

SecurityHealth PlanSM

Promises kept, plain and simple.®

Benefit terminology

got you scratching
your head?

We break it down
for you!

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Learn about our
secure online site to
**manage your
account.**

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Convenient care
without leaving
home or work!

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Learn how to get
**care after
hours and save
money too!**

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2024 Benefits Handbook



Welcome to *your* plan

Your coverage comes with access to top-notch providers and local member service experts.

Congratulations! You've chosen a terrific health plan that gives you access to exceptional care.

If you have any questions about your coverage, please speak with one of our member service experts at **1-800-570-8760** (TTY 711). Or visit us online at **www.securityhealth.org**.

What providers can I see?

Use our online provider directory to see which providers are available with your coverage in your *My Security Health* plan account. To get started scan the code to the right or go to **www.securityhealth.org/registration** to set up your account. Learn more about *My Security Health Plan* on page 2 of this handbook.



SecurityHealth PlanSM

Promises kept, plain and simple.®



Use this Benefits Handbook as a quick-start guide to help you find the information you need.

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INTERPRETER SERVICES: If you need help interpreting any information in this booklet, please call Customer Service at **1-800-570-8760** (TTY 711).

Get started with your plan

This Benefits Handbook is a quick-start guide for you – to help you find the information you need. Follow these steps to get started with your plan.



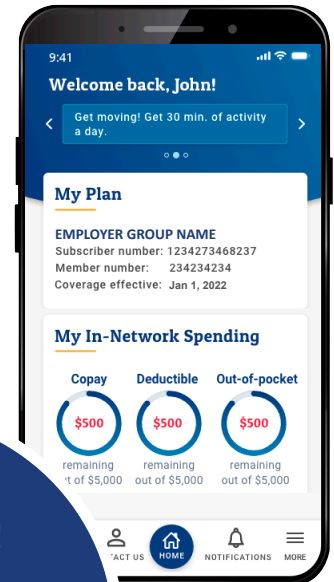
Watch a short video about getting started with your plan. Visit www.securityhealth.org/GettingStarted

STEP 1: Register for *My Security Health Plan*

It's an easy, free and secure way to manage your health care online. You and your adult family members can register for *My Security Health Plan* at www.securityhealth.org/registration.

Some of the things you can do with *My Security Health Plan* include:

- Check your deductible and claims
- Find a provider in your plan's network
- View or request ID cards
- Read plan documents
- Get access to health information for covered spouses and dependents with completed authorization
- Complete a WebMD health assessment
- Live chat with Customer Service
- Enroll in wellness support programs
- Start a Care My Way® virtual visit
- Request a call from a nurse
- Estimate the cost of medical services
- Update your race, ethnicity, gender and language information and your primary care provider



There's an app for that!

Once you've registered for your *My Security Health Plan* account, download our app so you can access your health plan on the go. Find it in Google Play or in the App Store.



Visit www.securityhealth.org/MyAccount to watch a video about many of the features you'll find in *My Security Health Plan*.



Scan this code with your smartphone.





STEP 2: Read your plan documents

Once you are registered for *My Security Health Plan*, you should read your plan documents. You can find your plan documents through your *My Security Health Plan* account.

Your **Schedule of Benefits** outlines your plan's deductible, coinsurance and copay amounts associated with different medical or pharmacy services.

Your **Summary Plan Description** explains what services are covered and excluded from your plan. It also explains:

- Terms you should know
- How and when obtain a prior authorization
- Rights and responsibilities
- How to file an appeal or grievance

Need help?

If you have questions or concerns after you've read your plan documents you can:



Call

Customer Service at
1-800-570-8760
(TTY 711)
Monday-Friday
7 a.m. - 5:30 p.m.



Live chat

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



Email

Customer Service at your convenience at
shpcsweb@securityhealth.org



Secure message

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

Find a provider



What providers can I see?

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." Don't have an account? Create one now at www.securityhealth.org/registration or scan the code on the right with your smart phone.



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, contact our Customer Service Department at **1-800-570-8760** (TTY 711) or email us at shpcsweb@securityhealth.org.

Establishing a primary care provider

We encourage you to establish a relationship with a primary care provider. A primary care provider is someone you see on a regular basis who coordinates your health care, including referrals to other health care providers within your plan's network. Primary care providers are physicians, physician assistants or nurse practitioners. Your primary care provider will get to know you and your family, your work demands, exercise habits and is your partner to make the best health-related choices for you.

Primary care providers work in the following areas:

- **Pediatrics:** patients from birth to age 18
- **Internal medicine:** patients over the age of 18
- **Family practice/family medicine:** patients of all ages
- **General practice:** patients of all ages

Select your primary care provider

Let us know who your primary care provider is. Log in to your *My Security Health Plan* account. Click on "Update now" under the primary care provider section. You may also call Customer Service at **1-800-570-8760** (TTY 711) to update your primary care provider.

Receiving care from specialists

If you need to see a specialist, like a cardiologist, behavioral health provider or urologist for example, it is a good idea to discuss your care with your primary care provider first so it can be better coordinated, and to determine if prior authorization is necessary.

You have access to top-notch providers as a participant in your health plan.

Log in to your *My Security Health Plan* account to get to know your provider network. See page 2 to learn more about *My Security Health Plan*.



Using *your* ID card



Show your group plan ID card when you visit your health care provider or pharmacy. Acceptance of your card does not guarantee your provider is an in-network provider nor ensure the medical or pharmacy services will be covered under your benefits.

Need medical care, but don't have your 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 group plan ID card with descriptions to help you become familiar with your ID card.

Medical Card

EMPLOYER GROUP NAME	
Subscriber #:050012345600 1	Medical Card
Group #: 100214 2	SIMPLYONE (HMO) 3
00123456 John T Doe 4	7/26/1970
00234567 Jane E Doe 5	2/07/1972
001234567 Jim J Doe 6	6/29/2001
Security Administrative Services, LLC Customer Service 1-800-570-8760 Date issued: 05/04/2024	

EMPLOYER GROUP NAME	
Individual deductible (in network) 10	\$5000
Individual deductible (out of network)	\$8000
Individual out-of-pocket max (in network)	\$5000
Individual out-of-pocket max (out of network)	\$8000
Family deductible (in network)	\$8000
Family deductible (out of network)	\$10000
Family out-of-pocket max (in network)	\$8000
Family out-of-pocket(out of network)	\$10000

For pre-certification contact: Security Health Plan at: 1-800-991-8109	SecurityHealthPlan. Security Administrative Services P.O. Box 8000 Marshfield, WI 54449 www.securityhealth.org
Provider Line: 1-800-548-1224 24-hour Nurse Line: 1-800-549-3174 11	Send paper claims to: Security Administrative Services, LLC P.O. Box 8000 Marshfield, WI 54449 Payer ID 35202 12

Pharmacy Card

(Center of card)

EMPLOYER GROUP NAME	
Name: John T Doe 7	Pharmacy Card
RxBIN: 123456	
RxPCN: ABC1234	
RxGRP: BCD123	
ID #: 050012345600 8	
John 00, Jane 02, Jim 03 9	
Security Administrative Services Pharmacy Services 1-877-873-5611 Date issued: 05/04/2024	

	SecurityHealthPlan. Security Administrative Services P.O. Box 8000 Marshfield, WI 54449 www.securityhealth.org
Security Health Plan Pharmacy Services Pharmacies call: 1-877-873-5611 Member services: 1-877-873-5611	Send paper claims to: MedImpact Healthcare Systems P.O. Box 509098 San Diego, CA 92150-9098

(Front of card)

(Back of card)

- 1 Subscriber or policy number
- 2 Group number
- 3 Plan name
- 4 Plan participant ID
- 5 Dependent names
- 6 Dates of birth
- 7 Subscriber name
- 8 Subscriber number
- 9 Dependent code for each person on the plan - needed to process claims
- 10 Individual and family deductibles and out-of-pocket maximums, if applicable
- 11 24-hour Nurse Line contact information
- 12 Information your provider uses to submit claims

PLEASE NOTE:

You will only receive new ID cards if you have changed your plan or are a new plan participant.

You can view and request new ID cards in the *My Security Health Plan* app or call Customer Service at **1-800-570-8760** (TTY 711).

Preventive care

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.

What should I do when I visit my health care provider?

→ Before you go

- 1. Read your plan documents.** We encourage you to be an educated health care consumer. One way you can do this is by reading and becoming familiar with your plan documents before receiving care. These documents include your Schedule of Benefits and your Summary Plan Description. You may view your plan materials in your *My Security Health Plan* account or request printed versions by calling Customer Service at **1-800-570-8760** (TTY 711). Customer Service can also review your coverage and benefits with you.
- 2. Find out what services you are scheduled for.** If your health care provider has you scheduled for labs or screenings prior to your annual exam, ask which services they have requested so you can understand ahead of time how they may or may not be covered by your plan. Some providers have standing orders for screenings and they may order comprehensive lab panels when a targeted panel may suffice. Knowing what you're receiving before your appointment can prevent surprise bills.

→ During your visit

It's important to have an open dialogue with your health care provider and feel comfortable asking if a test or service is appropriate for your situation. You play an important role in making your health care decisions.

What preventive care services does my plan cover?

Refer to your Schedule of Benefits for a list of the preventive services covered under your plan or call Customer Service at **1-800-570-8760** (TTY 711).



What preventive care services are appropriate for me?

To learn about what preventive care services are right for you, talk with your health care provider. You can also use the U.S. Department of Health and Human Services My Healthfinder Tool at health.gov/myhealthfinder or scan the code below with your smartphone.





Understanding preventive and diagnostic care

Preventive and diagnostic care are ways to keep you feeling your best. Knowing the difference between them isn't always easy, but it's important. When you know the difference between the two, you are one step closer to being a savvy health care consumer.

Preventive care is care you receive that helps you maintain your general health by focusing on disease prevention and routine screenings. The goal of preventive care is to find and diagnose health problems early before they become serious. You should always refer to your plan documents for specific coverage information.

Diagnostic or problem care is care you receive for newly diagnosed health problems or follow-up care for an existing illness or condition. Examples of diagnostic or problem care include:

- Discussing a health concern during your preventive exam, such as back pain or headaches.
- Radiology services or scans you have following a discussion with your provider during your annual exam.

You may incur charges for diagnostic care during a preventive visit if a health concern is discussed with your health care provider, or if your diagnostic services are rendered for an existing illness, injury or condition.

Why it's important to know the difference

Your provider can bill you for a number of services during a single visit, depending on what you discuss, what kind of tests are performed, labs that are ordered or medications prescribed. Multiple services can be performed during one visit, including both preventive and diagnostic care.



Your Explanation of Benefits

Health benefit terms to know

You might not be familiar with many terms commonly used in employer benefit plans. Many of these terms appear on your Explanation of Benefits. Security Administrative Services sends you an Explanation of Benefits after we receive a claim for your health care services. Your Explanation of Benefits explains the services you received, what they cost, payments made to the provider on your behalf and additional payments you might owe the provider.

➔ **Go paperless!** Receive your Explanation of Benefits electronically! We'll send you an email notice when a new Explanation of Benefits is available in your portal account. Then log in to your account to view it. To stop receiving your Explanation of Benefits by mail, log in to your *My Security Health Plan* account, then go to Communication Preferences. Select the box that allows you to receive your Explanation of Benefits electronically and stop receiving it by mail.

SecurityHealthPlan
Security Administrative Services
Explanation of Benefits

Member: John Doe
Member ID: 00123456

Subscriber name: John Doe
Subscriber number: 050012345600
Group name: ABC COMPANY
Group number: 987654

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

Date of service	Health Care Service [service code]	Amount billed for Health Care Service	1	Amount Security Health Plan paid	Amount other insurance paid	2	3	4 Your Responsibility		5	6
			Your savings			Non-covered amount [reason code]	Deductible	Coinsurance	Copay	Amount you owe	
Claim number: 12345E67890		Provider: SMITH, JANE MD			Provider's patient account number: P11110995910						
3/24/2022	ANESTHESIA ELBOW [01234-AB]	\$3,984.00	\$1,992.00	\$1,992.00	\$0.00	\$99.60 [B]	\$0.00	\$1,892.00	\$0.00	\$0.00	\$1,992.00
Claim total		\$3,984.00	\$1,992.00	\$1,992.00	\$0.00	\$99.60	\$0.00	\$1,892.00	\$0.00	\$0.00	\$1,992.00

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.

Reason code explanation:

1 Deductible Amount
45 Charge exceeds fee schedule/maximum co-insured/legislated fee

Still need help?

Call Customer Service at
1-800-570-8760
 (TTY 711) or email
shpcsweb@securityhealth.org



- 1 Your savings:** Security Health Plan and our in-network providers have contracts in place that set prices for your health care. 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 Non-covered service amount:** Any services that are excluded from your plan's coverage.
- 3 Deductible:** The amount you pay health professionals for certain services in a benefit year before your health plan begins to pay. Not all plans have deductibles.
- 4 Coinsurance:** A percentage of your medical costs (20%, for example) that you pay health professionals for certain services. Coinsurance might vary based on your plan or be applied only to certain services. Not all plans have coinsurance.
- 5 Copay:** A specific dollar amount you pay health professionals (\$20, for example) for certain services. Not all plans have copays.
- 6 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 health care provider.

Another term you should know

Maximum out-of-pocket: The most you will pay per benefit year for your medical and pharmacy services. This can include your deductible, coinsurance and copayments. This does not include non-covered services.

Reference these documents for your plan's benefits:

Schedule of Benefits: Lists the medical and pharmacy 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.

Summary Plan Description: 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 Summary Plan Description document.**

Get trusted care *wherever* you are



24-hour Nurse Line

If you need to talk to a provider after hours, you may call the provider's office. You may also call Security Health Plan's 24-hour Nurse Line at **1-800-549-3174**, seven days a week, including holidays, to connect with a registered nurse who can help answer your health care questions. The registered nurse will provide advice for seeking care or instructions for care at home.

Care My Way®

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

The nurse practitioner can evaluate your symptoms and, if needed, call a prescription into the network pharmacy of your choice – saving you time and hassle. For a complete list of conditions Care My Way® can treat, and more information about the service, go to: www.securityhealth.org/CareMyWay.

The Care My Way® mobile app can be used 24 hours a day, 7 days a week in all 50 states. Participants in Wisconsin, Michigan and Minnesota can also call **1-800-549-3174** (TTY 711) or use the Care My Way® mobile app.

Care My Way®

CALL	MOBILE APP	ONLINE
 1-800-549-3174 (TTY 711)	Download the Care My Way® app  	 CareMyWay.org

Our 24-hour Nurse Line is available seven days a week, including holidays.

Seeking care *after hours*



Green: Care My Way®

Orange: Urgent care

Red: Emergency room

What will it cost me?

Average cost of most common visits in Wisconsin

Upper respiratory infection

vs vs
\$0* **\$191** **\$1,003**

Pink eye

vs vs
\$0* **\$182** **\$693**

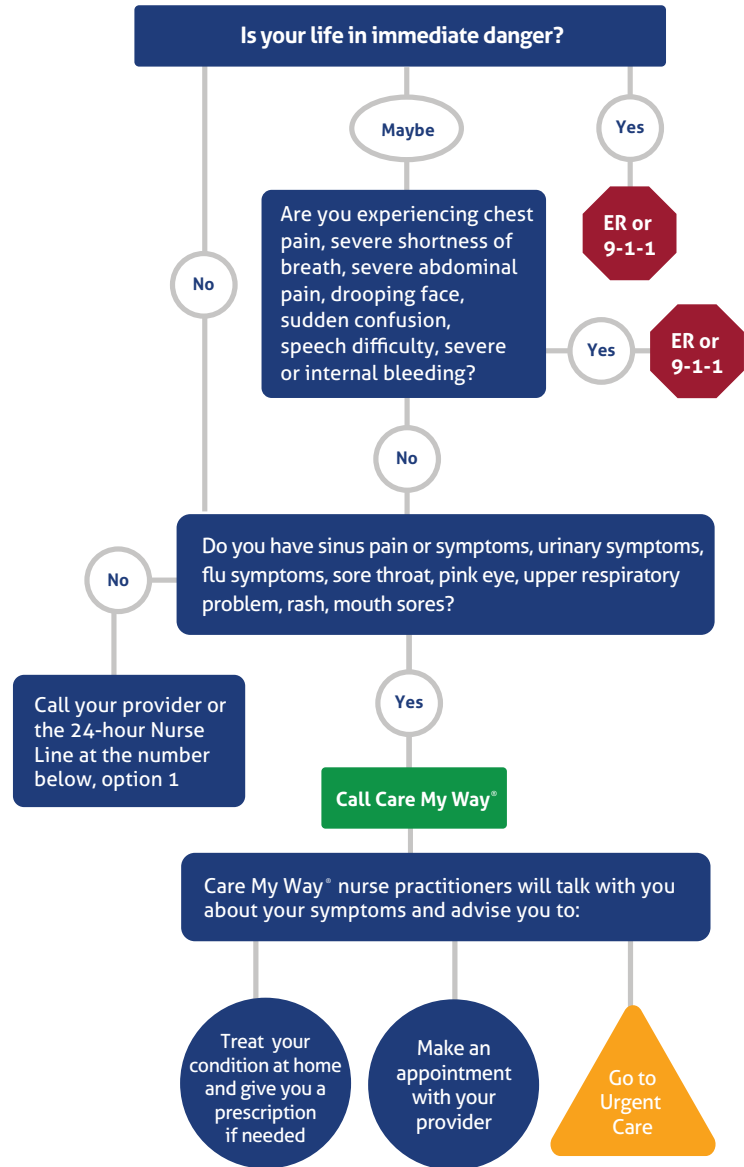
Sinusitis

vs vs
\$0* **\$182** **\$447**

Sore throat

vs vs
\$0* **\$286** **\$858**

How should I choose?



If you have an emergency, call 911

Skip the office visit and get treated now
1-800-549-3174 (TTY 711) • CareMyWay.org
 Press 1 for 24-hour Nurse Line • Press 2 to speak to a Care My Way® nurse practitioner
 The Care My Way® mobile app can be used 24 hours a day, 7 days a week in all 50 states.
 Participants in Wisconsin, Michigan and Minnesota can also call the phone number above or use the Care My Way mobile app.

*Non plan participants and participants in plans that do not include 100% coverage will pay \$40 per Care My Way® visit (additional fees for labs may apply). Check your benefit documents to verify your coverage. ER and urgent care costs based on 2020 claims data from Security Health Plan.

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, disability, age, sex, gender identity, sexual orientation, 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, disability, age, sex, gender identity, sexual orientation, health status, marital status, arrest or conviction record or military participation, you can file a grievance with:

Security Health Plan

Attn: Grievances

1515 North Saint Joseph Avenue

P.O. Box 8000

Marshfield, WI 54449-8000

Phone: 715-221-9596 (TTY 711) Fax: 715-221-9424

Email: shp.appeals.grievance@securityhealth.org

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

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

Phone: 1-800-368-1019 or 800-537-7697 (TDD)

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

Security Administrative Services LLC is wholly owned by Security Health Plan of Wisconsin, Inc.

Language Assistance Services

English

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-570-8760 (TTY 711).

Español (Spanish)

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-570-8760 (TTY 711).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-570-8760 (TTY 711).

繁體中文 (Chinese)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-570-8760 (TTY 711)。

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-570-8760 (TTY 711).

العربية (Arabic)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-570-8760 (رقم هاتف الصم والبكم 117).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-570-8760 (телетайп 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-570-8760 (TTY 711) 번으로 전화해 주십시오.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-570-8760 (TTY 711).

Deitsch (Pennsylvania Dutch)

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprouch. Ruf selli Nummer uff: 1-800-570-8760 (TTY 711).

ພາສາລາວ (Lao)

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-570-8760 (TTY 711).

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-570-8760 (ATS 711).

Polski (Polish)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-570-8760 (TTY 711).

हिंदी (Hindi)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-570-8760 (TTY 711) पर कॉल करें।

Shqip (Albanian)

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-570-8760 (TTY 711).

Tagalog (Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-570-8760 (TTY 711).

Oroomiffa (Oromo/Somalia)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-570-8760 (TTY 711).

If you require materials in large print, please call 1-800-570-8760 (TTY 711).

Notice of Privacy Practices

Notice of Privacy Practices

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

This Notice is effective June 16, 2022.

WHO WE ARE

This Notice describes the privacy practices of Security Health Plan of Wisconsin, Inc. ("we", "our" or "us"). Security Health Plan of Wisconsin, Inc., Marshfield Clinic Health System, Inc., Marshfield Clinic, Inc., MCHS Hospitals, Inc., Family Health Center of Marshfield, Inc., Lakeview Medical Center, Inc., of Rice Lake, Memorial Hospital, Inc., of Neillsville, Wisconsin, Beaver Dam Community Hospitals, Inc., and Dickinson County Healthcare System are legally separate entities. Together, these legally separate entities have formed an Organized Health Care Arrangement, or "OHCA," which allows them to manage care in an efficient and patient-friendly manner. We provide health benefits to you under the terms of a health insurance policy or under other health benefit programs such as BadgerCare Plus/ Medicaid or a Medicare Advantage plan. Federal law requires us to provide this Notice to you.

Security Administrative Services, LLC is a wholly-owned subsidiary of Security Health Plan and is hereby included in this Notice of Privacy Practices.

OUR PRIVACY OBLIGATIONS

Your privacy is important to us and we take very seriously the confidentiality of medical records and other personal information. Security Health Plan employees protect access to personal health information in any form (oral, written and electronic) and maintain the confidentiality of such information. In addition, we are required by federal and state law to protect the privacy of health information and to provide you with this Notice of our legal duties and privacy practices. When we use or disclose your health information, we are required to follow the practices described in this Notice (or other notice in effect at the time of the use or disclosure).

We must follow either federal or state law, whichever is more protective of your privacy rights or provides you with greater rights of access to or amendment of your health information. For example, if federal law allows certain disclosures of your health information without your written authorization but state law requires your written authorization, we must follow state law.

We may change the privacy practices described in this Notice at any time. Changes would apply to all health information we maintain at the time of the change. If we make a material change to this Notice, we will send the new Notice to you (or information about the material change and how to obtain the revised Notice) in our next annual mailing if you are then covered by us. In addition, we will post any new notice on our website at www.securityhealth.org/privacy. You also may obtain any new notice by contacting us as described at the end of this Notice.

HOW WE MAY USE AND DISCLOSE YOUR INFORMATION

In certain situations described in the section below entitled Limits on Our Use or Disclosure of Your Information, we must obtain your written authorization to use and/or disclose your health information. However we do not need such authorization to use and disclose your health information for the following purposes:

Payment. We may use and disclose your health information to obtain payment of premiums for your coverage and to determine and fulfill our responsibility to provide your health plan benefits – for example, to make coverage determinations such as whether a service is experimental, to administer claims, and to coordinate benefits with other coverage you may have. We may also disclose your health information to another health plan or a health care provider for its payment activities – for example, for the other health plan to determine your eligibility.

Treatment. We may disclose your health information to your health care provider for the provider's treatment of you. Treatment is the provision, coordination, or management of your health care and related services – for example, evaluating treatment options.

Health Care Operations. We may use and disclose your health information for our health care operations – for example, to provide customer service, to conduct quality assessment and improvement activities, or credentialing activities. We also may disclose your health information to another health plan or a health care provider that has or had a relationship with you so that it can conduct certain health care operations activities – for example, for the other health plan to perform case management. We may use your health information to train our staff and students.

Plan Sponsors. We may disclose to group health plan sponsors certain health information to the extent reasonably necessary for specific plan administration purposes.

Marketing Communications. We may use and disclose your health information for marketing purposes only with your authorization, except that no authorization is required to provide you with marketing materials in a face-to-face encounter or to provide a promotional gift of nominal value.

Sale of Health Information. We may sell your health information only with your authorization.

Health-Related Benefits. We may contact you to give you information about certain health-related benefits and services that may be of interest to you and that are included within your plan benefits. We may also contact you to recommend alternative treatments, health care providers, or care settings.

Public Health Activities. If required or allowed by law, we may disclose your health information to public health authorities to: (1) prevent or control disease, injury, or disability; (2) report child abuse or neglect; (3) report abuse of elderly individuals or adults at risk; (4) report to the U.S. Food and Drug Administration problems with products and reactions to medications; and (5) report disease or infection exposure.

Health Oversight Activities. We may disclose your health information to an insurance regulatory authority and other government agencies legally responsible for oversight of the health care system or ensuring compliance with the rules of government benefit programs. This disclosure may include health information related to beneficiary eligibility or other regulatory programs, such as civil right laws.

Judicial and Administrative Proceedings. We may disclose your health information in a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. We may disclose your health information to the police or other law enforcement officials as required or allowed by law, to comply with an appropriate administrative or court order, or to protect us against fraud or other illegal activity.

To Avert a Serious Threat to Health or Safety. We may disclose your health information to prevent or lessen a serious and imminent threat to the health or safety of an individual or the general public.

Specialized Government Functions. We may disclose your health information to units of the government with special functions, such as the U.S. military or the U.S. Department of State.

Workers' Compensation. We may disclose your health information as necessary to comply with Workers' Compensation or similar laws.

Coroners, Medical Examiners, and Funeral Directors. We may release health information to a coroner, medical examiner, or funeral director as permitted by law to carry out their duties.

Inmates. If you are an inmate of a correctional institution or under the custody of law enforcement, we may disclose information for certain purposes. For example, we may disclose information necessary to provide you with health care.

Research. There are situations when researchers and research staff may use or disclose your health information for research purposes without your authorization. Researchers may conduct research that simply involves reviewing your health information and that of others with similar conditions or diseases. In such situations, researchers will not contact you for your authorization, but must obtain permission from the Institutional Review Board that is set up to protect the welfare and privacy of research participants as required by law. Researchers may also review your health information to see if there are enough persons with a specific disease or condition to conduct a study or to see if you would be a good candidate for a study.

Business Associates. We may disclose your health information to persons or organizations that perform a service for us or on our behalf that requires the use or disclosure of health information. Such persons or organizations are our business associates. For example, we may disclose your health information to the pharmacy benefits management company that processes our prescription drug claims.

To Comply With the Law. We may disclose your health information when required by any other law not already referred to in this Notice.

Individuals Involved in Your Care or Payment for Your Care. In certain limited situations, we may disclose health information to people such as your family members, relatives, or close friends that you identify as being involved in your care or payment for your care. The information disclosed would be limited to information we believe is directly relevant to their involvement and only to the extent we determine it would be in your best interest. In most circumstances, you must be given a chance to object to such a disclosure. We may disclose applicable health information to family members and others who were involved in a decedent's care or payment for care prior to the member's death, unless doing so is contrary to the decedent's prior expressed preference made known to us. Limited health information may also be disclosed to organizations involved in disaster relief efforts.

LIMITS ON OUR USE OR DISCLOSURE OF YOUR INFORMATION

Disclosures with an Authorization. We may use or disclose your health information for purposes other than those described above only when you give us your permission on the Security Health Plan authorization form. This means we may not be able to share certain information with your spouse, domestic partner, parent, or child without an authorization signed by you. To give us permission to disclose your health information to a family member, agent or other person, contact Security Health Plan Customer Service to request a HIPAA Authorization to Use and Disclose Protected Health Information form. You may revoke an authorization unless we have relied on it or the state law gives us the right to contest a claim or the policy itself and the authorization was obtained as a condition of obtaining insurance coverage. The revocation must be in writing and sent to us.

Uses and Disclosures of Your Highly Confidential Information. State laws require special privacy protections for certain highly confidential information about you. This highly confidential information may include a subset of your health information (1) maintained in psychotherapy notes, (2) about mental illness or developmental disabilities, (3) about alcohol and drug abuse prevention, treatment and referral, (4) about HIV/AIDS testing, (5) about reproductive health, or (6) about child abuse and neglect. These laws may restrict our uses and disclosures beyond the general limitations described in this Notice. Except for certain purposes described in this Notice, we will generally obtain your written authorization for uses or disclosures of highly confidential information. The only exception to this is if we are allowed by law to disclose your highly confidential information for certain purposes without your written authorization. In addition, we may not use genetic information for underwriting purposes.

Federal laws have restrictive requirements for health information regarding treatment of substance use disorders. In order for us to disclose your substance use disorder health information for a purpose other than those permitted by law, we must have your authorization. The only exception to disclosure of such information, without your authorization, is in limited circumstances as regulated by federal law. For instance, in the case of your medical emergency, we may disclose your member identifying information without your prior consent.

YOUR INDIVIDUAL RIGHTS

Right to Request Additional Restrictions. You may ask for restrictions on uses and disclosures of your health information: (1) for treatment, payment and health care operations; (2) to family or friends involved in your care or payment for care; or (3) for disaster relief efforts. While we will consider all requests for

additional restrictions, we are not required to agree to your request. To ask for a restriction, you must obtain a HIPAA Authorization to Use and Disclose Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. We will send you a written response.

Right to Request Confidential Communications.

We will accommodate a reasonable request to receive communications of your health information from us by alternative means of communication or at alternative locations if the request clearly states that disclosure of that information could endanger you. For example, you may request that we send materials to a P.O. Box instead of a street address. To make a request, you must obtain a Request for Confidential Communications form from Security Health Plan Customer Service and submit the completed form to us.

Right to Inspect and Copy Your Health Information.

You may have access to our records that contain your health information and are used to make decisions about your benefits. Under limited circumstances, we may deny you access to a portion of your records, such as mental health records or information gathered for a judicial proceeding. To request access, you must obtain an Access Request for Protected Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. There may be charges, such as copying and mailing costs, and costs of preparing an explanation or summary, if applicable. You should note that, if you are a parent or legal guardian of a minor (child under age 18), certain portions of the minor's health information may not be accessible to you (for example, records related to substance abuse treatment, HIV test results, or if the minor is emancipated).

Right to Request Amendment of Your Records.

You have the right to request that we amend your health information maintained in our records. To request amendment, you must obtain a Request for Amendment of Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy Office. All requests for amendment must be in writing. We may deny your request if certain circumstances apply. If your physician or other health care provider created the information that you desire to amend, you should contact the provider to amend the information.

Right to Accounting of Disclosures. You may ask for a list of certain disclosures of your health information made by us, if any. This list will not include disclosures made to you, for treatment, payment, and health care operations, or for certain other purposes. To request such a list, you must obtain an Accounting Request for Disclosures of Individually Identifiable Health Information form from Security Health Plan Customer Service and submit the completed form to our Privacy

Office. Your request must state a time period that may not be longer than the six years preceding your request. If you request a list more than once during any 12 month period, we will charge you a reasonable fee for the additional requests.

Right to Notification of a Breach. We will notify you if there is a breach of your health information. We will notify you within 60 days of our discovery of the incident if we breach your unsecured protected health information.

Choose Someone to Act for You. If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.

Right to a Paper Copy of This Notice. You may ask for a paper copy of this Notice, even if you previously agreed to receive it electronically. You may also access this Notice on our website at www.securityhealth.org.

COMPLAINTS

If you are concerned that we have violated your privacy rights, you may contact our Privacy Hotline by calling our toll-free number shown below. You may also file written complaints with the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you if you file a complaint.

QUESTIONS

If you have any questions or would like additional information about your rights or the information in this Notice, you may contact Customer Service as shown below.

Security Health Plan

1515 North Saint Joseph Avenue

P.O. Box 8000

Marshfield, WI 54449-8000

1-866-339-0289 (TTY 711) - Privacy Hotline

1-800-472-2363 (TTY 711) - Customer Service Center

Fax 715-221-9500

Coverage under the Women's Health and Cancer Act

The Women's Health and Cancer Rights Act of 1998 (WHCRA) provides protections for individuals who elect breast reconstruction after a mastectomy. Under WHCRA, group health plans offering mastectomy coverage must provide coverage for certain services relating to the mastectomy, in a manner determined in consultation with the attending physician and the SHP member/patient.

Members who elect to have reconstructive surgery in connection with a covered mastectomy will have required coverage for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses; and
- Treatment of physical complications at all stages of the mastectomy, including lymphedema.

Under WHCRA, mastectomy benefits may be subject to annual deductibles and coinsurance consistent with those established for other benefits under the plan coverage. This coverage will be subject to the same provisions that are generally applicable under your policy.

Group health plans, health insurance companies and HMOs covered by the law must provide written notification to individuals of the coverage required by WHCRA upon enrollment and annually thereafter.

Additional consumer information on WHCRA is available here: www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/your-rights-after-a-mastectomy.pdf

Information for group health plans and employers on WHCRA and other health benefit law requirements is available here: www.dol.gov/sites/dolgov/files/ebsa/about-ebsa/our-activities/resource-center/publications/compliance-assistance-guide.pdf

If you have questions concerning this coverage, please call Customer Service at **1-800-570-8760** (TTY 711).

SecurityHealth PlanSM

Promises kept, plain and simple.[®]

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715-221-9733
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