

AFFORDABLE  
CARE ACT

2025  
Essential Health Benefit  
*Preventive Medication List*



SecurityHealth Plan<sup>SM</sup>

Promises kept, plain and simple.<sup>®</sup>



# Introduction

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Please refer to your plan documents for specific information on the coverage of preventive medications.

In addition to a healthy lifestyle, preventive prescription medications are important in helping people avoid many types of illnesses and complications from illnesses. This book contains a list of the most commonly prescribed preventive prescription medications. It does not include all conditions that may be prevented with prescription medications. The prescription medications listed here serve to maintain a person's health status and help them avoid acute complications. This list is not all-inclusive and is subject to change.

## Important facts about this benefit

- Quantity limits, step therapy, prior authorization and other coverage limitations may apply on select products. Please refer to the formulary for the most current limitations.
- Quantities are limited to a maximum 3-month supply per fill.
- Tier 3 medications listed in the Security Health Plan formulary are not routinely placed on the preventive list.
- If a generic equivalent product is available, the originator brand medication may not be covered (Example: simvastatin is covered, Zocor<sup>®</sup> is not).

The covered preventive medications are divided into medication categories. Medications are considered preventive by Security Health when taken by a person who has developed risk factors for a disease that has not yet become clinically apparent (e.g., blood pressure or cholesterol medications to prevent heart attack or stroke). Taking these medications as directed by your prescriber can help avoid serious health problems.

You can view your Summary of Benefits and Certificate of Coverage online when you log in to your *My Security Health Plan* account. If you don't have an account, go to [www.securityhealth.org/registration](http://www.securityhealth.org/registration).

# EHB-ACA preventive medication list

## Aspirin

Prevention of preeclampsia during pregnancy, cardiovascular disease and colorectal cancer

aspirin (81, 325 mg)

## Bowel preparation products

Preparation for colonoscopy screening; colonoscopies screen for colon and rectal cancers

Brand name drugs are only covered if a generic alternative is not available; drugs are restricted to members between 45 and 75 years of age; quantity limit applies; fill limit 2 per year

Clenpiq®	Prepopik®	Sutab®
peg-3350 and electrolytes	sodium, potassium, mag sulfates	Suflave®
Plenvu®	Suprep®	

## Breast cancer prevention drugs

Prevention of breast cancer in high-risk women

Quantity limit of 1 per day, Age limit greater than or equal to 35 years

anastrozole	raloxifene	tamoxifen
exemestane		

## Contraceptives

Prevention of pregnancy

Brand name drugs are only covered if a generic alternative is not available.

### Barrier contraceptives

diaphragms	female condoms	Phexxi®
cervical cap	vaginal sponge	
spermicides	male condoms	

### Brand hormonal contraceptives

Lo Loestrin Fe® 0.1-1 mg	Slynd® 4 mg	Opill® 0.075 mg
Natazia® 3 mg-2 mg-1 mg	Nextstellis®	Twirla®

### Emergency contraceptives

Aftera® 1.5 mg	Her Style® 1.5 mg	Opcicon One-Step® 1.5 mg
After Pill® 1.5 mg	levonorgestrel 1.5 mg	Option 2® 1.5 mg
EContra EZ® 1.5 mg	My Choice® 1.5 mg	React® 1.5 mg
EContra One-Step® 1.5 mg	My Way® 1.5 mg	Take Action® 1.5 mg
Ella® 30 mg	New Day® 1.5 mg	

### Generic oral hormonal contraceptives

Afirmelle® 0.1 mg-0.02 mg	Dasetta 1/35® 1 mg-35 mcg	Introvale® 0.15 mg-0.03 mg
Altavera® 0.15 mg-0.03 mg	Dasetta® 7 days x 3	Isibloom® 0.15 mg-0.03 mg
Alyacen 1/35® 1 mg-35 mcg	Daysee® 0.15 mg-30 mcg	Jaimiess® 0.15 mg-30 mcg
Alyacen® 7 days x 3	Deblitane® 0.35 mg	Jasmiel® 0.02 mg-3 mg
Amethia® 0.15 mg-30 mcg	Delyla® 0.1 mg-0.02 mg	Jencycla® 0.35 mg

<b>Generic oral hormonal contraceptives, cont.</b>		
Amethyst® 90 mcg-20 mcg	desogestrel-ethinyl estradiol 0.15 mg-0.03 mg	Jolessa® 0.15 mg-0.03 mg
Apri® 0.15 mg-0.03 mg	desogestrel-ethinyl estradiol 21-5	Joyeaux® 0.1 mg-0.02 mg
Aranelle® 7-9-5	Dolishale 90 mcg-20 mcg	Juleber® 0.15 mg-0.03 mg
Ashlyna® 0.15 mg-30 mcg	drospirenone-eth estra-levomef 3 mg-0.02 mg	Junel Fe® 1 mg-20 mcg
Aubra EQ® 0.1 mg-0.02 mg	drospirenone-eth estra-levomef 3 mg-0.03 mg	Junel Fe® 1.5 mg-30 mcg
Aurovela 24 Fe® 1 mg-20 mcg	drospirenone-ethinyl estradiol 3 mg-0.023 mg	Junel Fe 24® 1 mg-20 mcg
Aurovela Fe® 1 mg-20 mcg	drospirenone-ethinyl estradiol 3 mg-0.03 mg	Kaitlib Fe® 0.8 mg-0.025 mg
Aurovela Fe® 1.5 mg-30 mcg	Elinest® 0.3 mg-0.03 mg	Kalliga® 0.15 mg-0.03 mg
Aviane® 0.1 mg-0.02 mg	Enpresse® 6-5-10	Kariva® 21-5
Ayuna® 0.15 mg-0.03 mg	Enskyce® 0.15 mg-0.03 mg	Kelnor 1-35® 1 mg-0.035 mg
Azurette® 21-5	Errin® 0.35 mg	Kelnor 1-50® 1 mg-0.50 mg
Balziva® 0.4 mg-0.035 mg	Estasylla® 0.25 mg-0.035 mg	Kurvelo® 0.15 mg-0.03 mg
Beyaz® 0.02 mg-3 mg	Estrostep Fe® 5-7-9	Larin 24 Fe® 1 mg-20 mcg
Blisovi 24 Fe® 1 mg-20 mcg	ethynodiol-ethinyl estradiol 1 mg-0.035 mg	Larin Fe® 1 mg-20 mcg
Blisovi Fe® 1 mg-20 mcg	ethynodiol-ethinyl estradiol 1 mg-0.05 mcg	Larin Fe® 1.5 mg-30 mcg
Blisovi Fe® 1.5 mg-30 mcg	Falmina® 0.1 mg-0.02 mg	Layolis Fe® 0.8 mg-0.025 mg
Briellyn® 0.4 mg-0.035 mg	Fayosim®	Leena® 7-9-5
Brevicon® 0.5 mg-0.035 mg	Finzala® 1 mg-20 mcg	Lessina® 0.1 mg-0.02 mg
Camila® 0.35 mg	Gemmily® 1 mg-20 mcg	Levonest® 6-5-10
Camrese® 0.15 mg-30 mcg	Gianvi® 0.02 mg-3 mg	levonorgestrel-eth estradiol 0.1-0.02 mg
Camrese Lo® 0.1 mg-20 mcg	Hailey 1.5-0.03 mg	levonorgestrel-eth estradiol 0.15 mg-0.03 mg
Caziant® 7 days x 3	Hailey 24 Fe® 1 mg-20 mcg	levonorgestrel-eth estradiol-ferrous fum 0.1 mg-0.02 mg
Charlotte 24 Fe® 1 mg-20 mcg	Hailey Fe® 1 mg-20 mcg	levonorgestrel-eth estradiol 6-5-10
Chateal EQ® 0.15 mg-0.03 mg	Hailey Fe® 1.5 mg-30 mcg	levonorgestrel-eth estradiol 90 mcg-20 mcg
Cryelle® 0.3 mg-0.03 mg	Heather® 0.35 mg	levonorgestrel-ethinyl estradiol 0.15 mg
Cyclessa® 7 days x 3	Iclevia® 0.15 mg-0.03 mg	levonorgestrel-ethinyl estradiol 100-20
Cyred EQ® 0.15 mg-0.03 mg	Incassia® 0.35 mg	levonorgestrel-ethinyl estradiol 150-30

**Generic oral hormonal contraceptives, cont.**

Levora® 0.15 mg-0.03 mg	Nortrel® 7 days x 3	Tri-Linyah®
Lo Loestrin Fe® 1 mg-10 mcg	Nortrel 0.5/35® 0.5 mg-0.035 mg	Tri-Lo-Estarylla®
Loestrin Fe® 1 mg-20 mcg	Nortrel 1/35® 1 mg-35 mcg	Tri-Lo-Marzia®
Loestrin Fe® 1.5 mg-30 mcg	Noryroc® 0.35 mg	Tri-Lo-Mili®
Lojaimiess® 0.1 mg-20 mcg	Nylia 1/35® 1 mg-35 mcg	Tri-Lo-Sprintec®
Loryna® 0.02 mg-3 mg	Nylia® 7 days x 3	Tri-Linyah®
Low-Ogestrel® 0.3 mg-0.03 mg	Nymyo® 0.25 mg-0.035 mg	Tri-Lo-Estarylla®
Lo-Zumandimine® 0.02 mg-3 mg	Ocella® 0.03 mg-3 mg	Tri-Lo-Marzia®
Lutera® 0.1 mg-0.02 mg	Ortho Micronor® 0.35 mg	Tri-Lo-Mili®
Lyleq® 0.35 mg	Ortho-Novum® 7 days x 3	Tri-Mili®
Lyza® 0.35 mg	Ovcon® 0.4 mg-0.035 mg	Tri-Nymyo®
Marlissa® 0.15 mg-0.03 mg	Philith® 0.4 mg-0.035 mg	Tri-Sprintec®
Merzee® 1 mg-20 mcg	Pimtrea® 21-5	Trivora® 6-5-10
Mibelas 24 Fe® 1 mg-20 mcg	Pirmella 1/35® 1 mg-35 mcg	Tri-Vylibra®
Microgestin 24 Fe® 1 mg-20 mcg	Pirmella® 7 days x 3	Tri-Vylibra Lo®
Microgestin Fe® 1 mg-20 mcg	Previfem® 0.25 mg-0.035 mg	Tulana® 0.35 mg
Microgestin Fe® 1.5 mg-30 mcg	Portia® 0.15 mg-0.03 mg	Turqoz® 0.3 mg – 0.03 mg
Mili® 0.25 mg-0.035 mg	Reclipsen® 0.15 mg-0.03 mg	Tyblume® 0.1 mg-0.02 mg
Minastrin 24 Fe® 1 mg-20 mcg	Rivelsa®	Tydemy® 0.03 mg-3 mg
Mono-Linyah® 0.25 mg-0.035 mg	Safyral® 0.03 mg-3 mg	Velivet® 7 days x 3
Necon 0.5/35® 0.5 mg-0.035 mg	Setlakin® 0.15 mg-0.03 mg	Vestura 0.02 mg-3 mg
Nexesta Fe® 0.4 mg-0.035 mg	Sharobel® 0.35 mg	Vienna® 0.1 mg-0.02 mg
Nikki® 0.02 mg-3 mg	Simliya® 21-5	Viorele® 21-5
Nora-BE® 0.35 mg	Simpesse® 0.15 mg-30 mcg	Volnea® 21-5
norethindrone 0.35 mg	Sprintec® 0.25 mg-0.035 mg	Vyfemla® 0.4 mg-0.035 mg
norethindrone ac-eth estradiol 1.5-0.03 mg	Sronyx® 0.1 mg-0.02 mg	VyLibra® 0.25 mg-0.035 mg
norethindrone-eth estradiol-fe 1.5 mg-30 mcg	Syeda® 0.03 mg-3 mg	Wera® 0.5 mg-0.035 mg
norethin-eth estra-ferrous fum 0.4 mg-0.035 mg	Tarina 24 Fe® 1 mg-20 mcg	Wymzya Fe® 0.4 mg-0.035 mg
norethin-eth estra-ferrous fum 0.8 mg-0.025 mg	Tarina Fe® 1 mg-20 mcg	Yasmin® 0.03 mg-3 mg
norethin-eth estra-ferrous fum 1 mg-20 mcg	Taytulla® 1 mg-20 mcg	Yaz® 0.02 mg-3 mg
norgestrel-ethinyl estradiol 0.3 mg – 0.03 mg	Tilia Fe® 5-7-9	Zenchant® 0.4 mg-0.035 mg
norgestimate-ethinyl estradiol 0.25 mg-0.035 mg	Tri-Estarylla®	Zovia 1-35® 1 mg-0.035 mg
norgestimate-ethinyl estradiol lo	Tri-Legest Fe® 5-7-9	Zumandimine® 0.03 mg-3 mg

<b>Other contraceptives</b>		
Depo-Provera® (Quantity limit of 1 per 90 days)	Liletta®	Skyla®
Nexplanon® (Quantity limit of 1 per year)	Mirena®	
medroxyprogesterone injection (Quantity limit of 1 per 90 days)	Paragard T 380-A®	
<b>Ring hormonal contraceptives</b>		
Annovera®	EnilloRing®	Haloette®
EluRyng®	etonogestrel/ethinyl estradiol	
<b>Transdermal contraceptives</b>		
Xulane®		
norelgestromin/ethinyl estradiol 0.15mg-0.035mg/24hr		
<b>Fluoride supplements</b>		
Prevention of dental cavities if water source is deficient in fluoride		
<b>Restricted to members between 6 months and 6 years of age.</b>		
fluoride (chewable tablets, oral drops)		
<b>Folic acid supplements</b>		
Prevention of birth defects		
folic acid (400, 800 mcg)		
<b>Prenatal vitamins</b>		
Prevention of birth defects		
Select generic prenatal vitamins		
<b>PrEP (Pre-exposure prophylaxis)</b>		
Prevention of HIV infection		
<b>Restricted to members for prevention only, not for treatment of infection, Quantity limit applies</b>		
Apretude®	emtricitabine 200 mg	tenofovir disoproxil fumarate 300 mg
Descovy® 200-25 mg	emtricitabine-tenofovir disoproxil fumarate 200-300 mg	
<b>Smoking cessation</b>		
Prevention of health problems associated with tobacco use		
Brand drugs are only covered if a generic alternative is unavailable; drugs are restricted to members aged 18 and over; quantity limit applies for up to 180-day supply per year (two 90-day smoking attempts).		
bupropion HCL SR	nicotine inhaler (Nicotrol®) - Covered only after a trial of nicotine transdermal patch.	nicotine transdermal patch (OTC)
varenicline	nicotine lozenge	
nicotine gum (OTC)	nicotine spray (Nicotrol NS®) - Covered only after a trial of nicotine transdermal patch.	

## Statins (low to moderate intensity)

### Prevention of cardiovascular disease events

Restricted to members between the ages of 40 and 75; quantity limited to statin dosages at low-to-moderate intensity; no concurrent use of secondary prevention drugs (e.g., Aggrenox (aspirin/dipyridamole), Plavix (clopidogrel), dipyridamole, nitroglycerin (oral, sublingual, transdermal, translingual), Effient (prasugrel), Brilinta (ticagrelor), ticlopidine (Zonitivity). Flolipid and Atorvaliq suspensions prior authorization for patients who cannot use tablets.

atorvastatin (10, 20 mg)	lovastatin (10, 20, 40 mg)	simvastatin (5, 10, 20, 40 mg)
fluvastatin (20, 40, er 80 mg)	pravastatin (10, 20, 40, 80 mg)	
Livalo® (1, 2, 4 mg)	rosuvastatin (5, 10 mg)	

## Vaccines

### Prevention of infectious diseases. Quantity limit applies.

#### Adult

Coronavirus vaccines (Comirnaty®, Novavax®, Spikevax®)	Meningococcal ACWY-B (Penbraya®; age 18-25 years)	Respiratory Syncytial Virus (RSV) (Abrysvo®, Arexvy®, mResvia®; ≥60 years; Abrysvo® <60 years in pregnancy)
Hepatitis A (Vaqta®, Havrix®)	Meningococcal quadrivalent conjugate (Menveo®, MenQuadfi®; age 18-23 years)	Tetanus, diphtheria (Td)
Hepatitis A/B combo (TwinRix®)	Meningococcal serogroup B (Bexsero, Trumenba®; age 18-25 years)	Tetanus, diphtheria, pertussis (Tdap)
Hepatitis B (Engerix-B® Adult, Heplisav-B®, PreHevbrio®, Recombivax HB®)	Pneumococcal 15-valent conjugate (Vaxneuvance®; ≥65 years)	Varicella
Human papillomavirus (Gardasil 9®; age 18-45 years)	Pneumococcal 20-valent conjugate (Pneumovax 23®; ≥65 years)	Zoster vaccine, recombinant (Shingrix®; Age ≥50 years)
Influenza vaccines (Flublok® ≥18 years; Fluzone HD® and Fluad® ≥65 years)	Pneumococcal polysaccharide (Pneumovax 23®; ≥65 years)	
Measles, mumps, rubella (MMR, Priorix®)	Poliovirus (Ipol®)	

#### Pediatric

\*Pharmacies may only administer vaccines to children ≥3 years\*

Coronavirus vaccine (Moderna EUA pediatric vaccine; age 6 months-11 years)	Diphtheria, tetanus (DT; age 6 weeks-6 years)	DTaP and inactivated poliovirus vaccine (Kinrix®, Quadracel®; age 4-6 years)
Coronavirus vaccine (Pfizer EUA pediatric vaccine; age 6 months-4 years)	DTaP, hepatitis B, and inactivated poliovirus (DTaP-HepB-IPV; Pediarix®; age 6 weeks-6 years)	Haemophilus influenzae type B (ActHIB®, Hiberix®, PedvaxHIB®; age 6 weeks-4 years)
Coronavirus vaccine (Comirnaty®, Novavax®, Spikevax®; age 12-17 years)	DTaP, inactivated poliovirus, and H. influenzae type B (DTaP-IPV/Hib; Pentacel®; age 6 weeks-4 years)	Hepatitis A (Vaqta®, Havrix®; age 1-17 years)
Diphtheria, tetanus, acellular pertussis (DTaP; Daptacel®, Infanrix®; age 6 weeks-6 years)	DTaP, inactivated poliovirus, H.influenza type B, and hepatitis B (DTap IPV Hib HepB, Vaxellis®; age 6 weeks-4 years)	Hepatitis B (Engerix-B® Pediatric-Adolescent, Recombivax HB® Pediatric-Adolescent; age 0-17 years; Recombivax HB® Adult; age 11-16 years)



Pediatric con't

\*Pharmacies may only administer vaccines to children  $\geq 3$  years\*

Human papillomavirus (Gardasil 9 <sup>®</sup> ; age 9-17 years)	Meningococcal serogroup B (Bexsero <sup>®</sup> , Trumenba <sup>®</sup> ; age 10-17 years)	Tetanus, diphtheria, acellular pertussis (Tdap; Adacel <sup>®</sup> , Boostrix <sup>®</sup> ; age 7-17 years)
Measles, mumps, and rubella vaccine (MMR II, Priorix <sup>®</sup> ; age 1-17 years)	Pneumococcal 15-valent conjugate (Vaxneuvance <sup>®</sup> ; age 6 weeks-18 years)	Tetanus, diphtheria (Td; Tenivac <sup>®</sup> , TDvax <sup>®</sup> ; age 7-17 years)
Measles, mumps, rubella, and varicella (ProQuad <sup>®</sup> ; age 1-12 years)	Pneumococcal 20-valent conjugate (Pneumovax 20 <sup>®</sup> ; age 6 weeks-18 years)	Varicella (Varivax <sup>®</sup> ; age 1-17 years)
Meningococcal ACWY-B (Penbraya <sup>®</sup> ; age 10-17 years)	Pneumococcal polysaccharide (Pneumovax 23 <sup>®</sup> ; age 2-18 years)	
Meningococcal quadrivalent conjugate (Menveo <sup>®</sup> , MenQuadfi <sup>®</sup> ; age 11-17 years)	Poliovirus (Ipol <sup>®</sup> ; age 6 weeks to 17 years)	

# Notice of Nondiscrimination

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## 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 1-844-293-9624 (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](mailto:shp.appeals.grievance@securityhealth.org)

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

## U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

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

More information is available at <http://www.hhs.gov/ocr/index.html>.

# Language Assistance Services

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**ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-800-472-2363 (TTY 711).

## **Español (Spanish)**

**ATENCIÓN:** Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-472-2363 (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 1-800-472-2363 (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 1-800-472-2363 (TTY 711)。

## **Deutsch (German)**

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-472-2363 (TTY 711).

## **العربية (Arabic)**

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوفر لك بالمجان. اتصل برقم 1-800-472-2363 (رقم هاتف الصم والبكم 117).

## **Русский (Russian)**

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-472-2363 (телетайп 711).

## **한국어 (Korean)**

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-472-2363 (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 1-800-472-2363 (TTY 711).

## **Deitsch (Pennsylvania Dutch)**

Wann du Deitsch schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-472-2363 (TTY 711)

## **ພາສາລາວ (Lao)**

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີພ້ອມໃຫ້ ທ່ານ. ໂທສ 1-800-472-2363 (TTY 711).

## **Français (French)**

**ATTENTION :** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-472-2363 (ATS 711).

## **Polski (Polish)**

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-472-2363 (TTY 711).

## **हिंदी (Hindi)**

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-472-2363 (TTY 711) पर कॉल करें।

## **Shqip (Albanian)**

**KUJDES:** Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-472-2363 (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 1-800-472-2363 (TTY 711).

## **မြန်မာ (Burmese)**

**သတိပြုရန်-** သင်အင်္ဂလိပ်စကားပြောဆိုပါက၊ ဘာသာစကားအကူအညီပေးရေးဝန်ဆောင်မှုများသည် သင့်အား အခမဲ့ရရှိနိုင်ပါသည်။ 1-800-472-2363 (TTY 711) ကိုခေါ်ဆိုပါ။

## **Soomaali (Somalia)**

**ATENSYON:** Haddii aad ku hadasho afka Soomaaliha, adeegyada caawimada luqadda waxaa lagu heli karaa iyagoo bilaash ah. Wac 1-800-472-2363 (TTY 711).

**If you require materials in large print, please call 1-800-472-2363 (TTY 711).**





# SecurityHealth Plan<sup>SM</sup>

Promises kept, plain and simple.<sup>®</sup>

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

1-877-873-5611

715-221-9604

TTY 711

Fax 715-221-9989

**[www.securityhealth.org](http://www.securityhealth.org)**