Security Health Plan

Esteem Rx Silver (HMO-POS) H5211-014
Esteem Rx Gold (HMO-POS) H5211-015
Legacy Rx (HMO-POS) H5211-004

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

This booklet gives you a summary of drug and health services covered by Security Health Plan's Esteem Rx Silver, Esteem Rx Gold, and Legacy Rx. It is an overview of what we cover and what you pay. The benefit information provided does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call Customer Service and request the "Evidence of Coverage" or access it online at securityhealth.org/members/medicare.

Security Health Plan of Wisconsin, Inc., is an HMO and HMO-POS plan with a Medicare contract and a contract with the Wisconsin Medicaid program. Enrollment in Security Health Plan depends on contract renewal.

- **Primary Care Physician (PCP)** – We encourage you to choose a primary care physician. Your health is better supported when we know who your doctor is.
- **Referrals** – Security Health Plan does not require a referral to see a specialist.
- **Prior Authorizations** – Security Health Plan offers Direct Access for contracted providers. This means your doctor assists and coordinates the prior authorization process when required before you receive services.

To Reach a Customer Service Representative:

- Current members please call (877) 998-0998 (TTY 711) for more information.
- Prospective members please call (844) 679-9733 (TTY 711).
- For Medicare Part D drug coverage information, call (877) 873-5611 (TTY 711).
- Hours are 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. This call is free.

  If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Customer Service also has free language interpreter services available for non-English speakers.

To join Esteem Rx Silver, Esteem Rx Gold, or Legacy Rx you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area.

The service area includes these counties in:

- **Wisconsin**: Adams, Ashland, Barron, Buffalo, Burnett, Chippewa, Clark, Dunn, Eau Claire, Florence, Forest, Iron, Jackson, Juneau, Langlade, Lincoln, Marathon, Marinette, Monroe, Oneida, Polk, Portage, Price, Rusk, Sawyer, Shawano, Taylor, Trempealeau, Vilas, Washburn, Waupaca, Waushara, and Wood.

Security Health Plan has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services; but if you want to, you can also use providers that are not in our network. You can choose to see either in-network or out-of-network providers. You will pay less for covered services through an in-network provider. Please note out-of-network/non-contracted providers are under no obligation to treat members, except in emergency situations. Coverage is limited to within the U.S.

- You can choose from network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at our website securityhealth.org/provider-directory.
- You can see our plan's pharmacy directory at our website securityhealth.org/pharmacy.
- Or call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call the Customer Service number.

Medicare-covered Services

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
+ Your provider must obtain prior authorization from our plan.						
Monthly Plan Premium You must continue to pay your Medicare Part B premium. If you choose the optional supplemental dental benefit, you pay an extra premium.	$65		$125		$300	
Deductible Medical Part D Prescription Drugs	$0 $450		$0 $300		$0 $0	
Maximum Out-of-Pocket Amount *Does not include costs related to prescription drugs*	$6,500 In-network	$9,500 combined In/Out-of-network	$5,000 In-network	$8,000 combined In/Out-of-network	$3,000 In-network	$6,000 combined In/Out-of-network
Inpatient Hospital Coverage+	Days 1-4: $400 copay/day Days 5-discharge: $0	50% coinsurance	Days 1-4: $350 copay/day Days 5-discharge : $0	50% coinsurance	Days 1-5: $200 copay/day Days 6-discharge : $0	50% coinsurance
Outpatient Hospital Services+	$0-$300 copay	50% coinsurance	$0-$250 copay	50% coinsurance	$0-$100 copay	50% coinsurance
Outpatient Hospital Observation Services+	$0-$300 copay	50% coinsurance	$0-$250 copay	50% coinsurance	$0-$100 copay	50% coinsurance

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Ambulatory Surgical Center (ASC) Services+	$0-$300 copay	50% coinsurance	$0-$250 copay	50% coinsurance	$0-$100 copay	50% coinsurance
Doctor Visits						
Primary Care Providers	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Specialists	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	Covered in full	50% coinsurance	Covered in full	50% coinsurance	Covered in full	50% coinsurance
Emergency Care	$130 copay		$130 copay		$150 copay	
Urgently Needed Services	$0 copay primary care $45 copay specialist		$0 copay primary care $40 copay specialist		$0 copay primary care $35 copay specialist	
Diagnostic Services, Labs, and Imaging+						
Lab Services+	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance
Diagnostic Tests and Procedures+	$20 copay	50% coinsurance	$20 copay	50% coinsurance	$15 copay	50% coinsurance
Diagnostic Radiology Services (e.g. MRI, CAT Scan) +	$0-$225 copay	50% coinsurance	$0-$200 copay	50% coinsurance	$0-$150 copay	50% coinsurance
Therapeutic Radiology Services+	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance	20% coinsurance	50% coinsurance
Outpatient X-rays+	$20 copay	50% coinsurance	$20 copay	50% coinsurance	$0 copay	50% coinsurance

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Hearing Services Medicare-Covered Hearing Exam *See supplemental services below for additional information*	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Dental Services Medicare-Covered Dental Services *See supplemental services below for additional information*	$45 copay	Not covered	$40 copay	Not covered	$35 copay	Not covered
Vision Care Medicare-Covered Eye Exams *See supplemental services below for additional information*	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$35 copay	50% coinsurance

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Mental Health Services Inpatient Psychiatric+	Days 1-4: $400 copay/day Days 5-discharge: $0	50% coinsurance	Days 1-4: $350 copay/day Days 5-discharge: $0	50% coinsurance	Days 1-5: $200 copay/day Days 6-discharge: $0	50% coinsurance
Outpatient individual/group therapy visits (non-psychiatrist).	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Outpatient individual/group therapy visits with a psychiatrist.	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$35 copay	50% coinsurance
Ambulance Services (+non-emergent transport) Ground Ambulance	$285 per trip		$275 per trip		$175 per trip	
Air Ambulance	$285 per trip		$275 per trip		$175 per trip	
Skilled Nursing Facility+	Days 1-20: $0 copay/day Days 21-100: $221 copay/day	50% coinsurance	Days 1-20: $0 copay/day Days 21-100: $221 copay/day	50% coinsurance	Days 1-20: $0 copay/day Days 21-100: $221 copay/day	50% coinsurance
Outpatient Rehabilitation Services Physical/Speech Therapy	$35 copay	50% coinsurance	$30 copay	50% coinsurance	$20 copay	50% coinsurance
Occupational Therapy	$35 copay	50% coinsurance	$30 copay	50% coinsurance	$20 copay	50% coinsurance

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Cardiac rehabilitation Cardiac/Intensive Rehab Pulmonary Rehab/SET	 $30 copay $25 copay	 50% coinsurance 50% coinsurance	 $20 copay $20 copay	 50% coinsurance 50% coinsurance	 $0 copay $0 copay	 50% coinsurance 50% coinsurance
Acupuncture for chronic low back pain	$20 copay	50% coinsurance	$20 copay	50% coinsurance	$20 copay	50% coinsurance
Chiropractic Services	$15 copay	50% coinsurance	$15 copay	50% coinsurance	$20 copay	50% coinsurance
Diabetes self-monitoring training, supplies, and services+ Self-Management Training Diabetic Supplies+* Diabetic Monitors+ Diabetic shoes/inserts+	 Covered in full $0 copay $0 copay 20% coinsurance	 50% coinsurance Not covered Not covered Not covered	 Covered in full $0 copay $0 copay 20% coinsurance	 50% coinsurance Not covered Not covered Not covered	 Covered in full $0 copay $0 copay $0 copay	 50% coinsurance Not covered Not covered Not covered
	*Limited to specific brands, see the Evidence of Coverage for details.					
Durable Medical Equipment and Supplies+	20% coinsurance	Not covered	20% coinsurance	Not covered	20% coinsurance	Not covered
Podiatry	$45 copay	50% coinsurance	$40 copay	50% coinsurance	$25 copay	50% coinsurance

Benefits and Premiums	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Medicare Part B Prescription Drugs+*						
Insulin	0%-20% coinsurance; $35 maximum	50% coinsurance	0%-20% coinsurance; $35 maximum	50% coinsurance	0%-20% coinsurance; $35 maximum	50% coinsurance
Part B covered drugs and biologicals, including chemotherapy drugs+	0%-20% coinsurance	50% coinsurance	0%-20% coinsurance	50% coinsurance	0%-20% coinsurance	50% coinsurance
	Medicare identifies Part B “rebatable” drugs that have a price increasing at a rate higher than the rate of inflation. Your cost for Part B rebatable drugs is limited to the cost under Original Medicare and will be no more than 20% coinsurance. However, your cost could change each quarter and will be between $0 and 20%. Medicare will notify Security Health Plan of your cost for these drugs on a quarterly basis. **Select Part B drugs are subject to step therapy restrictions.*					

Supplemental Benefits (Non-Medicare Covered Services)

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details.

Supplemental Benefits	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS)		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Bathroom safety devices+	20% coinsurance	Not covered	20% coinsurance	Not covered	20% coinsurance	Not covered
Dental Services Preventive 2 exams, 2 cleanings, 1 fluoride treatment, 1 series bitewing x-ray per year (full mouth x-ray covered 1 every 5 years)	$0 copay	There is no out-of-network coverage	$0 copay	There is no out-of-network coverage	$0 copay	There is no out-of-network coverage
Comprehensive • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain Frequency limits & Exclusions apply	50% coinsurance for comprehensive dental services at an in-network provider up to the annual maximum allowance of $500.	There is no out-of-network coverage	50% coinsurance for comprehensive dental services at an in-network provider up to the annual maximum allowance of $500.	There is no out-of-network coverage	Not covered	Not covered
Fitness Program: **Gym Membership** OnePass	$0 cost gym membership	Not covered	$0 cost gym membership	Not covered	$0 cost gym membership	Not covered

Supplemental Benefits	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS)		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Hearing Services						
One Routine hearing exam (non-Medicare)	$0 annual exam	Not covered	$0 annual exam	Not covered	$0 annual exam	Not covered
Fitting/evaluation for hearing aids within 12 months of purchase (non-Medicare)	$0 copay	Not covered	$0 copay	Not covered	$0 copay	Not covered
Prescription hearing aids	Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	Not covered	Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	Not covered	Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	Not covered
Over the Counter (OTC) Benefit **Quarterly benefit to be used toward the purchase of select over-the-counter (OTC) health and wellness products available through our mail order catalog*	You are eligible for a $50 quarterly benefit*	Not covered	You are eligible for a $55 quarterly benefit*	Not covered	You are eligible for a $55 quarterly benefit*	Not covered

Supplemental Benefits	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS)		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Tobacco Cessation+	$0 copay	50% coinsurance	$0 copay	50% coinsurance	$0 copay	50% coinsurance
	We cover counseling sessions for smoking/tobacco/ nicotine cessation and up to a 6-month supply of over-the-counter nicotine replacement therapy (NRT) at no charge to members who participate in our free Nicotine-Free program. You must obtain prior authorization from a Security Health Plan health coach.					
Vision Services						
Annual exam (non-Medicare)	$0 annual exam	50% coinsurance	$0 annual exam	Not covered	$0 annual exam	Not covered
Routine exam	$45 copay with specialist	50% coinsurance	$40 with specialist	50% coinsurance	$35 copay with specialist	50% coinsurance
Eyewear – Frames/lenses	$200 annual limit	Not covered	$250 annual limit	Not covered	$175 annual limit	Not covered
Contacts	Not covered	Not covered	Not covered	Not covered	Not covered	Not covered

Optional Supplemental Benefits

Our plan offers some extra benefits that aren't covered by Original Medicare and are not included in your benefits package. These extra benefits are called Optional Supplemental Benefits. If you want these optional supplemental benefits, you must sign up for them and you will have to pay an additional premium for them. The optional supplemental benefits described in this section are subject to the same appeals process as any other benefits. Refer to the Dental Handbook for full details.

Optional supplemental Benefits	Esteem Rx Silver (HMO-POS)		Esteem Rx Gold (HMO-POS)		Legacy Rx (HMO-POS)	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Premium	**$41/month**	N/A	**$41/month**	N/A	**$42.90/month**	N/A
Deductible	There is no deductible.	N/A	There is no deductible.	N/A	$100	N/A
Dental Comprehensive • Restorative services • Endodontics • Periodontics • Prosthodontics • Oral surgery • Emergency treatment of pain Frequency limits & Exclusions apply	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance	There is no out-of-network coverage.	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance	There is no out-of-network coverage.	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance	There is no out-of-network coverage.

Part D Prescription Drugs

There are three stages of cost sharing in the Part D benefit – deductible, initial coverage, and catastrophic coverage. Cost sharing changes when you enter each stage of the Part D benefit.

Deductible Stage: You pay the full cost of your covered prescription drugs in Tiers 3, 4, and 5 until you have reached your plan's deductible and then move to the Initial Coverage State. For Tiers 1, 2, and 6 you start immediately in the Initial Coverage Stage.

Initial Coverage Stage: After you meet the deductible, you pay a copayment or coinsurance for covered drugs. You pay your portion and stay in this stage until your out-of-pocket costs reach $2,400. If the cost of your drug is less than the listed copay, you will only pay the lower amount.

Catastrophic Coverage Stage: During this stage, you pay nothing for covered Part D drugs. You stay in this stage until the end of the year.

Covered Insulin Products: You pay no more than **$35 for a one-month supply** of each covered insulin product under your Part D prescription drug benefit in tier 3 and 4. The plan deductible does not apply to covered insulin products.

Part D Prescription Drugs	**Esteem Silver Rx (HMO-POS) – $450 Deductible** In-network standard retail, mail-order and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/ 34 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	28% coinsurance	-	-	28% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay

Part D Prescription Drugs	Esteem Rx Gold (HMO-POS) – $300 Deductible In-network standard retail, mail-order and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/ 34 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	30% coinsurance	-	-	30% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay

Part D Prescription Drugs	Legacy Rx (HMO-POS)– $0 Deductible In-network standard retail, mail-order and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/ 34 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	No	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	No	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	No	33% coinsurance	-	-	33% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$ copay	$0 copay