



Clear the clutter
and **go paperless!**

page 2

**Benefit
terminology**
got you
scratching
your head?

page 9

Convenient care
without leaving
home or work!

page 10



Welcome to **Insite** by Security Health Plan



Here's what you can expect:

Friendly, responsive support

Whenever you have a question or need assistance, our friendly customer service team is just a phone call, email or online chat away.

Local roots, national strength

Your family, like all Wisconsin families, has unique needs and as a local company we get that! We're proud to have a national reputation for excellence.

A network of trusted providers

You'll have access to the care you need through our partnership with top-rated doctors, hospitals and specialists throughout the area.

On-staff health professionals

Need additional support managing your health? Our team of on-staff health professionals provide valuable guidance and resources to help you stay on track with your wellness goals.

We're proud to be part of Wisconsin's story, and we're excited to help you create yours.



For more than 50 years, we've been Wisconsin's trusted partner in affordable health coverage. We put our communities first and that means ensuring you have access to high-quality health care at a price you can afford.



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

Table of contents

- 2** Get started with your plan
- 4** Find a provider
- 5** Using your ID card
- 6** Preventive care
- 8** Your Explanation of Benefits
- 10** Get trusted care wherever you are
- 11** Community support resources

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



Sign up for *My Security Health Plan* and go paperless!

Cut the clutter when you use *My Security Health Plan*, your secure and convenient personal website. Use it to keep your personalized health insurance plan information at your fingertips, wherever you are and whenever you need it, on the go 24/7.

My Security Health Plan can also help you:

- Find a nearby doctor or pharmacy in your network.
- Use the Medical Cost Estimator to estimate and compare what you would pay for appointments, tests, services and treatments.
- Track your out-of-pocket costs, claims and prior authorizations.
- Verify your benefit details and prescription drug information.
- Update your personal and primary care provider information.
- Access health and wellness tools and enroll in wellness support programs.

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

When you use *My Security Health Plan*, choose "Go paperless" to get email notifications and stop cluttering your mailbox and recycle bin with paper bills, Explanation of Benefits and other mailings. Sign up today in your *My Security Health Plan* account, under Communication preferences.

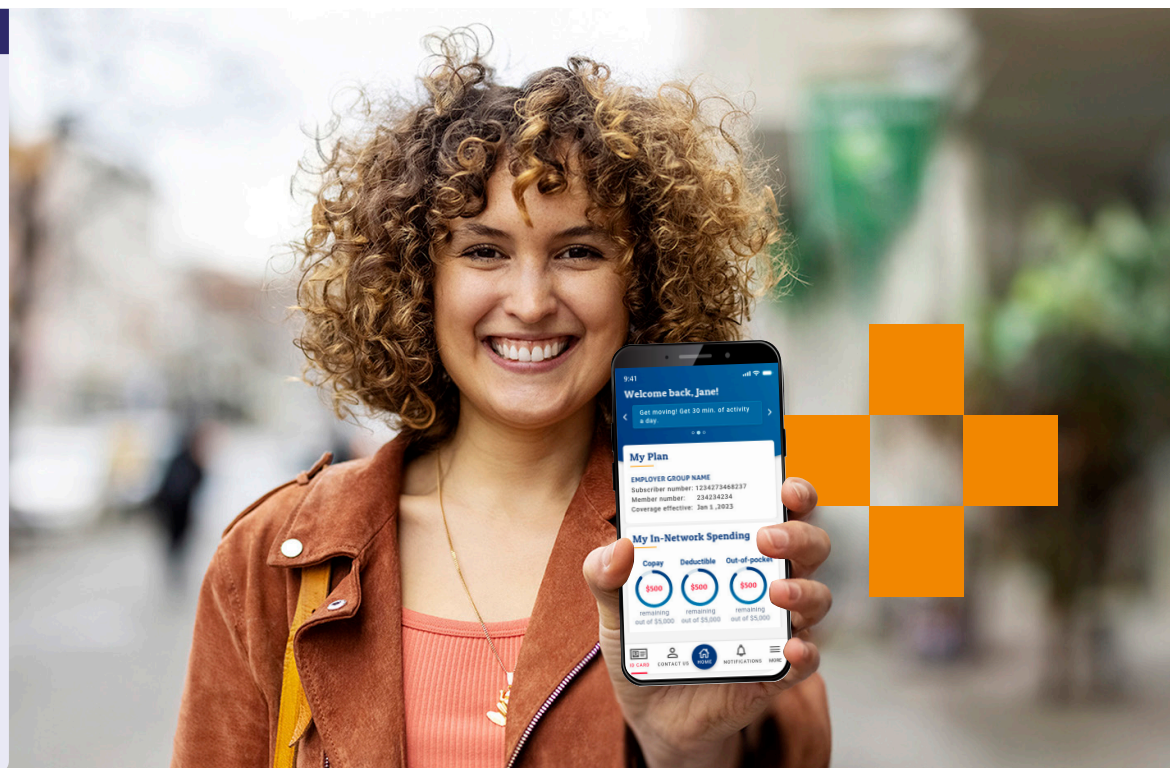
Register today! www.securityhealth.org/AccountSetUp

When you sign up with your email address, you may also receive emails from us that include helpful information to get the most out of your health plan.



There's an app for that!

Download our app so you can access your health plan on the go



Read your plan documents

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

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.

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

It also explains:

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

Keeping your protected health information private is a responsibility we take seriously.

We also understand you may want to allow members of your family to access your information.

You can grant other trusted individuals access to your information by simply filling out a HIPAA authorization form, and you can do this quickly and easily online within your *My Security Health Plan* account.

We love to hear from you! We pride ourselves on having World-Class* customer service and we want to make sure you have a great experience no matter how you contact us.



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. 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
ParticipantSupport@InsiteTPA.org

Our average email response time is 24 business hours.



Secure message

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

Our average response time is 24 business hours.

*Security Health Plan has been recognized by Service Quality Measurement Group (SQM), a leading North American research firm that specializes in customer service improvement, with the World-Class Customer Experience Certification since 2016.

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." Or visit www.securityhealth.org/doctor.

If you need assistance locating a provider in your plan's network, or would like a paper copy of your Provider Directory, contact Customer Service Department at **1-800-570-8760** (TTY 711) or email ParticipantSupport@InsiteTPA.org.

The Provider Directory lists the provider name, address, telephone number, professional qualifications, language spoken, specialty and board certification status. If you would like additional information on medical school attended or residency completion, please contact Insite Customer Service at **1-800-570-8760** (TTY 711).

The importance of a primary care provider

Building a relationship with a primary care provider is a great way to take charge of your health. 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. They get to know you and your family, your work demands, exercise habits and are 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

Specialty and hospital care

If you need to see a specialist, such as a cardiologist, dermatologist or urologist for example, or use hospital services, you may see any provider listed in your plan's Provider Directory. Your primary care provider can help coordinate the visit and assist with a referral or prior authorization, if necessary.



Update your *My Security Health Plan* account

Add your primary care provider to your *My Security Health Plan* account for a more personalized health care experience.

1. Log in to your *My Security Health Plan* account. Click on "Update now" under the primary care provider section.
2. You may also use the *My Security Health Plan* app, click on "My information."
3. Or, you may contact Customer Service. See page 3 for contact information.

Using your ID card



Show your Insite ID card when you visit your health care provider or pharmacy.

This ensures all of your claims are processed correctly. If you have changed your plan, be sure to provide your new ID cards to your health care provider. Acceptance of your card does not guarantee your provider is in your plan's network, nor does it ensure the medical or pharmacy services will be covered by your plan.

On the go but don't have your ID card?

Access a digital version of your ID card with the *My Security Health Plan* app!

Below is a sample Insite ID card with descriptions of what's on it.

Medical card (Front of card) (Center of card) (Back of card)

EMPLOYER NAME

Subscriber #: 100012345600 1
Group #: 654321 2

123456 Subscriber Name 4
223456 Dependent Name 5

Medical Card 3
Enrich HMO 3
01/01/1980 6
01/02/1980 6

SecurityHealthPlan.
Benefits administered by
Insite by Security Health Plan

EMPLOYER NAME

Individual deductible (in network) 10 \$7,000
Individual deductible (out of network) \$10,000
Individual out-of-pocket max (in network) \$7,000
Individual out-of-pocket max (out of network) \$10,000
Family deductible (in network) \$14,000
Family deductible (out of network) \$20,000
Family out-of-pocket max (in network) \$14,000
Family out-of-pocket max (out of network) \$20,000

Some services may require prior approval, please call 1-800-991-8109. Failure to call may result in claim denials.

Customer Service: 1-800-570-8760
www.securityhealth.org

Electronic Payer ID: 35202
Provider Line: 1-800-548-1224

Send paper claims to: 11
Attn: Claims Department
Insite by Security Health Plan
P.O. Box 8000
Marshfield, WI 54449
Issued: 02/27/2025

Pharmacy card (Front of card) (Back of card)

EMPLOYER NAME

Name: Subscriber Name 7
RxBIN: 003585
RxPCN: ASPROD1
RxGRP: LFP01
ID #: 100012345600 8

Subscriber 00, Dependent 02 9

Insite by Security Health Plan Pharmacy Services 1-877-873-5611
Issued: 02/27/2025

Pharmacy Card

Security Health Plan Pharmacy Services
Pharmacies may call:
1-877-873-5611

insite
www.securityhealth.org

Send paper claims to:
Attn: Pharmacy Claims
Security Health Plan
PO Box 8000
Marshfield, WI 54449-8000

- | | |
|-------------------------------|--|
| 1 Subscriber or policy number | 8 Subscriber number |
| 2 Group number | 9 Dependent code for each person on the plan - needed to process pharmacy claims |
| 3 Plan name | 10 Individual and family deductibles and out-of-pocket maximums, if applicable |
| 4 Plan participant ID | 11 Use this information to submit claims |
| 5 Dependent name(s) | |
| 6 Dates of birth | |
| 7 Subscriber name | |



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).



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.

Understanding preventive and diagnostic care

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. Your coverage provides 100% coverage for certain preventive care services. 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:

- Lab work to check your cholesterol after being diagnosed with high cholesterol.
- 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.

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.



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).

You may also visit www.securityhealth.org/preventiveinfo for recommendations on service frequency and a list of preventive screenings.



Scan this code for more information on preventive care.



Have you ever thought about what kind of medical care you'd want if you couldn't make decisions for yourself? Advance care planning is a way to prepare for the future and ensure your medical wishes are respected, even if you can't express them yourself.

It's important and is easy to set up an advance directive.

An advance directive is a legal document. It allows you to plan ahead should you become disabled by an accident, illness or debilitating condition and to communicate your wishes to family, friends and health care providers. With an advance directive in place, they will know what you want and can act on your behalf.

You may want to consider having a lawyer help you prepare your advance directive. Information and assistance on advance directives may also be available at your local resource center, clinic or hospital.


You can get our advance directives brochure and the Wisconsin forms from Security Health Plan. For more information, call Customer Service at **1-800-570-8760** (TTY 711) or visit www.securityhealth.org/CarePlanning.

Scan the code to get more information about advance directives.





Insite 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 Security Health Plan made to the provider on your behalf and additional payments you might owe the provider.



Explanation of Benefits

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

Member: John Doe
 Member ID: 00123456

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 Your savings	Amount Security Health Plan paid	Amount other insurance paid	2 Non-covered amount [reason code]	3 Deductible	4 Coinsurance	5 Copay	6 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	\$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	\$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.
- A 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 allowable or contracted/legislated fee arrangement.

Health insurance terms to know

- 1 Your savings:** Insite 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.**



Receive electronic Explanation of Benefits delivered to your email. It's safe, secure and convenient.

Sign up today in your *My Security Health Plan* account, under Communication preferences.

Get trusted care wherever you are



Care My Way®





Before you head to the doctor's office, consider Care My Way®. This handy service lets you talk with a nurse practitioner by phone or a virtual visit through the Care My Way app, all from the comfort of your couch. Care My Way treats many common conditions, like yeast infections, allergies, nasal congestion and the flu.

The nurse practitioner can evaluate your symptoms and, if needed, send a prescription into the network pharmacy of your choice – saving you time and hassle. **Most members of Security Health Plan are eligible for unlimited Care My Way visits with no out-of-pocket costs.*** For a complete list of conditions Care My Way® can treat and more information about the service, go to: www.CareMyWay.org.

The Care My Way® mobile app can be used 24 hours a day, 7 days a week, in all 50 states. Members 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 <small>(TTY 711)</small>	Download the Care My Way® app  	 CareMyWay.org

*Security Health Plan is not responsible for any tax-related charges for HSA plans. There may be out-of-pocket costs for members enrolled in a high deductible health plan (HDHP). Please reference your plan materials to ensure this benefit is included with your coverage.

Community support resources



Are non-health issues keeping you from your best health?

Security Health Plan and Marshfield Clinic Health System have partnered to offer a quick and easy online search tool for finding free or reduced-cost community resources for these concerns and more:

- Food, clothing, housing, utilities and transportation needs
- Financial support; help with daily living and medical care costs
- Addiction, mental health and emotional support
- Job skills training and employment support



Marshfield Clinic Health System

Security Health PlanSM

Find help privately

Go to www.securityhealth.org/FindHelpNow.

Enter your ZIP code and click "Search." Choose the category you want to explore, then browse local programs.



Notice of nondiscrimination

Discrimination is against the law

Security Health Plan of Wisconsin, Inc., complies with applicable federal civil rights laws and does not discriminate, exclude or treat people differently on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations.

Security Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Service at 1-800-570-8760 (TTY 711). If you believe that Security Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, religion, pregnancy and related conditions, sex (including sexual orientation, gender identity, sex stereotypes, sex characteristics and intersex traits), age, disability, health status, marital status, arrest or conviction record or military participation in the administration of the plan, including enrollment and benefit determinations, you can file a grievance with a Compliance & Privacy Specialist at:

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, a Security Health Plan Compliance & Privacy Specialist is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

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

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

Security Administrative Services, LLC, d/b/a "Insite" (WI, IN, MN) and d/b/a "Insite by Security Health Plan" (MI) (collectively "Insite"), is wholly owned by Security Health Plan of Wisconsin, Inc.

Language assistance services

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 0678-075-008-1 (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 schwetzsch, 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: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, 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).

မြန်မာ (Burmese)

သတိပြုရန်- သင်အင်္ဂလိပ်စကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီပေးရေးဝန်ဆောင်မှုများသည် သင့်အား အခမဲ့ရရှိနိုင်ပါသည်။ 1-800-570-8760 (TTY 711) ကိုခေါ်ဆိုပါ။

Soomaali (Somalia)

ATENSYON: Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 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, d/b/a “Insite” (WI, IN, MN) and d/b/a “Insite by Security Health Plan” (MI) (collectively “Insite”), is wholly owned by Security Health Plan of Wisconsin, Inc. 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. 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.

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
1-800-570-8760 (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 Security Health Plan member/patient.

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

- 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;
- 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).



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

1-800-570-8760
715-221-9733
TTY 711
Fax 715-221-9500

ParticipantSupport@InsiteTPA.org
www.InsiteTPA.org