



2014

Customer Guide

Ten reasons to choose
an Advocare plan

Find a plan that fits your
needs and your life

Plans that offer a solution
to your drug coverage needs

Answers to common questions

- Advocare Vitality (HMO-POS)
- Advocare Vitality Rx (HMO-POS)
- Advocare Spirit (HMO-POS)
- Advocare Spirit Rx (HMO-POS)
- Advocare Essence (HMO-POS)
- Advocare Essence Rx (HMO-POS)

SecurityHealth PlanSM

Advocare

Medicare Advantage Coverage



When you find someone who keeps their word, you've found something you better hold on to.

We're always looking for peace of mind. So when you finally do grab hold of it, you're not going to want to let it go.

When you enroll in an
Advocare plan, you'll have
just what the name implies.
Our people will serve as
advocates for your care.
We will be your partner in
working with Medicare to
bring you high-quality health
care at an affordable cost.
We will keep our promises to
you, plain and simple.



A promise is nothing
until it's kept. And then a
promise is everything.



Centers for Medicare & Medicaid Services:
Quality and Performance Plan Ratings, 2013*

Meeting Medicare's high standards for care
and service based on health and wellness care,
member satisfaction and other measures.

AWARDED HIGHEST
ACCREDITATION STATUS OF

Excellent

FOR SERVICE AND CLINICAL QUALITY.

National Committee for Quality
Assurance, 2005–2013

Ranked #1 In Wisconsin
BY NCQA

Security Health Plan of Wisconsin is the top-ranked
HMO plan in Wisconsin and #10 out of 405 Medicare
plans in the nation in NCQA's Medicare Health
Insurance Plan Rankings 2013–14. Advocare plans
received NCQA's highest possible rating of 5 out of 5
for all three major categories—consumer experience,
prevention and treatment.

Expanding

PROVIDER NETWORK

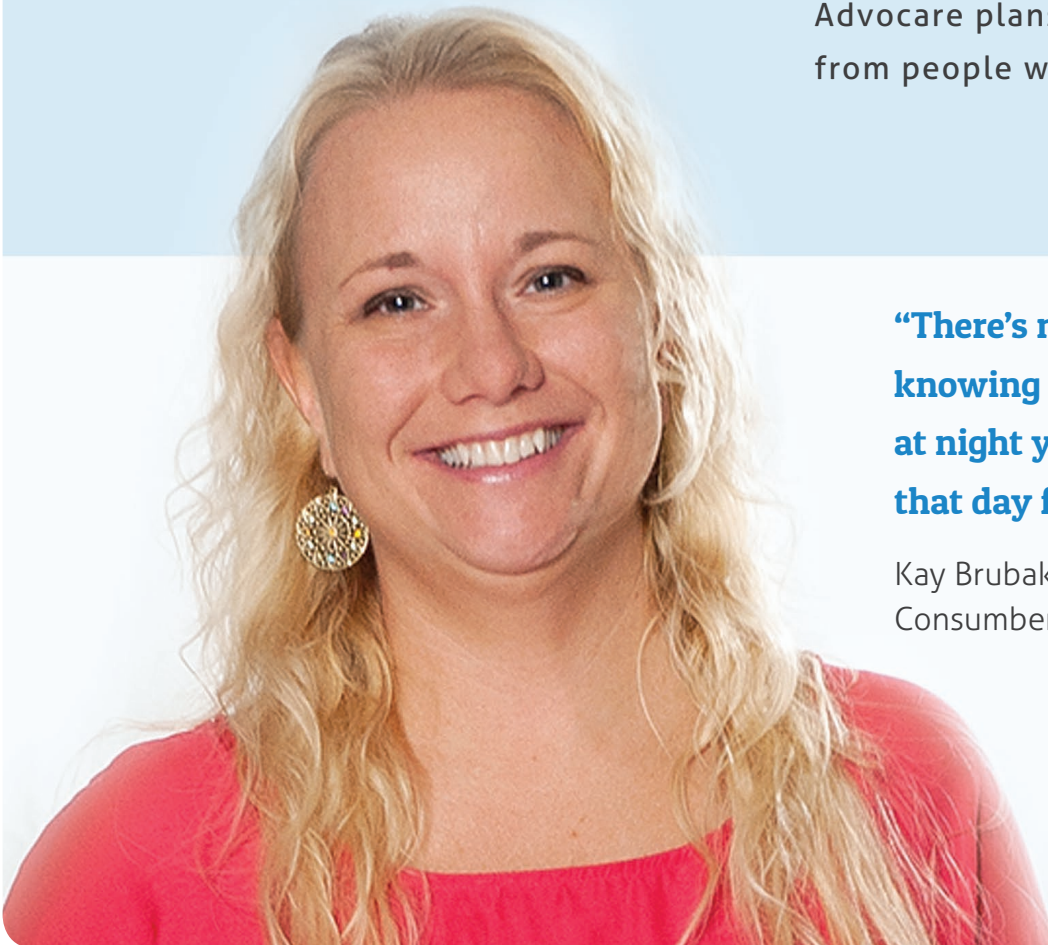
The Advocare plan provider network continues
to grow throughout our service area and now
includes the ProHealth Care and Monroe Clinic
hospitals, clinics and physicians in southeastern
and southern Wisconsin.

*Medicare evaluates plans based on a 5-star
rating system. Star ratings are calculated each
year and may change from one year to the next.

Ten reasons to choose an Advocare plan

In today's world, people are looking to get more out of their Medicare coverage than ever before. Nobody understands this more than Security Health Plan. With Security Health Plan's

Advocare plans, you'll experience a new level of care and support, plus a wide array of benefits to meet your health plan needs. See why more than 42,000 Wisconsin residents count on the coverage and security they get with our Advocare plans. It's quality care from people who care.



“There’s nothing better than knowing that when you go home at night you made a *difference* that day for somebody.”

Kay Brubaker,
Consumer Sales Executive



Out-of-Network Coverage Gives You Flexibility

All Advocare plans include out-of-network coverage. Members may see any provider of their choice in the United States.



Worldwide Coverage

All Advocare plans come with the added security of being covered worldwide for emergencies and urgent care.



Provider Network

You'll benefit from the quality of our provider network. Security Health Plan teams up with network doctors to make sure you receive the best care possible. Our staff maintains personal connections with network providers, ensuring the quality of care each doctor provides, evaluating any complaints and sharing information to help improve care.



Trust

For more than 25 years Security Health Plan members have enjoyed friendly, dedicated service from people who help them understand their coverage and accurately answer

questions. Our members trust in the strength of our network and its wide range of doctors and specialty providers. Since it was founded, Security Health Plan has been led by doctors and other medical professionals focused on delivering high-quality care and keeping members healthy.



Quality

Security Health Plan earned a 4.5 out of 5-star rating in 2013 from Medicare for its commitment to quality. This rating demonstrates that we are more than your average insurance company. We are a local, physician-led health plan focused on helping members stay healthy by providing personalized care and services. Join other Security Health Plan members who generally:

- Have fewer unnecessary hospitalizations*
- Pay fewer unnecessary health care costs*
- Receive more preventive care and services*
- Experience more personalized care for their conditions*
- Have fewer hassles with claims*
- Are more satisfied with their health plan*

**Based on Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) results.*

6

We Care

At Security Health Plan, your health is our first priority. You can count on us to give you:

- Personalized care for your conditions
- Assistance in transitioning to home after a hospital stay
- Help in researching your medical questions, coordinating your care and understanding your coverage
- A 24-hour Nurse Line you can call with health concerns or questions
- Help understanding your prescription drugs and working through any problems you have with taking them

7

No Copays for Preventive Services, Lab Tests and X-rays

We help members stay healthy with no copayments for services like an annual preventive exam, colorectal screening, prostate cancer screening, mammograms, Pap smears, bone mass measurements, and flu, pneumonia and hepatitis B vaccines, whether in or out of network. Members also enjoy no copays for lab tests and X-rays. Other Medicare plans may charge you for every lab test or X-ray.

8

Get the Skilled Care You Need Right Away

No prior hospital stay is needed for you to be admitted to a skilled nursing facility for Medicare-covered skilled care. We waive Medicare's requirement of a 3-day minimum hospital stay.

9

Better Diabetes Coverage

Diabetes can be an expensive condition. With any Advocare plan, you will not have a copay on Accu-Chek® and OneTouch® brand meters and testing supplies, including test strips and lancets, and diabetic shoes or inserts.

10

No Additional Costs for Certain Treatments


If you need special treatments such as dialysis or radiation therapy, the last thing you want to worry about is what you'll have to pay. Security Health Plan takes away the worry because there is no copay for these services on any Advocare plan — just your doctor's office visit copay (if one applies).



No copays with network providers

- Lab tests, X-rays
- Mammograms, pap and pelvic exams
- PSA test for prostate cancer, colonoscopy
- Pulmonary rehabilitation, phase 2 cardiac rehabilitation
- Radiation therapy and dialysis
- Diabetic testing supplies, self-monitoring training or nutrition therapy
- Drugs in an outpatient observation stay
- Ostomy, wound care and urological supplies
- Home health
- Medicare covered preventive services*
- Oral anticoagulation therapy lab checks*
- One eye test – routine or illness/injury*

* In or out of network



Using other providers

Generally, we recommend that our Advocare plan members use network providers for routine care. Health plans like ours ensure members affordable access to a wide choice of high-quality medical professionals and hospitals. We also offer out-of-network coverage on every Advocare plan to give members the flexibility to see any provider in the United States.

When you receive services from providers not listed in the Provider Directory (other than for urgent or emergency care) you pay a \$1,500 deductible, then 20% coinsurance up to an out-of-pocket maximum of \$3,500. This cost sharing will apply toward the in-network out-of-pocket maximum on any of our plans.



More online. View the Advocare Plan Provider Directory, visit www.securityhealth.org/advocare and click on Provider Directory.

Find a plan that fits your life and your budget

Plan option 2014 monthly premium	Primary care office visit	Specialist visit	Diagnostic tests, X-rays, lab services	Hospital stay	Emergency room visit	Ambulance services
Advocare Vitality Rx HMO-POS — \$320 Advocare Vitality HMO-POS (without Part D Coverage) — \$242	\$0	\$10	\$0	\$0	\$65*	\$100
Advocare Spirit Rx HMO-POS — \$199 Advocare Spirit HMO-POS (without Part D Coverage) — \$135	\$0	\$25	\$0	\$250 each stay	\$65*	\$150
Advocare Essence Rx HMO-POS — \$54 Advocare Essence HMO-POS (without Part D Coverage) — \$0	\$20	\$50	\$0	\$300 each day, days 1–5; \$0 after day 5	\$65*	\$200

Limitations, copayments and restrictions may apply. You must continue to pay your Medicare Part B premium. Separate out-of-pocket maximums/deductibles/coinsurance apply to in-network and out-of-network services. Payments made on out-of-network cost sharing will automatically be applied toward satisfaction of the in-network out-of-pocket maximum. Payments on the in-network maximum cannot be applied toward meeting out-of-network cost sharing.

* Waived if admitted within 24 hours.

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Advocare

Medicare Advantage Coverage

Skilled nursing facility stay**	Diabetes supplies	Physical, occupational and speech therapies	Outpatient Surgery	Durable medical equipment & prosthetics	High-end imaging tests***	Annual out-of-pocket maximum
\$0 for days 1–6; \$50 each, days 7–18; \$0 for days 19–100	\$0	\$10 copay per day; can include all three types	\$0 for ambulatory surgery center; \$100 for hospital outpatient surgery	\$0	\$100 per day for each type	\$1,000
\$0 for days 1–6; \$50 each, days 7–20; \$0 for days 21–100	\$0	\$20 copay per day; can include all three types	\$0 for ambulatory surgery center; \$200 for hospital outpatient surgery	0% or 20%****	\$150 per day for each type	\$1,200
\$0 for days 1–6; \$50 each, days 7–45; \$0 for days 46–100	\$0	\$20 copay per day; can include all three types	\$150 for ambulatory surgery center; \$400 for hospital outpatient surgery	0% or 20%****	\$200 per day for each type	\$3,400

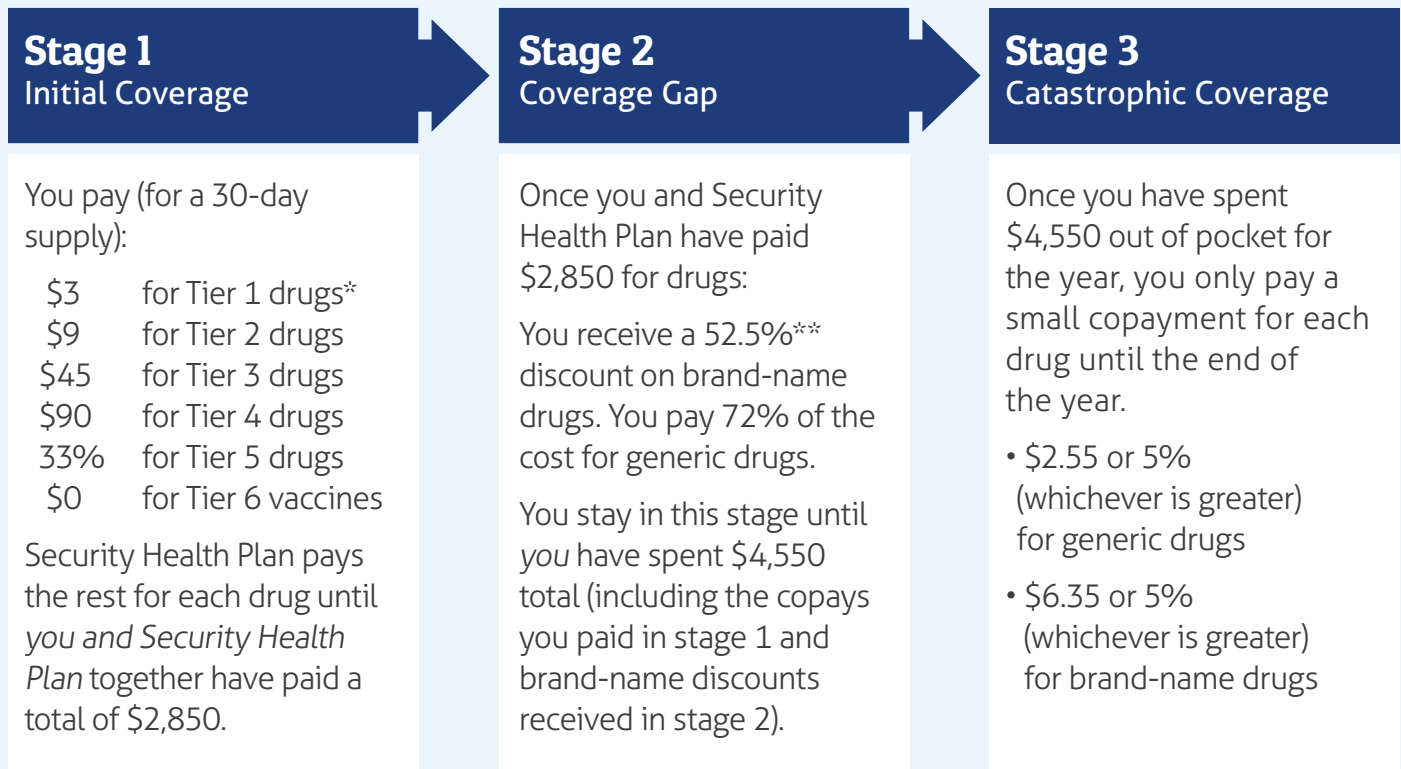
** No prior hospital stay required for skilled nursing facility admission.

*** Imaging copays apply to MRI tests, CT and PET scans, ultrasounds, echocardiograms and nuclear medicine cardiac stress tests.

**** Ostomy, wound care and urological supplies are covered at 100 percent with no member cost sharing.

Find a solution to your drug coverage needs

You will have up to three stages of prescription drug coverage each year:



*Tier 1 - preferred generic drugs; Tier 2 - non-preferred generic drugs; Tier 3 - preferred brand drugs; Tier 4 - non-preferred brand drugs; Tier 5 - specialty drugs; Tier 6 - select vaccines

**Dispensing fees not included.

If you qualify for extra help from Medicare, your costs may be different. You may be able to get extra help to pay for your prescription drug premiums and copays. To see if you qualify for extra help, call: 1-800-MEDICARE (1-800-633-4227). TTY or TDD users should call 1-877-486-2048, 24 hours a day, 7 days a week; or the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday; TTY or TDD users should call 1-800-325-0778; or your State Medical Assistance (Medicaid) Office.

Quantity limitations and restrictions may apply.

Three Advocare plans come with Part D prescription drug coverage:

Advocare Vitality Rx (HMO-POS)

Advocare Spirit Rx (HMO-POS)

Advocare Essence Rx (HMO-POS)

You cannot have an Advocare plan and a separate Part D plan

You may enroll in an Advocare plan during specific enrollment periods. If you already have a Part D plan it will be automatically canceled by the Centers for Medicare and Medicaid Services (CMS) when you enroll in an Advocare plan. You cannot have a separate Part D plan and enroll in an Advocare plan. Please call for more information on enrollment periods at 1-888-456-2188 (TTY 1-877-727-2232), 8 a.m. to 8 p.m., 7 days a week.

Will I have a deductible for my prescription drugs?

No deductible is required to begin Part D prescription drug coverage when you have an Advocare plan. This means members will only pay the appropriate copayment when they get their first covered prescription.

Get preferred pricing on your prescription drugs with Security Health Plan

If you choose an Advocare plan without Part D prescription drug coverage, you can show your plan ID card at the pharmacy to receive the best available price on your drugs.

If you have an Advocare plan with Part D prescription drug coverage, you can receive the best available price on drugs that are not covered under your Part D benefit. Just show your plan ID card at the pharmacy.

What vaccines are covered under Part D?

Vaccines not covered under Original Medicare (such as Zostavax and routine tetanus shots) are covered under Part D plans. You must have Part D coverage to have these vaccines covered.

Can I get help paying for my prescription drug costs?

People with limited incomes may qualify for extra help to pay for their prescription drug premiums and costs. If you are eligible, Medicare could pay for most or all of your drug costs, including monthly prescription drug premiums, annual deductibles and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don't know it. For more information about this extra help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.



More online. For a complete list of drugs covered by Advocare Plans, visit www.securityhealth.org/advocareformulary

Commonly asked questions

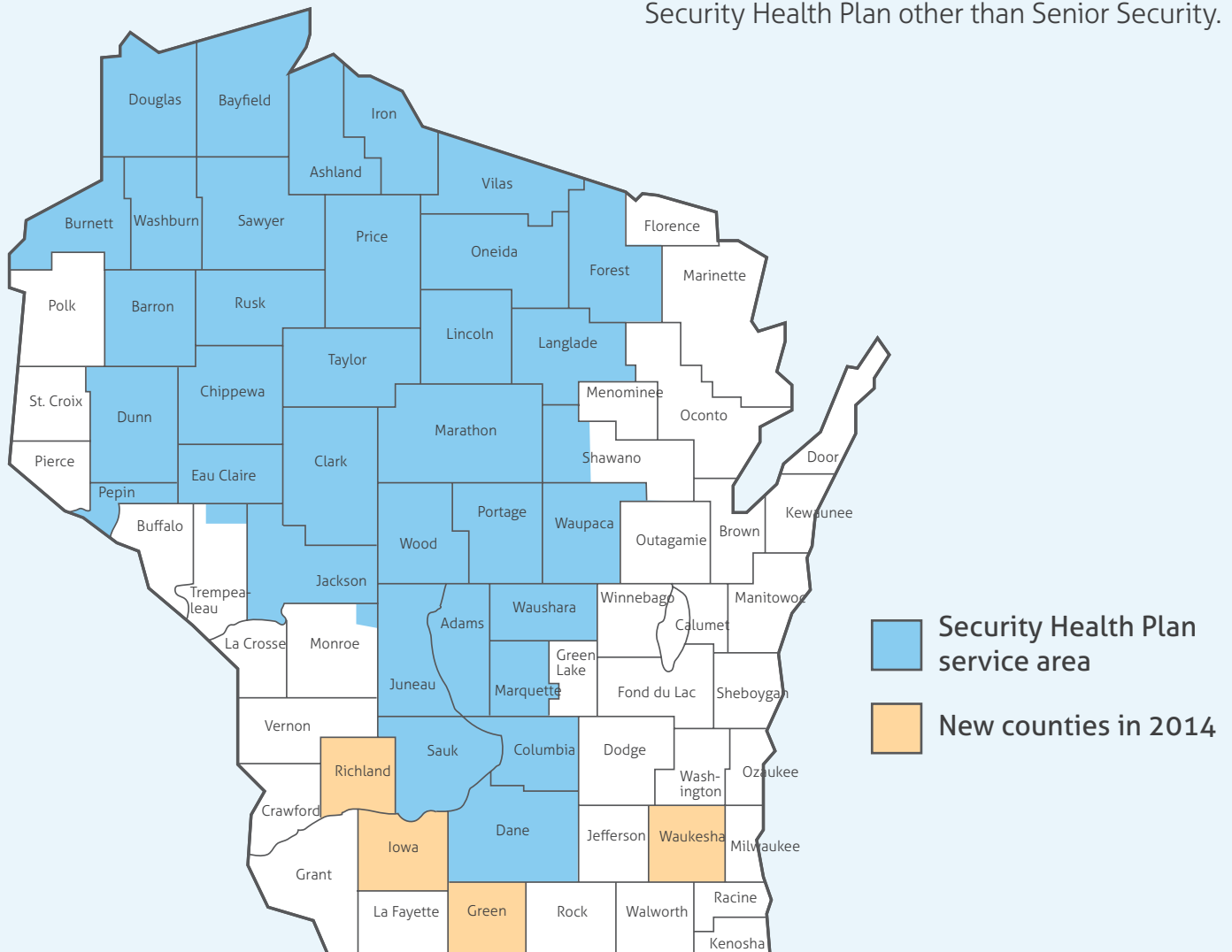
Who is eligible to enroll in an Advocare plan?

Anyone entitled to Medicare Part A and enrolled in Medicare Part B:

- Individual must live in the Security Health Plan service area.

Individuals may only enroll during specific times of the year, called enrollment periods. Please call for more information at 1-888-456-2188 (TTY 1-877-727-2232) from 8 a.m. to 8 p.m., 7 days a week.

No medical underwriting is required. You are not eligible if you have end-stage renal disease (ESRD) unless you are currently a member of Security Health Plan other than Senior Security.



Will I still have my Advocare plan in the future?

We are confident Advocare plans will be available and strong for many years to come. Here's why. Medicare Advantage plans save taxpayers money by working hard to keep people healthy and out of the hospital. Also, Medicare Advantage plans are very popular because they include preventive health and many other benefits beyond those available with Medicare alone. Your elected officials in Washington know any move to eliminate these plans would face strong opposition.

What happens to my Medicare coverage when I enroll in an Advocare plan?

Enrolling in an Advocare plan simply means that you are allowing Security Health Plan to provide your Medicare benefits plus some additional coverage. You will continue to pay your Medicare Part B premium, but you will use your Advocare plan ID card to obtain health care services.

Can I go back to Original Medicare if I change my mind?

If this is the first Medicare Advantage plan you have enrolled in, you may return to Original Medicare any time within the first 12 months or during the next enrollment/disenrollment period.

Can I go back to a Medicare Supplement (Medigap) policy?

If this is the first Medicare Advantage plan you have enrolled in, you may return to Original Medicare or your previous Medicare Supplement (Medigap) plan within 12 months as long as it is still available. After the first 12 months, you may be required to go through medical underwriting or wait for an enrollment period.

How will health care reform affect my coverage?

Changes that came with health care reform were intended to improve the quality of care in Medicare and reduce health care costs for beneficiaries. Many of the changes positively affect members, including the reduction of the coverage gap for Part D prescription drug coverage. You can expect to continue receiving excellent coverage and service from your Advocare plan for many years to come.

Will I need to get a physical and will my pre-existing conditions affect my eligibility? Does Security Health Plan have waiting periods before my Advocare plan coverage begins?

Security Health Plan has no requirements for a physical, no pre-existing condition limitations and no waiting periods prior to enrolling in an Advocare plan. Security Health Plan does not ask any health questions other than if you have ESRD and are receiving kidney dialysis before you enroll. After you enroll we will encourage you to have an annual physical exam to detect and treat any health problems.

I know that I cannot enroll in an Advocare plan if I have end-stage renal disease (ESRD) and I am receiving kidney dialysis. What if I develop ESRD after I am already a member?

You would continue to be covered with the same Advocare benefits you had before the ESRD diagnosis.

Will my premium increase with my age?

No. Your Advocare plan premium will not increase because of your age. All members with an Advocare plan pay the same monthly premium (the amount depends on the plan they have chosen). Your premium can increase only once a year in January.

May I choose my own providers?

Yes, you can choose any provider within Security Health Plan's Advocare plan network without a referral. All Advocare plans give you the added flexibility to use any provider of your choice in the United States, whether in or out of network. You would pay a \$1,500 deductible, then 20% coinsurance up to an out-of-pocket maximum of \$3,500 for out-of-network services. Please review the Provider Directory for a list of network providers at

www.securityhealth.org/advocare. You may also call Customer Service for a list of plan providers in your area.

What if I have an emergency when I'm out of the Security Health Plan service area?

If you need emergency or urgent care, go to the nearest hospital or urgent care center. It doesn't matter whether the provider is in the network or not. Out-of-network charges will not apply to emergency or urgent care services. As soon as possible, make sure Security Health Plan is notified of your emergency.

Do I have to enroll in Part D?

No. Enrollment in Part D is voluntary. However, if you do not have prescription drug coverage that meets Medicare's minimum standards, you must enroll in a Part D plan at the first opportunity to avoid a late enrollment penalty. If you choose to join later, you may be subject to a higher premium based on a late enrollment penalty. You would be subject to the penalty for as long as you remain enrolled in Part D.



“I think what we provide that *sets us apart* from other insurance companies is we go the extra mile.”

Sherri Winer, RN
Care Manager

If I choose not to enroll in a Part D plan now, will I be able to enroll later?

Yes, during specific enrollment periods. Please call Customer Service for more information on enrollment periods at 1-888-456-2188 (TTY 1-877-727-2232), 8 a.m. to 8 p.m., 7 days a week.

What if I already have prescription drug coverage?

If your current drug coverage meets Medicare's minimum standards, you may keep that coverage and wait to enroll in Part D without being subject to a late enrollment penalty. The organization offering your current coverage, such as your former employer, union or the insurance company they have hired, will tell you whether your current coverage meets Medicare's minimum standards. If your coverage does not meet Medicare's minimum standards, you will be subject to a late enrollment penalty if you wait and enroll in a Medicare Part D prescription drug plan later.

What if I have a complaint or disagree with a decision regarding my coverage?

You may call Customer Service at 1-877-998-0998 (TTY 1-877-727-2232), 8 a.m. to 8 p.m., 7 days a week, for any complaint or issue you may have with your coverage. We will always give you all the information you need and listen to your concerns. We also have appeals and grievance procedures to help members resolve problems. We review complaints about

quality of care and Part D prescription drugs (grievances) within 30 days. Issues about payment for medical services (appeals) will be addressed within 60 days. If the appeal is for a denied medical service, the reconsideration decision must be made no later than 30 days after receipt. Issues about payment for Part D medications (appeals) will be addressed within 7 days. However, if your health is at stake, we are required to respond to medical and Part D appeals within 72 hours.

How do I enroll?

You may complete an application online at www.securityhealth.org/advocare or a paper version that you can mail to us.

Also, a sales agent representing Security Health Plan will be glad to help you complete an application. Call us at the number below.

After we receive your completed application and verify your information with CMS, we will call you to verify your enrollment and send you an acknowledgement letter with your proposed effective date and plan ID card. If you are denied coverage, a letter explaining the reason for the denial will be sent to you.

Where can I get more information about Advocare plans?

For full information about any of the Advocare Medicare Advantage plan benefits, including Part D prescription drug coverage, call 1-888-456-2188 (TTY 1-877-727-2232) between 8 a.m. and 8 p.m., 7 days a week. You may also visit www.securityhealth.org/advocare.

SecurityHealth PlanSM

Promises kept, plain and simple.

1515 North Saint Joseph Avenue
PO Box 8000
Marshfield, WI 54449

1-888-456-2188
TTY 1-877-727-2232
8 a.m. to 8 p.m., 7 days a week
www.securityhealth.org/advocare

Security Health Plan of Wisconsin, Inc., is an HMO plan with a Medicare contract. Benefits, formulary, pharmacy network, provider network, premiums and/or copayments/coinsurance may change on January 1 of each year. The benefit information provided is a brief summary, not a complete description of benefits. For more information, contact the plan.

Generally, you must use plan providers except in emergency or urgent care situations. If you obtain non-emergency or non-urgent care from out-of-network providers, out-of-network cost sharing will apply. Please review the Provider Directory for a list of network providers at www.securityhealth.org/advocare. You may also call Customer Service for a list of plan providers in your area.

You may enroll in the plan only during specific times of the year. Call Customer Service for more information on enrollment periods. Individuals must have both Part A and Part B to enroll and must continue to pay the Part B premium. This document may be available in alternate formats; call Customer Service for more information at 1-877-998-0998 or 715-221-9897, 8 a.m. to 8 p.m., 7 days a week. If you are hearing or speech impaired, please call TTY 1-877-727-2232.