

SecurityHealth PlanSM

Getting to know our member identification card

Here is a sample Security Health Plan member identification (ID) card for **employees of large and small businesses and individuals and families**. We've included descriptions to help you familiarize yourself with the card.

→ This ID card is used for members accessing care within the **Security Health Plan service area**.

Medical Card

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Subscriber #: 050012345800 ¹ Medical Card

⁷ Grp#: 987654 HMO ²

³ 00123456 John T Doe ⁴ 7/26/1970
 00234567 Jane E Doe ⁵ 2/07/1972
 001234567 Jim T Doe ⁶ 6/29/2001

Security Health Plan Customer Service 1.800.472.2363
 Date Issued 01/01/2022

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Individual deductible (in network) ⁹ \$5000
 Individual deductible (out of network) \$8000
 Individual out-of-pocket max (in network) \$5000
 Individual out-of-pocket max (out of network) \$8000
 Family deductible (in network) \$8000
 Family deductible (out of network) \$10000
 Family out-of-pocket max (in network) \$8000
 Family out-of-pocket max (out of network) \$10000

Security Health Plan will cover your care only when received from an affiliated provider. Exceptions are emergency or urgent care or other specific situations as outlined in your member materials. In the event of an emergency, call Security Health Plan as early as possible. Some services may require approval, please call 1-800-991-8109. Failure to call may result in claims denial.

Provider Line
 Provider: 1.800.548.1224

24-hour Nurse Line
 1.800.549.3174
 www.securityhealth.org

Send paper claims to:
 Attn: Claims Department
 Security Health Plan ¹⁰
 PO Box 8000
 Marshfield, WI 54449-8000

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(center of card)

Pharmacy Card

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Name John T Doe ⁶ Pharmacy Card
 RxBIN 123456
 RxPCN ABC1234
 RxGRP BCD123
 ID# 050012345800

John 00, Jane 01, Jim 03 ⁸

Date Issued 01/01/2022

Pharmacy Information
 To maximize your retail prescription drug benefit or discount, present this card and your prescription(s) to a participating pharmacy.
 Only the person named on this card and their eligible dependent(s) may use this card to obtain drug benefits; however, this card does **NOT** guarantee coverage. Contact Security Health Plan in regards to prior authorizations, claims or benefits.

Security Health Plan Pharmacy Services
 Pharmacies may call:
 1.877.873.5611

Send paper claims to:
 Attn: Pharmacy Claims
 Security Health Plan ¹¹
 PO Box 8000
 Marshfield, WI 54449-8000

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(front of card)

(back of card)

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



Questions? Call Provider Relations staff at **715-221-9640** (TTY 711) or email us at **shpprd@securityhealth.org**.

PLEASE NOTE:
 Members receive ID cards upon plan enrollment or when their plan or personal information changes.