount other insurance paid | Your responsibility (2) Amount you owe |
|---|---|---|---|---|---|---|
| Claim number: 20007E06411 | Provider: SMITH, JANE MD | | | Provider's patient account number: 112233-445566 | | |
| 6/23/2026 | FITG SPECTLS XCPT APHK MONOFOCAL [92340] | $100.00 | $50.00 | $50.00 | $0.00 | $0.00 |
| **Claim total** | | **$100.00** | **$50.00** | **$50.00** | **$0.00** | **$0.00** |

**Notes:**

- A description of your diagnosis and/or treatment and the corresponding codes are available upon request for each claim.
- Negative dollar amounts may represent a correction to a previous charge. Common corrections result from changing people covered under the policy, provider claim corrections, benefit changes, etc.
- Your provider is not allowed to bill you for the amount in "Your savings." Security Health Plan has applied industry standard claim edits or fee reductions, or has a contract in place that prevents your provider from billing you for the amount listed. If you signed a waiver acknowledging your desire to proceed with non-covered services, you may be responsible for the full cost of the service.
- Your savings: This care may be covered by another payer per coordination of benefits.

**Still need help?**
Call Customer Service at
**(844) 622-0805**
(TTY: 711) or email
**shpcsweb@securityhealth.org**

## Assuring appropriate care

Security Health Plan makes utilization management decisions based solely on appropriateness of care and existence of coverage. Security Health Plan does not reward practitioners or other individuals for issuing denials of coverage. There are no financial incentives that encourage underutilization.



1. **Your savings:** Security Health Plan has contracts in place that set prices for your healthcare. We pass along any savings and discounts to you. Amounts for claims that have been denied to the provider for further review will also be displayed here.
2. **Amount you owe:** Amounts applied toward your deductible, coinsurance and/or any copayments as well as non-covered services. This is the amount you pay to your healthcare provider.

## Reference these documents for your plan's benefits:

**Schedule of Benefits:** Lists the medical benefits your specific plan covers. This document also lists the amounts you need to pay for each service, including your deductible, coinsurance and any copays based on your selected riders.

**Policy:** Shows detailed coverage information, including plan exclusions and prior authorization requirements. Use it in conjunction with your Schedule of Benefits to understand the benefits and details of your plan. **Log in to your *My Security Health Plan* account to view your Policy document.**

**Riders:** Extra provisions that amend the terms of a basic insurance policy to add benefits or reduce costs. Members can choose from six riders with a Medicare Supplement policy.

# Using *your* ID card

Show your red, white and blue Medicare card and your Security Health Plan ID card when you visit your healthcare provider or pharmacy. Remember, acceptance of your card does not guarantee the medical or pharmacy services will be covered under your benefits.

## Need medical care, but don't have your Security Health Plan ID card?

Download the *My Security Health plan* app for access to your ID card on the go.

## Getting to know your ID card

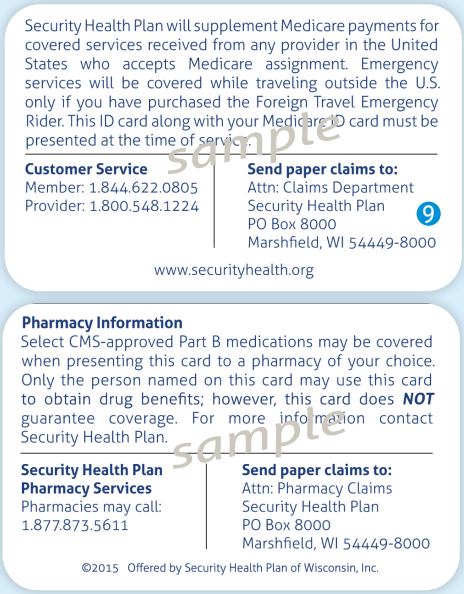
Here is a sample Security Health Plan ID card with descriptions to help you become familiar with your ID card.







(Front of card)




(Back of card)

1. Subscriber number
2. Plan name
3. Member ID
4. Date of birth
5. Subscriber name
6. Group number
7. Subscriber number
8. Any additional riders you have purchased
9. Information your provider uses to submit claims

If you need a new ID card, log in to your ***My Security Health Plan*** account or call Customer Service at **(844) 622-0805** (TTY: 711); you can also access a digital ID card on your ***My Security Health Plan*** app.

# Get trusted care *wherever* you are

## Care My Way®

Symptoms of certain minor illnesses can be all too familiar, but a trip to the clinic can take time and energy you don't have. Call Care My Way® instead. For many common health conditions, like the flu or sinus infection, you can talk to one of our nurse practitioners by phone or try a virtual visit.

The nurse practitioner can evaluate your symptoms and, if needed, send a prescription into the network pharmacy of your choice – saving you time and hassle. **Members of Security Health Plan are eligible for unlimited Care My Way® visits with no out-of-pocket costs.** For a complete list of conditions Care My Way® can treat and more information about the service, go to **www.CareMyWay.org**.

The Care My Way® mobile app can be used 24 hours a day, 7 days a week, in all 50 states. Members in Wisconsin, Michigan and Minnesota can also call **(800) 549-3174** (TTY: 711) or use the Care My Way® mobile app.




## We stay on top of medical advances

We evaluate new technology in medical care and treatment on a regular basis to determine when new services should be covered.

Security Health Plan medical experts review information from government health agencies and scientific publications. We also get input from providers who offer the services.

# Preventive *care*

## "Welcome to Medicare" preventive visit

Your plan covers the one-time "Welcome to Medicare" preventive visit. The visit includes a review of your health, as well as education and counseling about the preventive services you need (including certain screenings and shots), and referrals for other care if needed.

If you have had Medicare Part B for longer than 12 months, you can get an annual wellness visit to develop or update a personalized prevention plan based on your current health and risk factors. This is covered once every 12 months.

**Important:** We cover the "Welcome to Medicare" preventive visit only within the first 12 months you have Medicare Part B. When you make your appointment, let your doctor's office know you would like to schedule your "Welcome to Medicare" preventive visit. Your first annual wellness visit can't take place within 12 months of your "Welcome to Medicare" preventive visit.





## You receive preventive health services at no extra cost

Even if you feel healthy it's important to receive regular preventive screenings. Visiting your primary care provider for routine preventive care can lower your risk for illness, disease and other health problems.

We are committed to enriching our members' lives so our members can reach their best health. Preventive care can help preserve and may improve your health. In the long run preventive care contributes to lower healthcare costs and is a benefit for you both medically and financially.

You will have coverage for all Medicare-covered preventive services including bone mass measurement, colonoscopies and mammograms, as well as vaccines, diabetes testing supplies and more. We also cover some annual physical and preventive tests and services administered or ordered by your doctor that are not covered by Medicare.

## Vaccines

Your *Security Health Plan* coverage includes vaccinations covered with Medicare Part B, including:

- FDA-approved COVID-19 vaccines
- Pneumonia vaccine
- Flu shots – once each flu season, with additional flu shots if medically necessary
- Hepatitis B vaccine – if you are at high or intermediate risk of getting Hepatitis B
- Other vaccines if you are at risk and they meet Medicare Part B coverage rules

# Making your healthcare and other decisions *on your terms*

*Advance Care Planning* refers to the information you need to let your doctors, family members and friends know your wishes should you ever become unable to make medical or other decisions.

It's important and easy to set up an **advance directive.** An advance directive is a legal document that expresses your healthcare or other wishes and desires. It allows you to plan ahead before you become disabled by an accident, illness or debilitating condition and become unable to make decisions. It will provide you a way to communicate your wishes to family, friends and healthcare providers. It is also a way to spare your loved ones the stress of making decisions about your care or payment for care when you are sick or injured. Medicare Supplement members are not required to complete an advance directive, but we encourage you to do so.

You may want to consider having a lawyer help you prepare your advance directive. Information and assistance on advance directives may also be available at your county Department of Aging, community resource center, local clinic or hospital.



## There are four kinds of advance directives available in Wisconsin:

**1. Power of Attorney for Healthcare** – this allows you to designate one or more people to make healthcare decisions for you if you become unable to do so. This person would become your healthcare agent. Your agent would make decisions based on the wishes you have expressed within the document or specifically to your agent. Their authority would take affect only when you are certified as being unable to make the decisions for yourself. This document does not authorize anyone to make financial decisions for you. It provides options about nursing or group homes, feeding tubes and treatment during pregnancy. It also allows you to state any specific instructions for your healthcare like resuscitation, pain control, organ donation or religious preferences about treatment, such as blood transfusions.

**2. Living Will (Declaration to Physicians)** – this document allows you to make choices about feeding tubes and life-sustaining procedures that would be used if you enter a terminal or persistent vegetative state. You can accept or refuse care and it allows you to express these specific choices to physicians. It does not let you choose someone to make decisions for you.

**3. Do Not Resuscitate (DNR) Order and Bracelet** – a DNR order is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. If you qualify, you can tell your doctor you do not want to be resuscitated. To qualify, you must be terminally ill or have a medical condition so severe that resuscitation would be unsuccessful or harm you. There are two types of DNR orders: pre-hospital or hospital. The pre-hospital DNR order is for a bracelet you would wear at all times that would alert emergency medical personnel that you do not wish to be resuscitated. The hospital DNR order applies to the in-hospital setting and lets your healthcare providers know that you do not want to be resuscitated while in the hospital. Both types of orders are put in your medical chart by your doctor.

**4. Power of Attorney for Finances and Property** – this document lets you designate someone to make financial decisions for you. You can choose when this document becomes active, either when you sign it or when you become incapacitated. It does not authorize anyone to make medical decisions for you. It provides options about bill payments, banking, insurance and other financial matters.

You can get our Advance Directives brochure and the Wisconsin forms from Security Health Plan. For more information, call Customer Service at **(844) 622-0805** (TTY: 711).



# Notice of nondiscrimination

**Discrimination is against the law**

Security Health Plan of Wisconsin, Inc., is an HMO-POS 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. Security Health Plan 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

Phone: (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.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 or TDD: (800) 537-7697
More information is available at **http://www.hhs.gov/ocr/index.html**.

## Limited English Proficiency Language Services

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 (877) 998-0998 (TTY: 711) or speak with your healthcare provider. Spanish: 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 (877) 998-0998 (TTY: 711) o hable con su proveedor. Hmong: 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 (877) 998-0998 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

**If you require large-print materials, please call (877) 998-0998 (TTY: 711).**

## Fraud, waste and abuse

We do all we can to detect and prevent healthcare fraud, waste and abuse. We ask you to help too, because you know best what healthcare services you have received.

Here are some examples:

- Fraud – Your doctor bills for a healthcare service you didn't receive
- Waste – You get charged twice for a health service because the provider's office doesn't keep accurate records
- Abuse – You receive a healthcare service you didn't need

We ask you to report fraud, waste or abuse if you see it happen. Call our Customer Service Department at (844) 622-0805 (TTY: 711) or you can reach our compliance department directly by email at SHPCompliance@sanfordhealth.org or by phone at (877) 473-0911 (TTY:711)

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.

# Notice of Privacy Practices

**THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices ("Notice") applies to Sanford Health Plan and Security Health Plan. If you have questions about this Notice, please contact Sanford's Privacy Office at (800) 325-9402. You may also email your questions to privacyoffice@sanfordhealth.org.

This Notice describes how we will use and disclose your health information. The terms of this Notice apply to all health information generated or received by Sanford Health Plan and Security Health Plan, whether recorded in our business records, your medical record, billing invoices, paper forms, or in other ways. Unless otherwise provided by law, any data or information pertaining to the health, diagnosis, or treatment of a member under a policy or contract, or a prospective member, obtained by Sanford Health Plan or Security Health Plan from that person or from a health care provider is confidential and may not be disclosed except as set forth below.

## HOW WE USE AND DISCLOSE YOUR HEALTH INFORMATION

We use or disclose your health information as follows (In Minnesota we will obtain your prior consent):

- **Help manage the health care treatment you receive:** We can use your health information and share it with professionals who are treating you. For example, a doctor may send us information about your diagnosis and treatment plan so we can arrange additional services.
- **Pay for your health services:** We can use and disclose your health information for the payment of your health services. For example, we share information about you with your provider to coordinate payment for those services.
- **For our health care operations:** We may use and share your health information for our day-to-day operations, to improve our services, and contact you when necessary. For example, we use health information about you to develop better services for you. We may also use and disclose your protected health information to determine premium costs, underwriting, rates and cost-sharing amounts, provided that no genetic information may be used for underwriting purposes. This does not apply to long-term care plans.
- **Administer your plan:** We may disclose your health information to your health plan sponsor for plan administration. For example, your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

We may share your health information in the following situations unless you tell us otherwise. If you are not able to tell us your preference, we may go ahead and share your information if we believe it is in your best interest or needed to lessen a serious and imminent threat to health or safety:

- **Friends and Family:** We may disclose to your family and close personal friends any health information directly related to that person's involvement in payment for your care.
- **Disaster Relief:** We may disclose your health information to disaster relief organizations in an emergency.

We may also use and share your health information for other reasons without your prior consent:

- **When required by law:** We will share information about you if State or federal law require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law. This may include disclosing information about victims of abuse, neglect, or domestic violence.

- **Law enforcement:** We may share information for law enforcement purposes. This includes sharing information to help locate a suspect, fugitive, missing person or witness.
- **For public health and safety:** We can share information in certain situations to help prevent disease, assist with product recalls, report adverse reactions to medications, and to prevent or reduce a serious threat to anyone's health or safety.
- **Lawsuits and legal actions:** We may share information about you in response to a court or administrative order, or in response to a subpoena.
- **Organ and tissue donation:** We can share information about you with organ procurement organizations.
- **Medical examiner or funeral director:** We can share information with a coroner, medical examiner, or funeral director when an individual dies.
- **Workers' compensation, correctional institutions and other government requests:** We can share information with employers for workers' compensation claims. We also share information with correctional institutions about their inmates. Information may also be shared with health oversight agencies when authorized by law, and other special government functions such as military, national security and presidential protective services.
- **Research:** We can use or share your information for certain research projects that have been evaluated and approved through a process that considers a member's need for privacy.

We may contact you in the following situations:

- **Treatment options:** To provide information about treatment alternatives or other health related benefits, providers or services that may be relevant to your care.
- **Fundraising:** We may contact you about fundraising activities, but you can tell us not to contact you again.

**YOUR RIGHTS THAT APPLY TO YOUR HEALTH INFORMATION**

When it comes to your health information, you have certain rights.

- **Get a copy of your health and claims records:** You can ask to see or get a paper or electronic copy of your health and claims records and other health information we have about you. We will provide a copy or summary to you usually within thirty (30) calendar days of your request. We may charge a reasonable, cost-based fee. Access may be denied in some circumstances or when a certain law prohibits your access. In some circumstances you may have this decision reviewed.
- **Ask us to correct your health and claims records:** You can ask us to correct health information that you think is incorrect or incomplete. We may deny your request, but we'll tell you why in writing. These requests should be submitted in writing to the contact listed below.
- **Request confidential communications:** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. Reasonable requests will be approved. We must say "yes" if the disclosure of your information could endanger you.
- **Ask us to limit what we use or share:** You can ask us to restrict how we share your health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say "no" if it would affect your care.
- **Get a list of those with whom we've shared information:** You can ask for a list (accounting) of the times we've shared your health information for six (6) years prior, who we've shared it with, and why. We will include all disclosures except for those about your treatment, payment, and our health care operations, and certain other disclosures (such as those you asked us to make). We will provide one (1) accounting a year for free, but we will charge a reasonable cost-based fee if you ask for another within twelve (12) months.

- **Get a copy of this privacy notice:** You can ask for a paper copy of this Notice at any time, even if you have agreed to receive it electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you:** If you have a designated health care agent or medical power of attorney, or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- **File a complaint if you feel your rights are violated:** You can complain to the U.S. Department of Health and Human Services Office for Civil Rights if you feel we have violated your rights. We can provide you with their address. You can also file a complaint with us by using the contact information below. We will not retaliate against you for filing a complaint.

**Contact Information:**
Sanford Health Plan
Customer Service
PO Box 91110
Sioux Falls, SD 57109-1110
(800) 752-5863 (toll-free) | TTY/TDD 711

Security Health Plan
Customer Service
1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000
(800) 472-2363 (toll-free) | TTY/TDD 711

## OUR RESPONSIBILITIES REGARDING YOUR HEALTH INFORMATION

- We are required by law to maintain the privacy and security of your health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your health information.
- We must follow the duties and privacy practices described in this Notice and offer to give you a copy.
- We will not use, share, or sell your information for marketing or any purpose other than as described in this Notice unless you tell us to in writing. You may change your mind at any time by letting us know in writing.

## CONFIDENTIALITY OF SUBSTANCE USE DISORDER RECORDS

Specialized substance use disorder treatment at certain facilities is protected by federal law 42 CFR Part 2 (a "Part 2 Program"). Member records at a Part 2 Program, testimony about those records, or the fact an individual has been treated at a Part 2 Program may not be disclosed unless:

1. The member consents in writing;
2. The disclosure is allowed by a court order or required by other state or federal law;
3. The disclosure is needed for treatment in a medical emergency; or
4. The disclosure is related to a crime committed at a Part 2 Program, or required for suspected child abuse or neglect reporting.

You may agree to provide a general consent allowing the disclosure of Part 2 Program records for treatment, payment, and health care operations. You may also choose to revoke a previous general consent subject to certain limitations.

## CALLING, TEXTING, AND EMAILING

We may contact you about your plan and health care using the phone numbers and email addresses that you provide to us. This may include using an automated phone dialing system, pre-recorded or synthetic voice messages, texting, or email. When we contact you in this manner, you will be given the opportunity to opt out of receiving similar communications going forward.

Because texts and emails are not encrypted, there is a risk that someone else could read or access these messages. We therefore take steps to limit the amount of health information that they contain. You may choose to opt out of these messages at any time.

## NOTICE OF AFFILIATED COVERED ENTITY DESIGNATION

Sanford Health Plan, Security Health Plan, Sanford Health, Marshfield Clinic Health System, and The Evangelical Lutheran Good Samaritan Society, as covered entities under common ownership and control, have designated themselves and subsidiaries as a single covered entity for purposes of the Health Insurance Portability and Accountability Act (HIPAA). Sanford Health Plan and Security Health Plan share health information about members with the affiliated covered entity participants for treatment and other purposes as allowed by HIPAA and applicable law.

## NOTICE OF SHARED RECORD

As affiliated covered entities, the participants may share records to support information sharing and operations as allowed by HIPAA and applicable law.

## NOTICE OF ORGANIZED HEALTH CARE (OHCA) ARRANGEMENT

Sanford Health Plan, Security Health Plan, Sanford Health, Marshfield Clinic Health System, and The Evangelical Lutheran Good Samaritan Society participate in an Organized Health Care Arrangement (OHCA) under the Health Insurance Portability and Accountability Act (HIPAA). This OHCA allows the participating entities to share information about members and patients to promote the joint operations allowed under HIPAA related to treatment, payment, and health care operations.

## CHANGES TO THIS NOTICE

We may change the terms of this Notice, and the changes will apply to all information we have about you. The new Notice will be available upon request and online at www.sanfordhealthplan.com and www.securityhealth.org.

## EFFECTIVE DATE

This Notice of Privacy Practices is effective February 15, 2026.

# Notes:

# Notes:

SecurityHealth Plan®

Promises kept, plain and simple.

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