SecurityHealth Plan℠
Medicaid Managed Care Program

Member Handbook





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Learn more about doctors when you visit our online provider directory.

In it you will find:

- Provider hospital affiliations
- Admitting and attending privileges
- Board certifications
- Providers who speak non-English languages

You can quickly and easily find a list of providers covered by your plan when you log in to your ***My Security Health Plan*** account. Once logged in, click on "Find a Doctor." Or visit **www.securityhealth.org/directory**.

If you need assistance locating a provider in your plan's network, or would like us to mail you a paper copy of your Provider Directory at no cost, call our Customer Service Department at **1-800-791-3044** (TTY 711) or email us at **shpcsweb@securityhealth.org**.

The Provider Directory lists the provider name, address, telephone number, professional qualifications, language spoken, specialty and board certification status. If you would like additional information on medical school attended or residency completion, please contact Security Health Plan Customer Service at **1-800-791-3044** (TTY 711).

Websites for hospitals or clinics may show health care providers that are not in our network. It is important that you use in-network providers. If you have any questions, please call us.

Important Security Health Plan Medicaid Managed Care phone numbers

Security Health Plan Customer Service

- Phone Number: **1-800-791-3044**
- Monday through Friday, 7 a.m. – 5 p.m.
- TDD/TTY 771

Call Security Health Plan Customer Service for:

- Questions about your Security Health Plan membership
- Questions about how to get care
- Help choosing a primary care physician or other provider
- Help getting a paper copy of the Security Health Plan provider directory at no cost
- If you get a bill for a service you did not agree to

Calls to this number are free. Free language interpreters are available for non-English speakers.

Security Health Plan Member Advocate

- Phone Number: **1-800-791-3044**
- Monday through Friday, 8 a.m. – 5 p.m.
- TDD/TTY 771

Calls to this number are free. Free language interpreters are available for non-English speakers.

Security Health Plan emergency number

- If you are having an emergency, call 911
- You may also call Security Health Plan's 24-hour Nurse Line at **1-800-549-3174**
- TDD/TTY 771

Call this number if you need help after-hours or if you are not sure if you are experiencing a medical emergency.

Calls to this number are free. Free language interpreters are available for non-English speakers.

External Advocate (Medicaid SSI Only)

- Phone Number: **1-800-708-3034**
- Monday through Friday, 8:30 a.m. – 5 p.m.

Call the Medicaid SSI External Advocate for:

- Help solving problems with the care or services you get from Security Health Plan
- Help filing a complaint or grievance
- Help requesting an appeal or review of a decision made by Security Health Plan

Other important numbers

ForwardHealth Member Services

- Phone Number: **1-800-362-3002**
- Monday through Friday, 8 a.m. – 6 p.m.
- Email: **memberservices@wisconsin.gov**

Call ForwardHealth Customer Service for:

- Questions about how to use your ForwardHealth card
- Questions about ForwardHealth services or providers
- Help with getting a new ForwardHealth card

HMO Enrollment Specialist

- Phone Number: **1-800-291-2002**
- Monday through Friday, 7 a.m. – 6 p.m.

Call the HMO Enrollment Specialist for:

- General information about health maintenance organizations (HMOs) and managed care
- Help with disenrollment or exemption from Security Health Plan or managed care
- If you move out of Security Health Plan's service area

State of Wisconsin HMO Ombuds Program

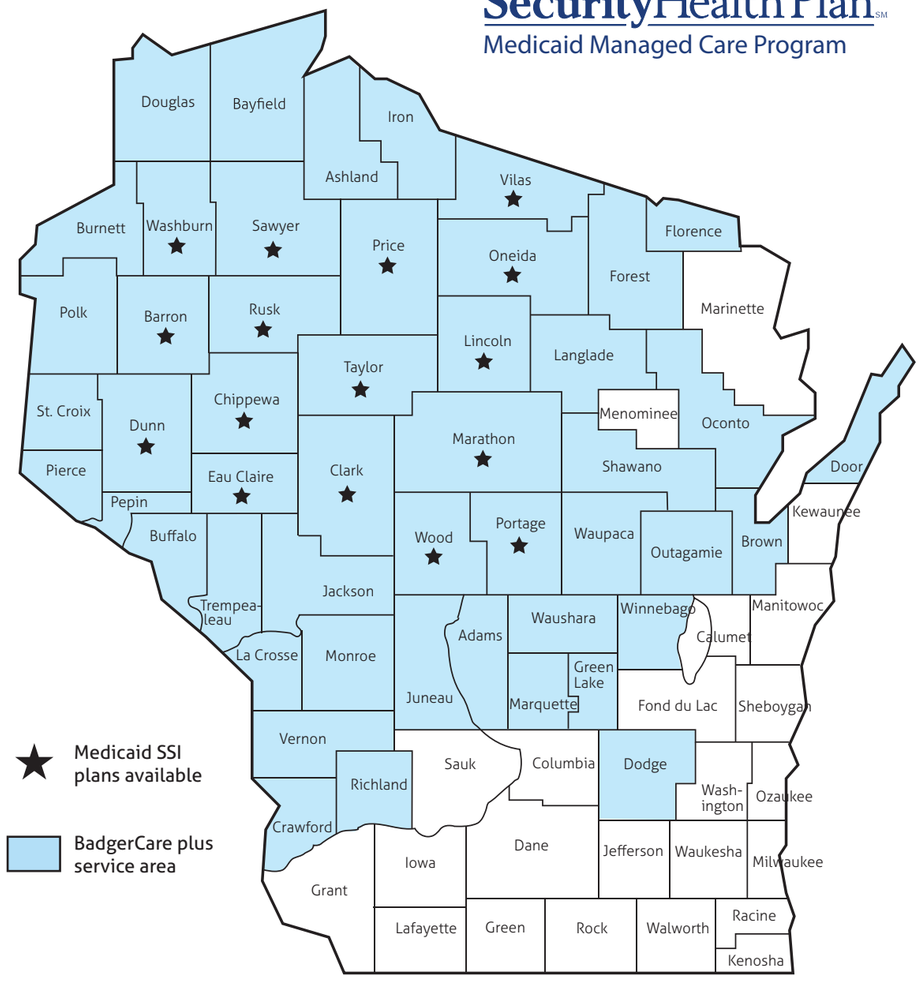
An Ombuds is a person who provides neutral, private, and informal help with any questions or problems you have as a Security Health Plan member.
Phone Number: **1-800-760-0001**
Monday through Friday, 8 a.m. – 4:30 p.m.

Call the Ombuds Program for:

- Help solving problems with the care or services you get from Security Health Plan
- Help understanding your member rights and responsibilities
- Help filing a grievance, complaint, or appeal of a decision made by Security Health Plan

If you are having an emergency, call 911.

Service area map



This map shows Security Health Plan's service area as of November 2025. The blue area shows where the Plan is certified to provide its Medicaid Managed Care Program. Plan providers are listed in the provider directory section of this book. To be eligible for Medicaid SSI, members must reside in one of the 16 starred counties.

Welcome to SecurityHealth Plan℠

Welcome to Security Health Plan Medicaid Managed Care. Security Health Plan is a health plan that runs the BadgerCare Plus and Medicaid SSI programs. BadgerCare Plus is a health care program. It helps low-income children, pregnant people, and adults in Wisconsin. Medicaid SSI is a program that helps people who have Supplemental Security Income (SSI) get health care.

This handbook can help you:

- Learn the basics of BadgerCare Plus and Medicaid SSI
- See the services covered by Security Health Plan and ForwardHealth
- Know your rights and responsibilities.
- File a grievance or appeal if you have a problem or concern

Security Health Plan will cover most of your health care needs. Wisconsin Medicaid will cover some others through ForwardHealth. See the **Services Covered by Security Health Plan** and **Services Covered by ForwardHealth** sections of this handbook for more information.



Using your ForwardHealth card

Use your ForwardHealth card anytime you need care. You will get most of your health care through Security Health Plan affiliated providers. But, you may need to get some covered services from the ForwardHealth network, such as:

- Behavioral (autism) treatment services
- Chiropractic services
- Crisis intervention services
- Community recovery services
- Comprehensive community services
- Dental services
- Hub and spoke integrated recovery support health home services
- Medication therapy management
- Medications and pharmacy services
- Non-emergency medical transportation
- Prenatal care coordination
- Residential substance use disorder treatment
- School based services
- Targeted case management
- Tuberculosis-related services

Your ForwardHealth card is a plastic card with your name on it. It also has a 10-digit number and a magnetic stripe. Always carry your ForwardHealth card with you. Show it every time you go to the doctor or hospital and every time you get a prescription filled. You may have problems getting health care or prescriptions if you do not have your card with you. Also, bring any other health insurance cards you may have.

If you have questions about how to use your ForwardHealth card or if your card is lost, damaged, or stolen, call ForwardHealth Member Services at **1-800-362-3002**.

To find a provider that accepts your Forward Health card:

1. Go to **www.forwardhealth.wi.gov**.
2. Click on the "Members" link or icon in the middle section of the page.
3. Scroll down and click on the "Resources" tab.
4. Click on the "Find a Provider" link.
5. Under Program, select "BadgerCare/ Medicaid".

Or, contact ForwardHealth Member Services at **1-800-362-3002.**

Using the provider directory

As a member of Security Health Plan, you should get your health care from doctors and hospitals in the Security Health Plan network. See our provider directory for a list of these providers. Providers accepting new patients are called out in the provider directory.

The provider directory is a list of doctors, clinics, and hospitals that you can use to get health care services as a member of Security Health Plan. Security Health Plan has the provider directory in different languages and formats. You can find the provider directory on our website at **www.securityhealth.org/directory**. For a paper copy of the provider directory at no cost, call our Customer Service Department at **1-800-791-3044** (TTY 711).

Security Health Plan affiliated providers are sensitive to the needs of many cultures. See the Security Health Plan Provider Directory for a list of providers with staff who speak certain languages or understand certain ethnic cultures or religious beliefs. The provider directory can also tell you about the accommodations that providers offer.

Choosing a primary care provider

When you need care, it is important to call your primary care physician first. It is important to choose a primary care physician to manage all your health care. You can choose a primary care physician from the list of doctors accepting new patients, as marked in the Security Health Plan Provider Directory. HMO doctors are sensitive to the needs of many cultures. To choose a primary care physician or to change primary care physicians, call our Customer Service Department at **1-800-791-3044** (TTY 711). Your primary care physician will help you decide if you need to see another doctor or specialist and, if appropriate, give you a referral. Remember, you must get approval from your primary care physician before you see another doctor. Women may see a women's health specialist, such as an obstetrician and gynecologist (OB/GYN), nurse midwife or licensed midwife, without a referral in addition to choosing from their primary care physician.

Call our Customer Service Department at 1-800-791-3044 (TTY 711) to choose or change your primary care provider.

You can keep your current primary care provider if they are part of our provider network. Your primary care provider will help you decide if you need to see another doctor or specialist. They can give you a referral if needed. If you want to use a certain specialist or hospital, you'll need a referral from your primary care provider. You'll need to get approval from your primary care provider before you see another doctor.

You may see a women's health specialist without a referral in addition to choosing a primary care provider. This could be an obstetrician and gynecologist (OB/GYN), nurse midwife, or licensed midwife.

New member discussion of health needs

Security Health Plan may contact you by telephone to talk with you about your individual health needs and circumstances. You can ask about resources in your community or that are part of your new health plan that may be available to you. They can learn more about you and help you achieve your health goals. Call **1-800-791-3044** (TTY 711) to get started.

Getting the care you need

Emergency care

Emergency care is care that is needed right away for an illness, injury, symptom, or condition that is very serious.

Some examples are:

- Choking
- Convulsions
- Prolonged or repeated seizures
- Serious broken bones
- Severe burns
- Severe pain
- Severe or unusual bleeding
- Suspected heart attack
- Suspected poisoning
- Suspected stroke
- Trouble breathing
- Unconsciousness

If you need emergency care, get help as quickly as possible. Try to go to a Security Health Plan Medicaid Managed Care hospital or emergency room for help if you can. If your condition cannot wait, go to the nearest provider (hospital, doctor, or clinic). Call 911 or your local police or fire department emergency services if the emergency is very severe and you are unable to get to the nearest provider.

If you are having an emergency, call 911.



If you must go to a non-Security Health Plan affiliated hospital or emergency room, you or someone else should call Security Health Plan at **1-800-791-3044** (TTY 711) as soon as you can to tell us what happened.

You do not need Security Health Plan's or your primary care provider's approval before getting emergency care.

Remember, hospital emergency rooms are for true emergencies only. Unless your condition is very serious, call your doctor or our 24-hour emergency number at **1-800-549-3174** before you go to the emergency room. If you do not know if your illness or injury is an emergency, call your doctor or our 24-hour Nurse Line at **1-800-549-3174** before you go to the ER. We will tell you where you can get care. You may have to pay a copayment if you go to an emergency room for care that is not an emergency.

A prior authorization is not required for emergency services.



Urgent care

Urgent care is care for an illness, injury, or condition that needs medical help right away, but does not require emergency room care. Some examples are:

- Bruises
- Minor burns
- Minor cuts
- Most broken bones
- Most drug reactions
- Bleeding that is not severe
- Sprains

You must get urgent care from Security Health Plan affiliated providers unless you get our approval to see a non-Security Health Plan affiliated provider. Do not go to a hospital emergency room for urgent care unless you get approval from Security Health Plan first.

Specialty care

A specialist is a doctor who is an expert in an area of medicine. There are many kinds of specialists. Here are a few examples:

- Oncologists, who care for people with cancer
- Cardiologists, who care for people with heart conditions
- Orthopedists, who care for people with certain bone, joint, or muscle conditions

Contact your primary care provider if you need care from a specialist. Most of the time, you need to get approval from your primary care provider and Security Health Plan before seeing a specialist. If you need to see a specialist, you may see any provider listed in your plan's Provider Directory.

Hospital care

Your plan covers hospital stays (inpatient) and doctor visits at the hospital (outpatient). If you want to see a special doctor (specialist) or go to a specific hospital, your primary care provider will need to give you a referral first. This helps them keep track of your care. You may see any provider in your Provider Directory.

Care during pregnancy and delivery

Let Security Health Plan and your county or tribal agency know right away if you become pregnant, so you can get the extra care you need. You do not have copayments when you are pregnant.

You must go to a Security Health Plan affiliated hospital to have your baby. Talk to your provider to make sure you know which hospital you should go to when it is time to have your baby. Do not go out of the area to have your baby unless you have Security Health Plan approval. Your Security Health Plan affiliated provider knows your history and is the best provider to help you.

Also, talk to your doctor if you plan to travel in your last month of pregnancy. Traveling during your last month of pregnancy increases the chance that your baby will be born while you are away from home. Many people have a better birthing experience when they use the doctors and hospitals that cared for them throughout their pregnancy.

Telehealth services

Telehealth is audio and video contact with your doctor or health care provider using your phone, computer, or tablet. Security Health Plan covers telehealth services that your provider can deliver at the same quality as in-person services. This could be doctor office visits, mental health or substance abuse services, dental consultations, and more. There are some services you cannot get using telehealth. This includes services where the provider needs to touch or examine you.

Both you and your provider must agree to a telehealth visit. You always have the right to refuse a telehealth visit and do an in-person visit instead. Your BadgerCare Plus or Medicaid SSI benefits and care will not be impacted if you refuse telehealth services. If your provider only offers telehealth visits and you want to do in-person, they can refer you to a different provider.

Security Health Plan and Wisconsin Medicaid providers must follow privacy and security laws when providing services over telehealth.

Care when you are away from home

Follow these rules if you need medical care but are too far away from home to go to your regular primary care physician or clinic:

- For true emergencies, go to the nearest hospital, clinic, or doctor. Call Security Health Plan at **1-800-791-3044** (TTY 711) as soon as you can to tell us what happened. If you need emergency care outside of Wisconsin, health care providers in the area where you are can treat you and send the bill to Security Health Plan. You may need to pay a copayment if you get emergency care outside of Wisconsin. If you get a bill for services you got outside of Wisconsin, call Customer Service at **1-800-791-3044** (TTY 711).

For urgent or routine care away from home, you must get approval from Security Health Plan before you go to a different doctor, clinic, or hospital. This includes children who are spending time away from home with a parent or relative. Call us at **1-800-791-3044** (TTY 711) for approval to go to a different doctor, clinic, or hospital.



- For urgent or routine care outside the United States, call Security Health Plan first. Security Health Plan does not cover any services provided outside the United States, Canada, and Mexico. This includes emergency services. If you need emergency services while in Canada or Mexico, Security Health Plan will cover it only if the doctor's or hospital's bank is in the United States. Other services may be covered with Security Health Plan approval if the provider has a bank in the United States. Please call Security Health Plan if you get any emergency services outside the United States.

When you may be billed for services

Covered and noncovered services

With BadgerCare Plus and Medicaid SSI, you do not have to pay for covered services other than required copayments.

You may have to pay the full cost of services if:

- The service is not covered under BadgerCare Plus or Medicaid SSI.
- You needed approval for a service from your primary care provider or Security Health Plan, but you did not get approval before getting the service.
- Security Health Plan determines that the service is not medically necessary for you. Medically necessary services are approved services or supplies needed to diagnose or treat a condition, disease, illness, injury, or symptom.
- You received a non-emergency service from a provider that is not in the Security Health Plan network. Or you received a non-emergency service from a provider that does not accept your ForwardHealth card.

You can ask for noncovered services if you are willing to pay for them. You'll have to make a written payment plan with your provider. Providers may bill you up to their usual and customary charges for noncovered services.

You can ask for details about things your plan doesn't cover, like certain surgeries or treatments. There are polices on services that aren't covered.

If you get a bill for a service you did not agree to, please call 1-800-791-3044 (TTY 711).

Copayments

A copayment is a fixed amount of money you pay for a covered health care service. Copayments for BadgerCare Plus or Medicaid SSI members are usually $3 or less. Security Health Plan pays copayment amounts for covered services for BadgerCare Plus and Medicaid SSI members. Please reference the benefits chart on page 12-13 for more details. Except for copayment amounts listed under a "Covered by Forward Health" category, Security Health Plan will pay the copayment amounts for covered services."

The following members do not have to pay copayments:

- Nursing home residents
- Terminally ill members receiving hospice care
- Pregnant women
- Members younger than 19 years old
- Children in foster care or adoption assistance
- Youth who were in foster care on their 18th birthday. They don't have to pay any copays until age 26.
- Members who join by Express Enrollment
- American Indians or Alaskan Native Tribal members, children or grandchildren of a tribal member, or anyone who can get Indian Health Services. Age and income do not matter. This applies when getting items and services from an Indian Health Services provider or from the Purchase and Referred Care program.

Services covered under BadgerCare Plus or Medicaid SSI

Security Health Plan provides most medically necessary, covered services under BadgerCare Plus and/or Medicaid SSI. See **Services Covered by Security Health Plan** on page 14 for more information about services covered by Security Health Plan.

Some services are covered by ForwardHealth. To learn more about these services see page 15, **Services Covered by ForwardHealth**.

Some services require prior authorization. Prior authorization is written approval for a service or prescription. You may need prior authorization from Security Health Plan or ForwardHealth before you get a service or fill a prescription.

Some Medicaid members may have a monthly premium.

If you have a monthly premium, please pay this amount to ForwardHealth. Failure to pay may result in loss of coverage. If you are unsure whether you have a monthly premium or have questions on how to pay it, please contact *ForwardHealth at 1-800-362-3002.*



Service	Coverage under BadgerCare Plus or Medicaid SSI
Ambulatory surgical center care	Coverage of certain surgical procedures and related lab services
Behavioral (autism) treatment services	***Covered by ForwardHealth** Full coverage (with prior authorization) No copay
Chiropractic services	***Covered by ForwardHealth** Full coverage Copay: $.50 to $3 per service
Dental services	***Covered by ForwardHealth** Full coverage Copay: $0.50 to $3 per service *See additional information on page 16
Disposable medical supplies	**Diabetic supplies such as test strips, lancets & syringes received from a pharmacy are covered by ForwardHealth.** $0.50 per prescription for diabetic supplies. Security Health Plan offers full coverage for all other disposable medical supplies.
Drugs (Prescription and over-the-counter)	***Covered by ForwardHealth** Coverage of generic and brand name prescription drugs, and some over-the counter drugs. Copay: • $0.50 for over-the-counter drugs • $1 for generic drugs • $3 for brand Copays are limited to $12 per member, per provider, per month. Over-the-counter drugs do not count toward the $12 maximum. Limit of five opioid prescription refills per month.
Durable medical equipment	Full coverage
HealthCheck screenings for children	Full coverage of HealthCheck screenings and other services for individuals under 21 years of age. *See additional information on page 14
Hearing services	Full coverage
Home care services	Full coverage of private duty nursing, home health services, and personal care.
Hospice	Full coverage
Hospital services: inpatient	Full coverage

Service	Coverage under BadgerCare Plus or Medicaid SSI
Hospital services: outpatient	Full coverage
Hospital services: emergency room	Full coverage
Mental health and substance abuse treatment	Full coverage *See additional information on page 14
Nursing home services	Full coverage
Physician services	Full coverage, including laboratory and radiology
Podiatry services	Full coverage
Prenatal/maternity care	**Prenatal care coordination is covered by ForwardHealth.** Security Health Plan offers full coverage, including preventive mental health and substance abuse screening and counseling for women at risk of mental health or substance abuse problems. This includes services provided by nurse midwives and licensed midwives.
Reproductive and family planning services	Full coverage with the exceptions listed below. Services that are not covered: • Reversal of voluntary sterilization • Infertility treatments • Surrogate parenting and related services, including, but not limited to: - Artificial insemination - Obstetrical care - Labor or delivery - Prescription or over-the-counter drugs *See additional information on page 14
Routine vision	Full coverage, including eyeglasses selected from the Medicaid collection *Some limitations apply. Call Customer Service for more information.
Therapies: Physical therapy, occupational therapy, speech and language therapy	Full coverage
Transportation: ambulance, specialized motor vehicle, common carrier	Non-emergency transportation is covered by the non-emergency medical transportation vendor that Wisconsin DHS is contracted with. Security Health Plan offers full coverage of emergency transportation to and from a provider for a covered service. *See additional information on page 15

Services covered by Security Health Plan

Mental health and substance abuse services

Security Health Plan provides mental health and substance abuse (drug and alcohol) services to all members. If you need these services, call Security Health Plan Customer Service at **1-800-791-3044** (TTY 711). If you need immediate help, you can call our 24-Hour Nurse Line at **1-800-549-3174** which is open seven days a week.

Your primary care provider can help you coordinate a visit with a behavioral health provider and assist with a referral, if needed. You may see any behavioral health provider in your plan's Provider Directory.

All services provided by Security Health Plan are private.

Family planning services

Security Health Plan provides private family planning services to all members, including people under the age of 18. If you do not want to talk to your primary care provider about family planning, call our Customer Service Department at **1-800-791-3044** (TTY 711). We will help you choose a Security Health Plan family planning provider who is different from your primary care provider.

We encourage you to get family planning services from a Security Health Plan affiliated provider. This allows us to better coordinate all your health care. However, you can also go to any family planning clinic that will accept your ForwardHealth ID card, even if the clinic is not part of Security Health Plan's provider network.

HealthCheck services

HealthCheck covers health checkups for members younger than 21 years old. HealthCheck exams, also known as "well-child checks," are doctor visits your child or young adult has when they are well. The doctor asks questions and examines your child. This is to make sure your child is healthy and taking the right steps to stay healthy. It's a good time to ask health questions you or your child may have. HealthCheck also covers treatment for any problems found during your child's HealthCheck exam.

HealthCheck has three purposes:

1. To find and treat health problems for members younger than 21 years old.
2. To share information about special health services for members younger than 21 years old.
3. To make members younger than 21 years old eligible for some health care not otherwise covered.

The HealthCheck exam includes:

- Age appropriate immunizations (shots)
- Blood and urine lab tests
- Dental checks and a referral to a dentist beginning at 1 year old
- Health and developmental history
- Hearing checks
- Head-to-toe physical exam
- Lead testing for children ages 1 and 2 years old and children under age 6 who have never had a lead test
- Vision checks

To schedule a HealthCheck exam or for more information, call our Customer Service Department at **1-800-791-3044** (TTY 711).

If you need a ride to or from a HealthCheck appointment, please call the Wisconsin non-emergency medical transportation (NEMT) manager at **1-866-907-1493** (or TTY 1-800-855-2880) to schedule a ride.

Services covered by ForwardHealth

Behavioral (Autism) treatment services

Behavioral treatment services are covered under BadgerCare Plus. Behavioral treatment services are used to treat autism. You can get autism treatment services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card.

To find a Medicaid-enrolled provider:

1. Go to **www.forwardhealth.wi.gov**.
2. Click on the "Members" link or icon in the middle section of the page.
3. Scroll down and click on the "Resources" tab.
4. Click on the "Find a Provider" link.
5. Under Program, select "BadgerCare/ Medicaid".

Or, you can call ForwardHealth Member Services at **1-800-362-3002**.

Chiropractic services

Chiropractic services are covered under BadgerCare Plus and Medicaid SSI. You can get chiropractic services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card.

To find a Medicaid-enrolled provider:

1. Go to **www.forwardhealth.wi.gov**.
2. Click on the "Members" link or icon in the middle section of the page.
3. Scroll down and click on the "Resources" tab.
4. Click on the "Find a Provider" link.
5. Under Program, select "BadgerCare/ Medicaid".

Or, you can call ForwardHealth Member Services at **1-800-362-3002**.

Transportation services

You can get non-emergency medical transportation (NEMT) services through Wisconsin NEMT manager. The NEMT manager arranges and pays for rides to covered services for members who have no other way to get there. NEMT can include rides using:

- Public transportation, such as a city bus
- Non-emergency ambulances
- Specialized medical vehicles
- Other types of vehicles, depending on a member's medical and transportation needs

If you have a car and are able to drive yourself to your appointment but cannot afford to pay for gas, you may be eligible for mileage reimbursement (money for gas).

You must schedule routine rides at least two business days before your appointment. Call the NEMT manager at **1-866-907-1493** (or TTY 711), Monday through Friday, from 7 a.m. until 6 p.m. You may also schedule rides for urgent appointments. A ride to an urgent appointment will be provided in three hours or less.

Pharmacy benefits

You may get a prescription from a Security Health Plan affiliated provider, specialist, or dentist. You can get covered prescriptions and certain over-the-counter items at any pharmacy that will accept your ForwardHealth ID card.

You may have copayments or limits on covered medications. If you cannot afford your copayments, you can still get your prescriptions.

If you have any questions about the medications covered under Badgercare Plus or Medicaid SSI or medication copayments, contact ForwardHealth Member Services at **1-800-362-3002**.

Dental services

Dental services are covered for you. You may get covered dental services from a Medicaid-enrolled provider who will accept your ForwardHealth ID card.

To find a Medicaid-enrolled provider:

1. Go to **www.forwardhealth.wi.gov**.
2. Click on the "Members" link or icon in the middle section of the page.
3. Scroll down and click on the "Resource" tab.
4. Click on the "Find a Provider" link.
5. Under Program, select "BadgerCare/ Medicaid".

Or, you can call ForwardHealth Member Services at **1-800-362-3002**.

You have the right to a routine dental appointment within 90 days of your request for an appointment. Call ForwardHealth Member Services at **1-800-362-3002** if you are unable to get a dental appointment within 90 days. Call the Wisconsin non-emergency medical transportation NEMT manager at **1-866-907-1493** (or TTY 711) if you need help with getting a ride to or from the dentist's office. They can help with getting a ride.

If you have a dental emergency, you have the right to treatment within 24 hours of your request for an appointment. A dental emergency is severe dental pain, swelling, fever, infection, or injury to the teeth.

If you are having a dental emergency:

- If you already have a dentist who is with ForwardHealth:
  - Call the dentist's office.
  - Tell the dentist's office that you or your child are having a dental emergency.
  - Tell the dentist's office what the exact dental problem is. This may be something like a severe toothache or swollen face.
  - Call the NEMT manager at **1-866-907-1493** or ForwardHealth Member Services at **1-800-362-3002** if you need help getting a ride to or from your dental appointment.
- If you do not currently have a dentist who is with ForwardHealth:
  - Call ForwardHealth Member services at 1-800-362-3002. Tell them that you or your child are having a dental emergency. They can help you get dental services.
  - Tell them if you need help getting a ride to or from the dentist's office.



Services not covered under BadgerCare Plus or Medicaid SSI

The services below are not covered under BadgerCare Plus or Medicaid SSI:

- Services that are not medically necessary
- Services that have not been approved by Security Health Plan or your primary care provider when approval is required
- Normal living expenses like rent or mortgage payments, food, utilities, entertainment, clothing, furniture, household supplies, and insurance
- Experimental or cosmetic services or procedures
- Infertility treatments or services
- Reversal of voluntary sterilization
- Inpatient mental health stays in institutional settings for members ages 22-64, unless provided for less than 15 days instead of traditional treatment
- Room and board

Getting a second medical opinion

If you disagree with your doctor's treatment recommendations, you may be able to get a second medical opinion. Contact your provider or our Customer Service Department at **1-800-791-3044** (TTY 711) for information.

Care management (coordination)

As a member of Security Health Plan, you have access to a care management team. Care management is a free service for Security Health Plan members. It will help you identify and meet your health and wellness goals. The care management team will also connect you with providers, community services, and social supports.

When you sign up for our plan, you will get an outreach letter or call to talk about your unique health needs. It is important to respond so we know how to best meet your needs. You can also call the Care Management team directly at **1-800-791-3044** (TTY 711).

Your care manager can also help you transition from the hospital or other care settings to home. Call your care manager at **1-800-791-3044** (TTY 711) for help if you are hospitalized.



Completing an advance directive, living will, or power or attorney for health care

You have the right to give instructions about what you want done if you are not able to make decisions for yourself. Sometimes people become unable to make health care decisions for themselves due to accidents or serious illness. You have the right to say what you want to happen in these situations. This means you can develop an "advance directive."

There are different types of advance directives and different names for them. Documents called "living will" and "power of attorney for health care" are examples of advance directives.

You decide whether you want an advanced directive. Your providers can explain how to create and use an advance directive. But, they cannot force you to have one or treat you differently if you don't have one.

Contact your provider if you want to know more about advance directives. You can also find advance directive forms on the Wisconsin Department of Health Service (DHS) website at **https://www.dhs.wisconsin.gov/forms/advdirectives**.

You have the right to file a grievance with the DHS Division of Quality Assurance if your advance directive, living will, or power of attorney wishes are not followed. You can get help filing a grievance by calling the DHS Division of Quality Assurance at **1-800-642-6552**.

New treatments and services

Security Health Plan has a process for reviewing new types of services and treatments. As part of the review process, Security Health Plan:

- Reviews scientific studies and standards of care to make sure new treatments or services are safe and helpful.
- Looks at whether the government has approved the treatment or service.

Other insurance

Tell your providers if you have other insurance in addition to BadgerCare Plus or Medicaid SSI. Your providers must bill your other insurance before billing Security Health Plan. If your Security Health Plan affiliated provider does not accept your other insurance, call the HMO Enrollment Specialist at **1-800-291-2002**. They can tell you how to use both insurance plans.

If you move

If you are planning to move, contact your county or tribal agency. If you move to a different county, you must also contact the county or tribal agency in your new county to update your eligibility for BadgerCare Plus or Medicaid SSI.

If you move out of Security Health Plan's service area, call the HMO Enrollment Specialist at **1-800-291-2002**. They will help you choose a new HMO that serves your new area.

Changes in your Medicaid coverage

If you have moved from ForwardHealth or a BadgerCare Plus or Medicaid SSI HMO to a new BadgerCare Plus or Medicaid SSI HMO, then you have the right to:

- Continue to see your current providers and access your current services for up to 90 days. Please call your new HMO when you enroll to let them know who your provider is. If this provider is still not in the HMO network after 90 days, you will choose a new provider that is in the HMO network.
- Get services that you need to avoid serious health risk or hospitalization.

Call Security Health Plan Customer Service at **1-800-791-3044** (TTY 711) for more information about changes in your coverage.

HMO exemptions

Security Health Plan is a health maintenance organization, or HMO. HMOs are insurance companies that offer services from select providers.

Generally, you must enroll in an HMO to get health care benefits through BadgerCare Plus and Medicaid SSI. An HMO exemption means you don't have to join an HMO to get your BadgerCare Plus or Medicaid SSI benefits. Most exemptions are granted for only a short period of time. It's usually to allow you to complete a course of treatment before you are enrolled in an HMO. If you think you need an exemption from HMO enrollment, call the HMO Enrollment Specialist at **1-800-291-2002** for more information.



Filing a grievance or appeal

Grievances

What is a grievance?
You have a right to file a grievance if you are unhappy with our plan or providers. A grievance is any complaint about Security Health Plan or a network provider that is not related to a decision Security Health Plan made about your health care services. You might file a grievance about things like the quality of services or care, rudeness from a provider or an employee, and not respecting your rights as a member.

Who can file a grievance?
You can file a grievance. An authorized representative, a legal decision maker, or a provider can also file a grievance for you. We will contact you for your permission if an authorized representative or provider files a grievance for you.

When can I file a grievance?
You (or your representative) can file a grievance at any time.

How do I file a grievance with Security Health Plan?
Call Security Health Plan Member Advocate at **1-800-791-3044** (TTY 711), or write to us at the following address if you have a grievance:

ATTN: Security Health Plan Grievances/Appeals
Security Health Plan
P.O. Box 8000
Marshfield, WI 54449-8000

If you file a grievance with Security Health Plan, you will have the opportunity to appear in-person in front of Security Health Plan's Grievance and Appeal Committee. Security Health Plan will have 30 days from the date the grievance is received to give you a decision resolving the grievance.

Who can help me file a grievance?
Security Health Plan's Member Advocate can work with you to solve the problem or help you file a grievance.

If you want to talk to someone outside Security Health Plan about the problem, you can call the Wisconsin HMO Ombuds Program at **1-800-760-0001**. The Ombuds Program may be able to help you solve the problem or write a formal grievance to Security Health Plan. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at **1-800-928-8778** for help with filing a grievance.

What if I disagree with Security Health Plan's response?
If you don't agree with Security Health Plan's response to your grievance, you can request a review of your grievance with the Wisconsin Department of Health Services (DHS).

Write to:
BadgerCare Plus and Medicaid SSI
HMO Ombuds
P.O. Box 6470
Madison, WI 53716-0470

Or call: 1-800-760-0001

Will I be treated differently if I file a grievance?
You will not be treated differently from other members because you file a complaint or grievance. Your health care and benefits will not be affected.

Appeals

What is an appeal?
You have a right to request an appeal if you are unhappy with a decision made by Security Health Plan. An appeal is a request for Security Health Plan to review a decision that affects your services. These decisions are called adverse benefit determinations.

An adverse benefit determination is any of the following:
- Security Health Plan plans to stop, suspend, or reduce a service you are currently getting.
- Security Health Plan decides to deny a service you asked for.
- Security Health Plan decides not to pay for a service.
- Security Health Plan asks you to pay an amount that you don't believe you owe.
- Security Health Plan decides to deny your request to get a service from a non-network provider when you live in a rural area with only one HMO.
- Security Health Plan does not arrange or provide services in a timely manner.
- Security Health Plan does not meet the required timeframes to resolve your grievance or appeal.

Security Health Plan will send you a letter if you have received an adverse benefit determination.

Who can file an appeal?
You can request an appeal. An authorized representative, a legal decision maker, or a provider can also file an appeal for you. We will contact you for your permission if an authorized representative or provider requests an appeal for you.

When can I file an appeal?
You (or your representative) must request an appeal within 60 days of the date on the letter you get describing the adverse benefit determination.

How do I file an appeal with Security Health Plan?
If you would like to appeal an adverse benefit determination, you can call the Security Health Plan Member Advocate at **1-800-791-3044** (TTY 711), or write to the following address:

ATTN: Security Health Plan Grievances/Appeals
Security Health Plan
P.O. Box 8000
Marshfield, WI 54449-8000

If you request an appeal with Security Health Plan, you will have the opportunity to appeal in-person in front of Security Health Plan's Grievance and Appeal Committee. Once your appeal is requested, Security Health Plan will have 30 calendar days to give you a decision.

What if I can't wait 30 days for a decision?
If you or your doctor think that waiting 30 days could seriously harm your health or ability to perform your daily activities, you can request a fast appeal. If Security Health Plan agrees that you need a fast appeal, you will get a decision within 72 hours.

Who can help me request an appeal?
If you need help writing a request for an appeal, please call your Security Health Plan Member Advocate at **1-800-791-3044** (TTY 711).

If you want to speak with someone outside Security Health Plan, you can call the BadgerCare Plus and Medicaid SSI Ombuds at **1-800-760-0001**. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at **1-800-708-3034** for help with your appeal.

Can I continue to get the service during my appeal?
If Security Health Plan decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:
- On or before the date Security Health Plan plans to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If Security Health Plan's decision about your appeal is not in your favor, you might have to pay Security Health Plan back for the service you got during the appeal process.

Will I be treated differently if I request an appeal?
You will not be treated differently from other members because you request an appeal. The quality of your health care and other benefits will not be affected.

What if I disagree with Security Health Plan's decision about my appeal?
You can request a fair hearing with the Wisconsin Division of Hearing and Appeals if you disagree with Security Health Plan's decision about your appeal. Learn more about fair hearings below.

Fair hearings

What is a fair hearing?
A fair hearing is a review of Security Health Plan's decision on your appeal by an Administrative Law Judge in the county where you live. You must appeal to Security Health Plan first before requesting a fair hearing.

When can I request a fair hearing?
You must request a fair hearing within 90 days of the date you get Security Health Plan's written decision about your appeal.

How do I request a fair hearing?
If you want a fair hearing, send a written request to:

Department of Administration
Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707-7875

You have the right to be represented at the hearing, and you can bring a friend for support. If you need a special arrangement for a disability or for language translation, please call **1-608-266-7709**.

Who can help me request a fair hearing?
If you need help writing a request for a fair hearing, please call the BadgerCare Plus and Medicaid SSI Ombuds at **1-800-760-0001**. If you are enrolled in a Medicaid SSI Program, you can also call the SSI External Advocate at **1-800-708-3034** for help.

Can I keep getting the service during my fair hearing?
If Security Health Plan decides to stop, suspend, or reduce a service you are currently getting, you have the right to ask to keep getting your service during your Security Health Plan appeal and fair hearing. You'll have to request that the service continue during your fair hearing, even if you already requested to continue the service during your Security Health Plan appeal. You'll have to mail, fax, or email your request within a certain timeframe, whichever is later:

- On or before the date Security Health Plan plans to stop or reduce your service
- Within 10 days of getting notice that your service will be reduced

If the Administrative Law Judge's decision is not in your favor, you might have to pay Security Health Plan back for the service you got during the appeal process.

Will I be treated differently if I request a fair hearing?
You will not be treated differently from other members because you request a fair hearing. The quality of your health care and other benefits will not be affected.



Your rights

Compliance with other Federal and State laws. SHP complies with all other applicable Federal and State laws (including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80; the Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91; the Rehabilitation Act of 1973; Title IX of the Education Amendments of 1972 (regarding education programs and activities); Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act. Security Health Plan treats all members with dignity and respect and provides covered services to all eligible members.

1. **You have a right to get information in a way that works for you. This includes:**
   - Your right to have an interpreter with you during any BadgerCare Plus or Medicaid SSI covered service.
   - Your right to get this member handbook in another language or format.

2. **You have a right to be treated with dignity, respect, and fairness and with consideration for privacy. This includes:**
   - Your right to be free from discrimination. Security Health Plan must obey laws that protect you from discrimination and unfair treatment. Security Health Plan provides covered services to all eligible members regardless of the following:
     - Age
     - Color
     - Disability
     - National origin
     - Race
     - Sex
     - Religion
     - Sexual orientation
     - Gender identity

All medically necessary, covered services are available and will be provided in the same manner to all members. All persons or organizations connected with Security Health Plan that refer or recommend members for services shall



do so in the same manner for all members.
   - Your right to be free from any form of restraint or seclusion used to coerce, discipline, be convenient, or retaliate. This means you have the right to be free from being restrained or forced to be alone to make you behave in a certain way, to punish you, or because someone finds it useful.
   - Your right to privacy. Security Health Plan must follow laws protecting the privacy of your personal and health information. See Security Health Plan's Notice of Privacy Practices for more information.

3. **You have the right to get health care services as provided for in federal and state law. This includes:**
   - Your right to have covered services be available and accessible to you when you need them. When medically appropriate, services must be available 24 hours a day, seven days a week.
4. **You have a right to make decisions about your health care. This includes:**
   - Your right to get information about treatment options, regardless of cost or benefit coverage.
   - Your right to accept or refuse medical or surgical treatment and participate in making decisions about your care.
   - Your right to plan and direct the types of health care you may get in the future if you become unable to express your wishes. You can make these decisions by completing an advance directive, living will, or power of attorney for health care. See more information on page 18, completing an advance directive, living will, or power of

attorney for health care.
- Your right to a second opinion if you disagree with your provider's treatment recommendation. Call Customer Service for more information about how to get a second opinion.

5. **You have a right to know about our providers and any physician incentive plans Security Health Plan uses. This includes:**
   - Your right to ask if Security Health Plan has special financial arrangements (physician incentive plans) with our physicians that can affect the use of referrals and other services you might need. To get this information, call our Customer Service Department at **1-800-791-3044** and request information about our physician payment arrangements.
   - Your right to request information about Security Health Plan Security Health Plan providers, including the provider's education, board certification, and recertification. To get this information, call our Customer Service Department at **1-800-791-3044** (TTY 711).

6. **You have a right to ask for copies of your medical records from your provider.**
   - You may correct inaccurate information in your medical records if your doctor agrees to the correction.
   - Call **1-800-791-3044** (TTY 711) for assistance with requesting a copy or change to your medical records. Please note that you may have to pay to copy your medical records.

7. **You have a right to be informed about any Medicaid covered benefits that are not available through the Security Health Plan because of moral or religious objection. This includes:**
   - Your right to be informed of how to access these services through FowardHealth using your ForwardHealth card.
   - Your right to disenroll from Security Health Plan if Security Health Plan does not cover a service you want because of moral or religious objections.

8. **You have a right to file a complaint, grievance, or appeal if you are dissatisfied with your care or services. This includes:**
   - Your right to request a fair hearing if you are dissatisfied with Security Health Plan's decision about your appeal or if Security Health Plan does not respond to your appeal in a timely manner.
   - Your right to request a Department of Health Services grievance review if you are unhappy with Security Health Plan's decision about your grievance or if Security Health Plan does not respond to your grievance in a timely manner.
   - For more information on how to file a grievance, appeal, or fair hearing, see pages 20-22, Filing a Grievance or Appeal.

9. **You have the right to receive information about Security Health Plan, its services, its practitioners, providers, and member rights and responsibilities. This includes:**
   - Your right to know about any big changes with Security Health Plan at least 30 days before the effective date of the change.

10. **You have a right to be free to exercise your rights without negative treatment by Security Health Plan and its network providers. This includes:**
    - Your right to know about any big changes with Security Health Plan at least 30 days before the effective date of the change.



Your responsibilites

- **You have a responsibility** to provide the information that Security Health Plan and its providers need to provide care.
- **You have a responsibility** to let Security Health Plan know how best to contact and communicate with you. You have a responsibility to respond to communications from Security Health Plan.
- **You have a responsibility** to follow plans and instructions for care that you have agreed to with your providers.
- **You have a responsibility** to understand your health problems and participate in creating treatment goals with your providers.

Ending your membership in Security Health Plan

You may switch HMOs for any reason during your first 90 days of enrollment in Security Health Plan. After your first 90 days, you will be "locked in" to enrollment in Security Health Plan for the next nine months. You will only be able to switch HMOs once this "lock-in" period has ended unless your reason for ending your membership in Security Health Plan is one of the reasons described below:

- **You have the right** to switch HMOs, without cause, if the Wisconsin Department of Health Services (DHS) imposes sanctions or temporary conditions on Security Health Plan.
- **You have the right** to end your membership with Security Health Plan at any time if:
  - You move out of Security Health Plan's service area.
  - Security Health Plan does not, for moral or religious objections, cover a service you want.
  - You need one or more services performed at the same time and you can't get them all within the provider network. This applies if your provider determines that getting the services separately could put you at unnecessary risk.
  - Other reasons, including poor quality of care, lack of access to covered services, or lack of access to providers experienced in dealing with your care needs.

If you choose to switch HMOs or disenroll from the BadgerCare Plus or Medicaid SSI programs completely, you must continue to get health care services through Security Health Plan until your membership ends.

For more information about how to switch HMOs or to disenroll from BadgerCare Plus or Medicaid SSI completely, contact the HMO Enrollment Specialist at **1-800-291-2002**.

Fraud and abuse

If you suspect fraud or abuse of the Medicaid program, you may report it. Please go to **www.reportfraud.wisconsin.gov.**



Health equity

At Security Health Plan, our mission is to provide high-quality affordable coverage. To make sure we have benefits, services and programs that meet the needs of our members, we are asking you for the following information:

- Race
- Ethnicity
- Language
- Gender identity
- Sexual orientation

You do not need to provide this information. We are asking for this because we want to know the needs of our members.

Here is how you can provide your information:

1. Log in to your *My Security Health Plan* account online or through the mobile app. You can easily create an account at **www.securityhealth.org/registration.** Once logged in to your account, click on "My information" under "Account."

2. Call our Customer Service Department at **1-800-791-3044** (TTY 711), Monday through Friday, 7 a.m. to 5:30 p.m. You can tell them your information or ask that they send you a form to complete.

What will you do with my race, ethnicity, gender identity and sexual orientation information?
Your information is safe and confidential. It will be shared with Security Health Plan employees and providers that care for you. Your information will be used to:

- Create programs and services to meet the needs of our members
- Help our members get the care they need
- Find and address health care disparities
- Make sure we are meeting your language needs
- Let our staff know what gender pronouns you use (for example she/her, he/him, they/them)
- Create health education materials

How we protect your information:

- We limit data access only to staff who need to know this information to better care for you
- Staff must have passwords to access data
- Passwords are never shared and are different for each person

Your information will not be used to:

- Discriminate against anyone
- Pay claims or determine benefits
- Determine your cost or eligibility for benefits

Here is what we are doing to better support you:

- Changing our hiring policies to be sure we recruit staff that represent our members
- Finding ways to improve diversity, equity, and inclusion in our leaders, committees, and governing bodies
- Looking at the languages our members speak to be sure we have services and materials available for all
- Sharing what we learn with providers and giving them tools to help them care for you
- Updating our provider directory to include languages spoken in offices
- Improving our services to meet the needs of multicultural persons and partnering with community groups to give input into our programs
- Using the data we collect to find disparities in care for our members and act on what we see to make things better

For more information, please visit **www.securityhealth.org/WhyWeAsk**.



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 on the basis of 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 1-800-472-2363 (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, 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:

Attn: 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, 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: 1–800–368–1019 or 800–537–7697 (TDD)
More information is available at http://www.hhs.gov/ocr/index.html.

Limited English Proficiency Language Services

English	ATTENTION: If you speak English, language assistance services are available to you free of charge. Call 1-800-791-3044 (TTY 711).
Spanish	ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles sin cargo. Llame al 1-800-791-3044 (TTY 711).
Hmong	CEEB TOOM: Yog koj hais lus Hmoob, kev pab rau lwm yam lus muaj rau koj dawb xwb. Hu 1-800-791-3044 (TTY 711).
Chinese Mandarin	注意：如果您说中文，您可获得免费的语言协助服务。请致电 1-800-791-3044 (TTY 文字电话 711)。
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen Sprachassistenzdienste kostenlos zur Verfügung. Rufen Sie dazu 1-800-791-3044 (TTY 711) an.
Arabic	ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجانًا. اتصل بالرقم 1-800-791-3044 (TTY 711).
Russian	ВНИМАНИЕ: если вы владеете Русским языком, вам доступны бесплатные услуги перевода. Звоните по номеру 1-800-791-3044 (TTY: 711).
Korean	주의: 만약 귀하께서한국인말씀하신다면, 언어 지원 서비스가 무료로 제공될 수 있습니다. 1-800-791-3044 (TTY 711)번으로 전화하십시오.
Vietnamese	CHÚ Ý: Nếu quý vị nói Tiếng Việt, dịch vụ hỗ trợ ngôn ngữ miễn phí sẵn có để phục vụ quý vị. Gọi 1-800-791-3044 (TTY 711).
Pennsylvania Dutch (Deitsch)	WICHDICH: Wann du Deitsch schwetzscht, kannscht du Hilf griege vun en Interpreter unni as es dich ennich eppes koschte zellt. Ruf 1-800-791-3044 (TTY 711) uff.
Laotian	ໝາຍເຫດ: ຖ້າທ່ານເວົ້າພາສາລາວ, ທ່ານສາມາດໃຊ້ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໄດ້ ໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-800-791-3044 (TTY 711).
French	ATTENTION: Si vous parlez Français, des services d'assistance linguistique sont mis à votre disposition gratuitement. Composez le 18007913044 (téléscripteur711).
Polish	UWAGA: Jeśli mówisz po Polski, usługi pomocy językowej są dostępne bezpłatnie. Zadzwoń pod numer 1-800-791-3044 (TTY 711).
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं, तो भाषा सहायता सेवाएँ आपके लिए निःशुल्क उपलब्ध हैं। 1-800-791-3044 (TTY 711) पर कॉल करें।
Albanian	VËMENDJE: Nëse flisni Shqiptare, ofrohen shërbime gjuhësore falas për ju. Telefononi 1-800-791-3044 (TTY 711).
Tagalog	ATENSYON: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyong tulong sa wika nang walang bayad. Tumawag sa 1-800-791-3044 (TTY 711).
Burmese	သတိပြုရန်- မြန်မာ ဘာသာစကားပြောဆိုပါက ဘာသာစကား အကူအညီပေးရေး ဝန်ဆောင်မှုများကို သင်အခမဲ့ ရယူနိုင်ပါသည်။ 1-800-791-3044 (TTY 711) ကိုခေါ်ဆိုပါ။
Somali	ATENSYON: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa laguu heli karaa iyagoo bilaash ah. Wac 1-800-791-3044 (TTY 711).

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 1-800-325-9402. 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.

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.

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

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 October 24, 2025.

SecurityHealth Plan℠

Promises kept, plain and simple.®

1515 North Saint Joseph Avenue
P.O. Box 8000
Marshfield, WI 54449-8000

1-800-791-3044 | 715-221-9797
TTY 711
shpcsweb@securityhealth.org

www.securityhealth.org/members

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