Medicare Advantage HMO
Customer Guide

How Medicare and our plans work for you
Select the Medicare Advantage plan right for you
How to keep your prescription drug costs under control

Security Health Plan Medicare Advantage HMO Plans
- Advocare Spirit (HMO-POS)
- Advocare Spirit Rx (HMO-POS)
- Advocare Essence (HMO-POS)
- Advocare Essence Rx (HMO-POS)
- Assurance Rx (HMO-POS)

Three great reasons to choose a Medicare Advantage plan

Security Health Plan
Promises kept. Plain and simple.

Y0117_MC-778-2520-C-08-15 approved
Three great reasons to choose a Medicare Advantage plan

1. Extra help when you need it
Your health is our first priority. You can count on us to give you extra help to:
- Prevent and manage health problems
- Recuperate quickly after illness or hospital stay
- Make sure your prescriptions are working right
- Receive expert advice day or night. Our 24-hour Nurse Line is standing by to answer questions and give advice on how to take care of a medical problem at home, or get advice on whether you need to see a provider. You can receive care for certain conditions by phone—including prescriptions—without a doctor’s office visit, if your symptoms fit one of the many conditions our Care My Way nurse practitioners can treat by phone.

2. Valuable services at no extra cost to you
We make sure you get the care you need, and take care to keep costs in check. One way we ensure you stay healthy is by covering these screenings and services at no extra cost to you:
- Flu, pneumonia and hepatitis B vaccines
- Annual preventive exam
- Mammograms, pap and pelvic exams
- PSA test for prostate cancer, colonoscopy
- Pulmonary and phase 2 cardiac rehabilitation
- Lab tests, X-rays, radiation therapy and dialysis
- Diabetic testing supplies, self-monitoring training and nutrition therapy
- Drugs in an outpatient observation stay
- Ostomy, wound care and urological supplies
- Home health care
- Medicare-covered preventive services*
- Oral anticoagulation therapy lab checks*

*In-network or out-of-network

3. Easy access to providers
We team up with an extensive network of high-quality doctors and other health professionals to make sure you receive first-rate care. Plus:
- Our out-of-network coverage lets you see the provider of your choice anywhere in the United States.
- All of our Medicare Advantage HMO plans cover emergencies and urgent care worldwide.
- When you travel out of the country, call 1.877.688.8821 to get a list of high-quality providers along your route. If you need to use one, you’ll have no up-front payments for care if you call this phone number before you receive care: 1.877.688.8821.

- We waive Medicare’s requirement for a hospital stay before you can receive skilled nursing home care. That means you won’t need to stay at the hospital before you can be admitted to a nursing home for care you need to recover from an illness or injury.

Spirit and Essence Plans
If you use out-of-network providers for non-emergent/non-urgent services, you pay a $1,500 deductible, then 20% coinsurance up to an out-of-pocket maximum of $3,500. These costs apply to the in-network out-of-pocket maximum on any of our plans.
Three great reasons to choose a Medicare Advantage plan

2 Compare plans and apply online at www.securityhealth.org/medicare16

Quality you can count on

With Security Health Plan you get a plan consistently ranked by the National Committee for Quality Assurance as one of the nation's best health plans, right here in Wisconsin. Our members 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 frustrations 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

Assurance Rx Plan (HMO-POS)

Our newest Medicare Advantage HMO, Assurance Rx, is exclusively for Medicare beneficiaries who live in Columbia, Dane, Green, Iowa, Marquette, Richland and Sauk counties. Assurance Rx offers top-notch coverage at an affordable monthly premium.

Assurance Rx offers the same comprehensive coverage you expect from Security Health Plan including services such as screening tests and preventive exams at no extra cost to you. And the competitive monthly premium includes Part D Prescription Drug coverage.

In addition, Assurance Rx combines the advantages of using our comprehensive network of doctors and hospitals with the added flexibility to use out-of-network providers for a small difference in your out-of-pocket expenses.

How our Medicare Advantage HMO plans work for you

Who is eligible to enroll in a Medicare Advantage HMO plan?

Anyone can join who lives in the service area (see map on back cover), is entitled to Medicare Part A and is enrolled in Medicare Part B. Individuals may only enroll during specific times of the year called enrollment periods. Please call 888-456-2188 for more information about enrollment periods.

How do I enroll?

• Go online to www.securityhealth.org/medicare16 to complete an application or to request an enrollment kit that includes a paper application.
• Or call us at 1.888.456.2188. One of our credentialed sales agents will be happy to help you complete an application.

After we receive your application and verify your information with Medicare, we will send you confirmation of your enrollment and your plan ID card. If for any reason you are denied coverage, a letter explaining why will be sent to you.

What if I have significant medical concerns?

No medical underwriting is required. Your monthly premium will not increase because of your medical condition or your age. (All members in each Medicare Advantage plan option pay the same monthly premium.) One exception: You are not eligible if you have end-stage renal disease (ESRD) unless you are currently a member of Security Health Plan other than one of our Medicare Supplement, individual and family, or commercial group plans.

What happens to my Medicare coverage when I enroll in a Medicare Advantage HMO plan?

Enrolling in a Medicare Advantage HMO 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 Security Health Plan ID card to obtain health care services.

What if I change my mind after I enroll?

If this is the first Medicare Advantage plan you have enrolled in, you may return to Original Medicare or your previous Medicare Supplement (Medigap) any time within the first 12 months or during the next enrollment/disenrollment period. After the first 12 months, you may be required to go through medical underwriting to return to a Medigap plan.

Compare plans and apply online at www.securityhealth.org/medicare16

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## Select the plan that is right for you

<table>
<thead>
<tr>
<th>Plan option</th>
<th>Office visit – primary care/specialty care</th>
<th>Diagnostic tests, X-rays, lab services</th>
<th>Hospital stay</th>
<th>Emergency room visit</th>
<th>Ambulance services</th>
<th>Diabetic testing supplies</th>
<th>Skilled nursing facility stay**</th>
<th>Physical, occupational and speech therapies</th>
<th>Outpatient surgery</th>
<th>Part B drugs (including chemotherapy drugs)</th>
<th>Durable medical equipment &amp; prosthetics</th>
<th>High-end imaging tests***</th>
<th>Annual out-of-pocket maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocare Spirit Rx HMO-POS</td>
<td>$0 / $25</td>
<td>$0</td>
<td>$250 each stay</td>
<td>$75*</td>
<td>$150 per trip</td>
<td>$0</td>
<td>$0</td>
<td>$20 copay per day; can include all three types</td>
<td>$200 per trip</td>
<td>$0</td>
<td>$200 per day for each type</td>
<td>$6,000 combined</td>
<td>$200 per day for each type</td>
</tr>
<tr>
<td>$160 (without Part D coverage)</td>
<td>$20 / $50</td>
<td>$0</td>
<td>$300 each day, days 1-5; $0 after day 5</td>
<td>$75*</td>
<td>$200 per trip</td>
<td>$0</td>
<td>$0</td>
<td>$30 copay per day; can include all three types</td>
<td>$400 per hospital outpatient surgery</td>
<td>$250 for ambulatory surgery center; 50% coinsurance for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
<td>50% of the cost</td>
</tr>
<tr>
<td>Advocare Essence Rx HMO-POS</td>
<td>$20 / $50</td>
<td>$0</td>
<td>$300 each day, days 1-5; $0 after day 5</td>
<td>$75*</td>
<td>$200 per trip</td>
<td>$0</td>
<td>$0</td>
<td>$30 copay per day; can include all three types</td>
<td>$400 per hospital outpatient surgery</td>
<td>$250 for ambulatory surgery center; 50% coinsurance for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
<td>50% of the cost</td>
</tr>
<tr>
<td>$78 (without Part D coverage)</td>
<td>$15 / $50</td>
<td>$0</td>
<td>$300 each day, days 1-5; $0 after day 5</td>
<td>$75*</td>
<td>$200 per trip</td>
<td>$0</td>
<td>$0</td>
<td>$30 copay per day; can include all three types</td>
<td>$400 per hospital outpatient surgery</td>
<td>$250 for ambulatory surgery center; 50% coinsurance for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
<td>50% of the cost</td>
</tr>
<tr>
<td>Assurance Rx HMO-POS</td>
<td>$15 / $50</td>
<td>$0</td>
<td>$300 each day, days 1-5; $0 after day 5</td>
<td>$75*</td>
<td>$250 per trip</td>
<td>$0</td>
<td>$0</td>
<td>$30 copay per day; can include all three types</td>
<td>$400 per hospital outpatient surgery</td>
<td>$250 for ambulatory surgery center; 50% coinsurance for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
<td>50% of the cost</td>
</tr>
<tr>
<td>$31</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$250 for ambulatory surgery center</td>
<td>$400 per hospital outpatient surgery</td>
<td>$250 for ambulatory surgery center; 50% coinsurance for hospital outpatient surgery</td>
<td>50% of the cost</td>
<td>$7,500 combined</td>
<td>50% of the cost</td>
<td></td>
</tr>
</tbody>
</table>

Limitations, copayments and restrictions may apply. You must continue to pay your Medicare Part B premium.


*aWaived if admitted within 24 hours.

Compare plans and apply online at [www.securityhealth.org/medicare16](http://www.securityhealth.org/medicare16)
Select the plan that is right for you

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<th>Durable medical equipment &amp; prosthetics</th>
<th>High-end imaging tests***</th>
<th>Annual out-of-pocket maximum</th>
</tr>
</thead>
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<tr>
<td>Advocare Spirit Rx HMO-POS</td>
<td>$226</td>
<td>$20 copay per day; can include all three types</td>
<td>$0 for ambulatory surgery center; $200 for hospital outpatient surgery</td>
<td>20% of the cost</td>
<td>$0 or 20%****</td>
<td>$150 per day for each type</td>
<td>$1,200</td>
</tr>
<tr>
<td>Advocare Spirit HMO-POS (without Part D coverage)</td>
<td>$160</td>
<td>$0 for days 1-6; $40 each, days 7-20; $0 for days 21-100</td>
<td>$20 copay per day; can include all three types</td>
<td>$150 for ambulatory surgery center; $400 for hospital outpatient surgery</td>
<td>20% of the cost</td>
<td>$200 per day for each type</td>
<td>$3,400</td>
</tr>
<tr>
<td>Advocare Essence Rx HMO-POS</td>
<td>$78</td>
<td>$0 for days 1-6; $40 each, days 7-45; $0 for days 46-100</td>
<td>$20 copay per day; can include all three types</td>
<td>$150 for ambulatory surgery center; $400 for hospital outpatient surgery</td>
<td>20% of the cost</td>
<td>$200 per day for each type</td>
<td>$6,000</td>
</tr>
<tr>
<td>Assurance Rx HMO-POS</td>
<td>In-Network</td>
<td>$0 days 1-20; $150 for days 21-100</td>
<td>50% of the cost per stay</td>
<td>$150 for ambulatory surgery center; $400 for hospital outpatient surgery</td>
<td>20% of the cost</td>
<td>$200 per day for each type</td>
<td>$7,500 combined</td>
</tr>
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</table>

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

***High-end 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.
**How to keep your prescription drug costs under control**

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

**Stage 1 (Spirit Rx / Essence Rx / Assurance Rx)**

*Initial coverage*

You pay (for a 30-day supply):

**Advocare Spirit Rx**
- $6 for Tier 1 drugs
- $19 for Tier 2 drugs
- $47 for Tier 3 drugs
- $100 for Tier 4 drugs
- 33% for Tier 5 drugs
- $0 for Tier 6 (select vaccines)

Security Health Plan pays the rest for each drug until the combined amount you and Security Health Plan pay add up to $3,310.

**Advocare Essence Rx**
- Deductible $150
- $5 for Tier 1 drugs
- $19 for Tier 2 drugs
- $47 for Tier 3 drugs
- $100 for Tier 4 drugs
- 25% for Tier 5 drugs
- $0 for Tier 6 (select vaccines)

Security Health Plan pays the rest for each drug until the combined amount you and Security Health Plan pay add up to $3,310.

**Assurance Rx**
- Deductible $360
- $3 for Tier 1 drugs
- $7 for Tier 2 drugs
- $47 for Tier 3 drugs
- $97 for Tier 4 drugs
- 25% for Tier 5 drugs
- $0 for Tier 6 (select vaccines)

Security Health Plan pays the rest for each drug until the combined amount you and Security Health Plan pay add up to $3,310.

**Stage 2 (all plans)**

*Coverage gap*

Once you and Security Health Plan have paid $3,310 for drugs:

You pay 45% of the cost plus dispensing fees on brand-name drugs. You pay 58% of the total cost for generic drugs.

You stay in this stage until you have spent $4,850 total (including the copays you paid in Stage 1 and the brand name discounts received in Stage 2).

**Stage 3 (all plans)**

*Catastrophic coverage*

Once you have spent $4,850 out-of-pocket for the year, you only pay a small copayment for each drug until the end of the year:

- $2.95 or 5% (whichever is greater) for generic drugs
- $7.40 or 5% (whichever is greater) for brand-name drugs

*Tier 1 – preferred generic drugs; Tier 2 – generic drugs; Tier 3 – preferred brand drugs; Tier 4 – non-preferred brand drugs; Tier 5 – specialty drugs; Tier 6 – selected vaccines. If a drug costs less than the applicable copayment, you pay only the cost of the drug. Quantity limitations and restrictions may apply.*

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 prescriptions 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.
Good things to know about Part D

- **Three plans come with Part D prescription drug coverage:**
  - Advocare Spirit Rx (HMO-POS)
  - Advocare Essence Rx (HMO-POS)
  - Assurance Rx (HMO-POS)

- **You cannot have a Medicare Advantage plan and a separate Part D plan.**
  If you already have a Part D plan when you enroll in a Security Health Plan Medicare Advantage HMO, your Part D plan will be automatically canceled by Medicare. However, you can have a Medicare Advantage plan without Part D coverage and still get help to pay for your prescriptions through Wisconsin Senior Care, Veterans Administration, TriCare and similar programs.

- **You’ll have coverage for some vaccines not covered by Original Medicare**
  When you have a Security Health Plan Medicare Advantage Part D plan, you pay $0 for the expensive Zostavax shingles vaccine and routine tetanus shots -- no matter what Stage of coverage you are in. Even if you are in the Coverage Gap, you pay nothing for these vaccines.

- **It’s your choice to enroll in Part D.**
  Do you already have a drug plan that is as good as or better than Medicare’s minimum standards? You may be able to keep that plan and you won’t have to pay a late enrollment penalty if you need a Part D plan later. (Ask your current plan sponsor—former employer, union or insurance company—whether your coverage meets the minimum standards.) If your current coverage does not meet Medicare’s minimum standards, you should enroll in a Part D plan when you are first eligible. If you choose to join later, you will likely pay a higher premium that includes a late enrollment penalty. And you will pay this higher premium for as long as you remain enrolled in Part D.

- **If you don’t enroll in a Part D plan now, you can enroll later during specific enrollment periods:**
  Call us for more information on enrollment periods at 1.877.998.0998 (TTY 711), 7 days a week, from 8 a.m. to 8 p.m.

- **You can get help managing your medications**
  Security Health Plan offers Medication Therapy Management (MTM) services to all Medicare Advantage plan members with Part D Coverage at no additional charge. The services are provided to ensure members are getting the best results from medications while keeping out-of-pocket costs down. If you meet certain criteria, you will periodically receive a letter from Security Health Plan encouraging you to take advantage of the comprehensive medication review service.

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More online. For a complete list of drugs covered by Security Health Plan Medicare Advantage HMO plans, visit [www.securityhealth.org/medicareformulary](http://www.securityhealth.org/medicareformulary)

Many chain and local pharmacies are among the thousands of Medicare Advantage plan network pharmacies nationwide. For the complete Security Health Plan pharmacy network, visit [www.securityhealth.org/medicarepharmacies](http://www.securityhealth.org/medicarepharmacies)
Security Health Plan®
Promises kept, plain and simple.

1515 North Saint Joseph Avenue
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1.888.456.2188 (TTY 711)
7 days a week, 8 a.m. to 8 p.m.
www.securityhealth.org/medicare16

Security Health Plan of Wisconsin, Inc., is an HMO-POS plan with a Medicare contract. Enrollment in Security Health Plan depends on contract renewal. Limitations, benefits, formulary, pharmacy network, provider network, premiums and/or copayments and/or coinsurance may change on January 1 of each year. This information is not a complete description of benefits. Contact the plan for more information.

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. This document may be available in alternate formats. Call Customer Service for more information at 1.877.998.0998 or 715.221.9897, 7 days a week from 8 a.m. to 8 p.m. If you are hearing or speech impaired, please call TTY 711.