



**Four great
reasons to
choose an
Advocare
plan**

"People cannot believe it when I tell them how good your plan is. I tell all my friends to sign up for Security Health Plan."

—Joe & Nancy Lally,
Wonestow

2015 *Customer Guide*

**How Medicare and Advocare
plans work for you**

**Select the Advocare plan
that is right for you**

**How to keep your prescription
drug costs under control**

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

SecurityHealth PlanSM

Advocare
Medicare Advantage Coverage

Four *great* reasons to choose an Advocate plan

1

Extra help when you need it

At Security Health Plan, 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.



More online. For a list of Advocate plan network providers in your area, visit www.securityhealth.org/find-a-doctor or call Customer Service at 1.877.998.0998 (TTY 1.877.727.2232).

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*
- One eye test every 12 months—routine or illness/injury*

*In or out of network

3

Easy access to exceptional 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 Advocate 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.

If you use out-of-network providers 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.



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

How Medicare and Advocare plans work for you

Who is eligible to enroll in an Advocare plan?

Anyone can join an Advocare plan who lives in the Security Health Plan 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 for more information at 1.877.998.0998 (TTY 1.877.727.2232), 7 days a week, from 8 a.m. to 8 p.m.

How do I enroll?

- Go online to www.securityhealth.org/advocare15 to complete an application or to request an information kit that includes a paper application.
- Or call us at 1.888.456.2188. An Advocare sales agent 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 Advocare plan premium will not increase because of your medical condition or your age. (All members in each Advocare 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 plans.

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.

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.

Select the Advocare plan that is right for you



Plan option 2015 monthly premium	Office visit – primary care/ specialty care	Diagnostic tests, X-rays, lab services	Hospital stay	Emergency room visit	Ambulance services	Diabetic testing supplies
Advocare Spirit Rx HMO-POS \$225 Advocare Spirit HMO-POS (without Part D coverage) \$160	\$0 / \$25	\$0	\$250 each stay	\$65*	\$150 per trip	\$0
Advocare Essence Rx HMO-POS \$77 Advocare Essence HMO-POS (without Part D coverage) \$15	\$20 / \$50	\$0	\$300 each day, days 1-5; \$0 after day 5	\$65*	\$200 per trip	\$0

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.*

"Thank you so much for your prompt help with my emergency medical needs during my stay in Florida last winter. The excellent service I receive is why I am so glad to have a Security Health Plan Advocare plan."

—Earl Giese, Marshfield



Skilled nursing facility stay**	Physical, occupational and speech therapies	Outpatient surgery	Part B drugs (including chemotherapy drugs)	Durable medical equipment & prosthetics	High-end imaging tests***	Annual out-of-pocket maximum
\$0 for days 1-6; \$40 each, days 7-20; \$0 for days 21-100	\$20 copay per day; can include all three types	\$0 for ambulatory surgery center; \$200 for hospital outpatient surgery	20% coinsurance	\$0 or 20%****	\$150 per day for each type	\$1,200
\$0 for days 1-6; \$40 each, days 7-45; \$0 for days 46-100	\$20 copay per day; can include all three types	\$150 for ambulatory surgery center; \$400 for hospital outpatient surgery	20% coinsurance	\$0 or 20%****	\$200 per day for each type	\$3,400

**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* Initial coverage

You pay (for a 30-day supply):

- no more than \$5 for Tier 1 drugs*
- no more than \$15 for Tier 2 drugs
- \$45 for Tier 3 drugs
- \$95 for Tier 4 drugs
- 33% for Tier 5 drugs
- \$0 for Tier 6 vaccines

Security Health Plan pays the rest for each drug until you and Security Health Plan together have paid a total of \$2,960

Stage 1 *Essence Rx* Initial coverage

You pay (for a 30-day supply):

- no more than \$6 for Tier 1 drugs*
- no more than \$19 for Tier 2 drugs
- \$45 for Tier 3 drugs
- \$95 for Tier 4 drugs
- 33% for Tier 5 drugs
- \$0 for Tier 6 vaccines

Security Health Plan pays the rest for each drug until you and Security Health Plan together have paid a total of \$2,960

Stage 2 (both plans) Coverage gap

Once you and Security Health Plan have paid \$2,960 for drugs:

You pay 45% of the price for brand-name drugs and 65% of the price for generic drugs. **

You stay in the stage until you have spent \$4,700 total (including the copays you paid in stage 1 and brand-name discounts received in stage 2)

Stage 3 (both plans) Catastrophic coverage

Once you have spent \$4,700 out of pocket for the year, you only pay a small copayment for each drug until the end of the year.

- \$2.65 or 5% (whichever is greater) for generic drugs
- \$6.60 or 5% (whichever is greater) for brand-name drugs

*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 – selected vaccines. If a drug costs less than the applicable copayment, you pay only the cost of the drug.

**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 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.

Quantity limitations and restrictions may apply.

Good things to know about Part D

- **Two Advocare plans come with Part D prescription drug coverage:**

Advocare Spirit Rx (HMO-POS)

Advocare Essence Rx (HMO-POS)

- **You cannot have an Advocare plan and a separate Part D plan.**

If you already have a Part D plan when you enroll in an Advocare plan, your Part D plan will be automatically canceled by Medicare. However, you can have an Advocare plan without Part D coverage and still get help to pay for your prescriptions through Wisconsin Senior Care, Veterans Administration, TriCare and similar programs.

- **With an Advocare plan you won't have a deductible for prescription drugs.**

Advocare Rx plans do not require you to pay a deductible before your drug coverage kicks in. You only pay the applicable copayment when you get your first covered prescription.



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

Most chain and local pharmacies are included in the Advocare plan network of more than 55,000 pharmacies nationwide.* For the complete Advocare plan pharmacy network, visit www.securityhealth.org/advocarepharmacies

- **You get preferred pricing on prescription drugs with Security Health Plan.**

If you choose an Advocare plan with Part D coverage, simply show your plan ID card at the pharmacy to get the best available price on drugs that are not covered by your Part D benefit.

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

- **Some vaccines not covered under Original Medicare are covered if you have Advocare Part D coverage.**

When you have an Advocare Part D plan, you pay \$0 for the expensive Zostavax shingles vaccine and routine tetanus shots.

- **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? Then 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 1.877.727.2232), 7 days a week, from 8 a.m. to 8 p.m.

**In an effort to keep your Part D costs down, some pharmacies are no longer part of the Advocare pharmacy network, including Walgreens.*

Advocare Plan 2015 Service Area



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

7 days a week, 8 a.m. to 8 p.m.

www.securityheadlines.com

Security Health P
Hospital

Health Plan depends on contract renewal. Benefits, formulary, pharmacy network, provider network, premiums and/or copayments 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. 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 1.877.727.2232.