

## Frequently asked questions for individual and family plans

The open enrollment period for the Federally-facilitated Exchange runs **Sunday, Nov. 1, 2020, through Tuesday, Dec. 15, 2020.**

The frequently asked questions and answers below will address questions related to 2021 plan options, premium increases, tax subsidies and more.

Current Security Health Plan subscribers will receive a renewal letter from Security Health Plan the last week of October 2020, in advance of when they will learn their updated Advance Premium Tax Credit (APTC). **Renewal letters from Security Health Plan do not reflect APTC levels for 2021.** Security Health Plan will send a separate letter indicating APTC in November 2020.

SimplyOne	
<p><b>1. I received a letter from Security Health Plan that shows my new 2021 plan has changed to <i>SimplyOne</i>. Why will I no longer be able to have my current <i>Select</i> plan?</b></p>	<p>We are introducing a new plan for our members in Marathon, Langlade, Lincoln, Oneida, Portage, Taylor, Vilas and Wood counties. The <i>Select</i> plan will no longer be available in these eight counties. This plan features access to the Marshfield Clinic Health System and simplifies the path to health care. This new plan has enabled us to provide exceptional coverage at a reduced cost by partnering with Marshfield Clinic. In addition to the same value-add perks you enjoyed with your <i>Select</i> plan in 2020, like the \$30 OTC credit and free Care My Way virtual visits, your <i>SimplyOne</i> plan will give you even more perks like 30% off select eyewear from Marshfield Clinic Health System optical locations, lower copays for prescription drugs filled at Marshfield Clinic Health System pharmacies and access to the Patient Navigator Program at Marshfield Clinic Health System.</p>
<p><b>2. What is the Patient Navigator Program?</b></p>	<p>This exclusive program is only available to Security Health Plan members on a <i>SimplyOne</i> plan. Patient navigators can help you schedule appointments, request medical records, answer billing-related questions and get health plan information. If you have a <i>SimplyOne</i> plan and wish to utilize this free service, simply call 1-888-321-7220 or email <a href="mailto:mfldpatnav@marshfieldclinic.org">mfldpatnav@marshfieldclinic.org</a>.</p>
<p><b>3. How can I check if my doctor is in my new plan's network?</b></p>	<p>The easiest way to find a provider in your network is to log in to your <i>My Security Health Plan</i> account. If you don't have an account you can easily register for one at <a href="http://www.securityhealth.org/registration">www.securityhealth.org/registration</a>.</p> <p>You can also look up providers in your network at <a href="http://securityhealth.org/directory">securityhealth.org/directory</a>. Choose your plan type (Individual and Family), then your plan name (<i>SimplyOne</i>) from the drop down menu.</p>

Premium and APTC	
<p><b>4. I received a letter from Security Health Plan that shows my new premium, but my tax subsidy isn't changing. Will my APTC remain the same for 2021?</b></p>	<p>We are required by the federal government to send you a renewal letter ahead of the open enrollment period. At the time this letter was sent, we had not received your updated 2021 APTC from the federal government and your new premium was based on 2020 information. We will receive the 2021 information in late October or early November and send you another letter showing your updated 2021 APTC along with your updated 2021 premium amount. If you have experienced significant life changes in 2020, it's important you contact the Federally-facilitated Exchange (HealthCare.gov) and make changes to your enrollment application.</p>
<p><b>5. Why did my APTC decrease?</b></p>	<p>Your APTC is affected by:</p> <ul style="list-style-type: none"> <li>• changes to your annual household income</li> <li>• changes to your family size</li> </ul> <p>The APTC that you receive is calculated based on the premium of the second lowest cost Silver tier plan in your area for all health insurance options available on the Federally-facilitated Exchange. New health insurance options will be available in 2021 with lower cost Silver plan premiums than have been available in the past. These lower cost Silver plans have impacted the APTC calculations for all consumers within certain regions of Wisconsin.</p> <p>You may be able to purchase a Gold tier plan with a lower monthly premium and lower out-of-pocket costs, which could save you money in 2021. Or, you may be able to purchase a Bronze tier plan with a lower monthly premium, but you could be responsible for more out-of-pocket costs depending on the health care services you receive. If you qualify for cost sharing reductions (CSRs) you will need to carefully compare your health plan options to find the best plan for your situation.</p>
<p><b>6. Why are my premiums increasing?</b></p>	<p>Every year we review health care costs from the previous year and calculate the rates that are necessary to provide the high-quality services we promise. Security Health Plan is a not-for-profit company and more than 90 percent of the premiums you pay go right back into your care. Other factors that can affect premium costs include our members' overall use of health care services, rise of health care costs in general, age and tobacco use. Security Health Plan cannot base premiums on your previous health conditions or current health status.</p> <p>For 2021, Security Health Plan's average rate increase is just over one percent with plan premium rate changes ranging from -2.33% to 3.16%. Individual premium increases may be higher or lower.</p>

<p><b>7. What options do I have for lowering my premium?</b></p>	<p>You have until Dec. 15, 2020, to change your plan for a Jan. 1, 2021, effective date.</p> <p>Security Health Plan’s <i>Select</i> and <i>SimplyOne</i> products provide access to a special set of high-quality physicians and hospitals at a lower monthly premium.</p> <ul style="list-style-type: none"> <li>• You may also contact the Federally-facilitated Exchange to determine if you are eligible for any tax credits and cost-sharing reductions. Over 85 percent of individuals in Wisconsin who apply for health coverage through the Federally-facilitated Exchange qualify for a “tax credit.”</li> <li>• Another way you can lower your premium is to choose a high-deductible health plan. Members who choose these plans pay less for their monthly premium and pay out-of-pocket costs for services received until they reach their plan’s annual deductible.</li> <li>• If you are interested in exploring other plan options, you can review our plans at <a href="http://www.securityhealth.org/myplans">www.securityhealth.org/myplans</a></li> <li>• Another way to lower your premium is to switch to a Bronze tier plan as they typically have the lowest premium but they do come with higher out-of-pocket costs when you use health care services.</li> </ul>
<p><b>8. Is there a possibility that my subsidy could go down in 2021, meaning I would have to pay more in premiums?</b></p>	<p>If your household income has changed or there’s been a change in the size of your household, there is the potential that the subsidy (Cost-sharing Reduction (CSR) or Advanced Premium Tax Credit (APTC)) could go down, which may increase your premium. If you don’t update your information on the Federally-facilitated Exchange, it will be adjusted on your tax information and you could be required to pay the government back for the additional amount of subsidy you received.</p>
<p><b>9. What is the difference between Gold, Silver and Bronze plans?</b></p>	<p>Health insurance options offered through the Federally-facilitated Exchange are categorized by metal tiers based on the percentage of coverage they offer. Gold plans offer the most coverage for your out-of-pocket costs with a higher monthly premium. Bronze plans offer lower monthly premiums with a higher member out-of-pocket cost when you use health care. Silver plans are in-between. Depending on your income, you may qualify for cost-sharing reductions to lower your out of pocket costs, and subsidies that can lower your monthly premium.</p>
<p><b>10. Why am I being forced off of my catastrophic coverage plan? What options do I have?</b></p>	<p>The Affordable Care Act allows catastrophic coverage for individuals under 30 years old. We are required by law to notify you about this change. We know that health insurance coverage is important to you, so we have selected the plan option that is closest in cost to your previous coverage. You may notice an increase to your monthly premium. Of course, if want to look at other options, you can at <a href="http://www.securityhealth.org/myplans">www.securityhealth.org/myplans</a>.</p>

Summary of Benefits and Coverage (SBC)	
<p><b>11. In the past I've received a copy of my Summary of Benefits and Coverage (SBC). I didn't see it with my renewal letter – where can I find that information?</b></p>	<p>We didn't send your SBC this year because we had not yet received updated 2021 cost share reduction (CSR) from the federal government. To avoid sending you incomplete or incorrect information we will send you your SBC by the end of November once we have received enrollment information from the Centers for Medicare and Medicaid Services (CMS) or after you've selected any new benefit options. You can still view the SBCs for our plans at <a href="http://www.securityhealth.org/SBC">www.securityhealth.org/SBC</a>.</p>
Plan changes and perks	
<p><b>12. Why should I choose Security Health Plan?</b></p>	<p>With Security Health Plan, you get what you expect, including:</p> <ul style="list-style-type: none"> <li>• <b>New in 2021</b>, you will receive enhanced diabetic coverage. <ul style="list-style-type: none"> <li>○ If you pay out-of-pocket costs for insulins, in 2021 you will enjoy a \$25 monthly cap on select insulins.</li> <li>○ Select diabetic supplies will be covered at 100%. Click <a href="#">here</a> for a full list of insulins and supplies included.</li> <li>○ Your plan now includes one additional A1c test covered at 100% if you are diagnosed with diabetes. One per calendar year is currently covered at 100% regardless of diagnosis.</li> </ul> </li> <li>• unlimited Care My Way® visits covered at 100%.</li> <li>• a \$30 quarterly credit toward over-the-counter drugs and supplies</li> <li>• easy-to-understand benefit statements</li> <li>• accurate and on-time claims payments</li> <li>• friendly and knowledgeable customer service</li> <li>• a 24-hour Nurse Line</li> <li>• access to care management and wellness services</li> <li>• worldwide emergency and urgent care</li> <li>• access to high-quality providers</li> <li>• prescription drug benefits</li> <li>• preventive benefits at no additional cost</li> <li>• access to a secure member website, <b>My Security Health Plan</b>, where you'll be able to review claims, chat online with Customer Service, arrange payments and take your health assessment</li> </ul>
<p><b>13. Why is my prescription limited to a one month supply?</b></p>	<p>Prescriptions are limited to a one month supply to help control costs so we can continue to offer affordable health care for all members. For your convenience, you are able to utilize a mail order pharmacy to reduce trips to the pharmacy. If you take multiple medications, talk with your pharmacist about coordinating your refills so they are ready on the same date of each month. You can also ask your pharmacy if they are able to mail your prescriptions to you. To connect with the Marshfield Clinic Health System pharmacy to set up a mail order call 1-715-389-5900.</p>

<p><b>14. I read that my plan will have enhanced diabetic coverage in 2021. What does that all include?</b></p>	<p>In 2021 you will receive enhanced diabetic coverage that includes:</p> <ul style="list-style-type: none"> <li>• a \$25 monthly cap on select insulins, per member, per month, per insulin.</li> <li>• select diabetic supplies will be covered at 100%. Click <a href="#">here</a> for a full list of insulins and supplies included.</li> <li>• one additional A1c test covered at 100%, if you are diagnosed with diabetes. One per calendar year is currently covered at 100% regardless of diagnosis.</li> </ul>
<p><b>15. What is the increased telehealth coverage I read about in my renewal letter?</b></p>	<p>The following telehealth visits will be covered in the same way as in-person visits through an in-network health care provider:</p> <ul style="list-style-type: none"> <li>• office visits</li> <li>• consultations</li> <li>• care management visits</li> <li>• medication management visits</li> <li>• diabetes education visits</li> <li>• behavioral health visits</li> </ul>
<p><b>16. I see Security Health Plan's Quality Rating System (QRS) is a 3, what does that mean?</b></p>	<p>There are a number of quality performance measures that are used to determine the Health Plan Rating. These performance measures are for health care services that are recommended for individuals based on several factors including age, gender or diagnosis. For example, breast and colorectal cancer screenings or specific services for people who have diabetes. These services help reduce the overall cost of care and improve quality of life. When members do not receive these services or decline these services, our performance rating may be affected.</p> <p>We have nurses and other medical professionals on staff who work with our members and providers to ensure members receive these recommended services. You can help improve the Ratings by receiving recommended health care services.</p> <p>This starts with your annual preventive appointment with your primary care provider.</p>
<p><b>17. I just received my welcome packet but it did not include my ID cards. When will I get my ID cards?</b></p>	<p>In an effort to keep premiums as low as possible, we simplified our renewal process and only reissue ID cards when you have a plan change. If you renewed on the same plan as 2020 you would not receive new ID cards. If you need a new set of cards I can help you get those mailed to you. You can also access your ID card from our <i>My Security Health Plan</i> account.</p>
<p><b>18. I just received my welcome packet but it did not include my Policy. Where is my policy?</b></p>	<p>In an effort to keep premiums as low as possible and to save on printing and postage, we did not mail a copy of the Policy in your welcome packet. You can access your Policy:</p> <ul style="list-style-type: none"> <li>• in your <i>My Security Health Plan</i> account</li> <li>• online at <a href="http://www.securityhealth.org/documents">www.securityhealth.org/documents</a></li> <li>• or call Customer Service to request we mail you a copy</li> </ul>

<p><b>19. I read that some preventive lab tests will no longer be covered at 100%. Why?</b></p>	<p>The lab tests are not considered “preventive,” therefore they will be subject to your plan’s cost sharing (deductible, coinsurance, and any applicable copays). These tests are:</p> <ul style="list-style-type: none"><li>• CBC (complete blood count)</li><li>• Hemoglobin</li><li>• TSH (thyroid stimulating hormone)</li><li>• Urinalysis</li><li>• PSA (prostate-specific antigen)</li></ul>
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