SecurityHealth Plan℠

Security Health Plan

Compass (HMO) H5211-003
Esteem Rx (HMO) H5211-012

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 for Compass (HMO) and Esteem Rx (HMO). 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 Compass (HMO) and Esteem Rx (HMO) you must:

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

The Security Health Plan 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 providers that are not in our network, the plan may not pay for these services. Please note out-of-network/non-contracted providers are under no obligation to treat Security Health Plan 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	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
+ 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.	$0	$20
Deductible Medical Part D Prescription Drugs	$0 Not covered	$0 $550
Maximum Out-of-Pocket Amount *Does not include costs related to prescription drugs*	$5,000	$7,150
Inpatient Hospital Coverage+	Days 1-4: $400 copay/day Days 5-discharge: $0 copay	Days 1-4: $400 copay/day Days 5-discharge: $0 copay
Outpatient Hospital Services+	$0-$300 copay	$0-$300 copay
Outpatient Hospital Observation Services+	$0-$300 copay	$0-$300 copay
Ambulatory Surgical Center (ASC) Services+	$0-$300 copay	$0-$300 copay
Doctor Visits Primary Care Providers Specialists	 $0 copay $50 copay	 $0 copay $50 copay
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	Covered in full
Emergency Care	$130 copay	$130 copay
Urgently Needed Services	$0 copay primary care $50 copay specialist	$0 copay primary care $50 copay specialist

Benefits and Premiums	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
Diagnostic Services, Labs, and Imaging+		
Lab Services+	$0 copay	$10 copay
Diagnostic Tests and Procedures+	$5 copay	$20 copay
Diagnostic Radiology Services (e.g. MRI, CAT Scan) +	$0-$200 copay	$0-$250 copay
Therapeutic Radiology Services+	20% coinsurance	20% coinsurance
Outpatient X-rays+	$20 copay	$20 copay
Hearing Services Medicare-Covered Hearing Exam *See supplemental services below for additional information*	$50 copay	$50 copay
Dental Services Medicare-Covered Dental Services *See supplemental services below for additional information*	$50 copay	$50 copay
Vision Care Medicare-Covered Eye Exams *See supplemental services below for additional information*	$50 copay	$50 copay
Mental Health Services Inpatient Psychiatric+	Days 1-4: $400 copay/day Days 5-discharge: $0 copay	Days 1-4: $400 copay/day Days 5-discharge: $0 copay
Outpatient individual/group therapy visits (non-psychiatrist).	$50 copay	$50 copay
Outpatient individual/group therapy visits with a psychiatrist.	$50 copay	$50 copay

Benefits and Premiums	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
Ambulance Services (+non-emergent transport) Ground Ambulance Air Ambulance	 $275 per trip $275 per trip	 $295 per trip $295 per trip
Skilled Nursing Facility+	Days 1-20: $0 copay Days 21-100: $221 copay/day	Days 1-20: $0 copay Days 21-100: $221 copay/day
Outpatient Rehabilitation Services Physical/Speech Therapy Occupational Therapy	 $20 copay $20 copay	 $40 copay $40 copay
Cardiac rehabilitation	$0 copay	$35 copay
Pulmonary rehabilitation | SET for PAD	$0 copay	$15 copay
Acupuncture for chronic low back pain	$20 copay	$20 copay
Chiropractic Services	$15 copay	$15 copay
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	 Covered in full $0 copay $0 copay 20% coinsurance
	*Limited to specific brands, see the Evidence of Coverage for details.	
Durable Medical Equipment and Supplies+	20% coinsurance	20% coinsurance
Podiatry	$50 copay	$50 copay

Benefits and Premiums	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
Medicare Part B Prescription Drugs+* Insulin Part B covered drugs and biologicals, including chemotherapy drugs+	0%-20%; maximum $35 0%-20%	0%-20%; maximum $35 0%-20%
	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	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
Bathroom safety devices+	20% coinsurance	20% coinsurance
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) Comprehensive -	$0 copay Not covered	$0 copay Not covered
Fitness Program: Gym Membership OnePass	$0 cost gym membership	$0 cost gym membership
Hearing Services One Routine hearing exam (non-Medicare) Fitting/evaluation for hearing aids within 12 months of purchase (non-Medicare) Prescription hearing aids	$0 annual exam $0 copay Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium	$0 annual exam $0 copay Annual limit per hearing aid: $499 standard, $699 advanced, $999 premium
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 $40 quarterly benefit*	You are eligible for a $45 quarterly benefit*

Supplemental Benefits	Compass (HMO)	Esteem Rx (HMO)
	In-network costs	In-network costs
Tobacco Cessation+	$0 copay	$0 copay
	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/yr	$0 annual exam/yr
Routine exam	$50 copay	$50 copay
Eyewear – Frames/lenses	$175 annual limit	$175 annual limit
Contacts	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	Compass (HMO) In-network costs	Esteem Rx (HMO) In-network costs
Premium	**$42.90/month**	**$42.90/month**
Deductible	$100	$100
<u>Comprehensive</u> • 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	Comprehensive services up to $1,500 at a participating Delta Dental network provider. You pay 50% coinsurance

Part D Prescription Drugs: Esteem Rx (HMO)

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	Compass (HMO)
	Compass (HMO) does not have any Part D coverage

Part D Prescription Drugs	Esteem Rx (HMO) – $550 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	25% coinsurance	-	-	25% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay