

Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2017 -12/31/2017

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Single + Family | Plan Type: Medicare Coordinating



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.adventistretirement.org or by calling 1-800-447-5002.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	MCx Option \$0	This benefit option does not have a deductible.
Are there other <u>deductibles</u> for specific services?	Yes: \$1000 Foreign Travel Emergency Benefit	The Foreign Travel Emergency benefit has a standalone <u>deductible</u> . This <u>deductible</u> does not apply to the Base Option <u>deductible</u> . This benefit is not applicable under Medicare. Medicare does not cover services outside of the United States.
Is there an <u>out-of-pocket limit</u> on my expenses?	Yes: \$50,000 Foreign Travel Emergency Benefit	The Foreign Travel Emergency benefit has a yearly <u>out-of-pocket limit</u> of \$50,000. The out-of-pocket limit applies to emergency medical treatment received by the member while traveling outside of the United States. The member must pay for the services at the time of incident and submit the claim to SHARP for reimbursement.
What is not included in the <u>out-of-pocket limit</u> ?		
Is there an overall annual limit on what the plan pays?	No	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services.
Does this plan use a <u>network of providers</u> ?	Yes	All providers must accept Medicare Assignment.
Do I need a referral to see a <u>specialist</u> ?	No. You don't need a referral to see a specialist.	You can see the <u>specialist</u> you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes	The plan will only make payments on medical services approved and paid by Medicare as primary.

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- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a Medicare covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200.
- The amount the plan pays for covered services is based on the Medicare **allowed amount**. If a **provider** charges more than the Medicare **allowed amount**, you may have to pay the difference. SHARP does not pay on services disallowed by Medicare. You would be responsible for what is not covered by Medicare and SHARP.
- This plan requires you to use Original Medicare providers.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visit to treat an injury or illness	0% coinsurance		All medical services on pages 2 - 4 require Medicare to approve and pay for a service. If Medicare does not approve a service, SHARP will not pay or approve the same service. On services not approved by Medicare the member will pay 100% of the service.
	Specialist visit	0% coinsurance	100%	
	Other practitioner office visit	0% coinsurance	100%	
	Preventive care/screening/immunization	0%	100%	
If you have a test	Diagnostic test (x-ray, blood work)	0% coinsurance	100%	
	Imaging (CT/PET scans, MRIs)	0% coinsurance	100%	
If you need drugs to treat your illness or condition	Generic drugs	\$12/31 day supply	100%	\$200 Deductible on all prescription drugs.
	Preferred brand drugs	\$29/31 day supply	100%	
	Non-preferred brand drugs	\$45/31 day supply	100%	

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Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use an Out-of-network Provider	Limitations & Exceptions
More information about <u>prescription drug coverage</u> is available at www.express-scripts.com .	Specialty drugs	\$45/31 day supply at Retail \$110/90 day supply at Mail	100%	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	100%	All medical services on pages 2 - 4 require Medicare to approve and pay for a service. If Medicare does not approve a service, SHARP will not pay or approve the same service. On services not approved by Medicare the member will pay 100% of the service.
	Physician/surgeon fees	0% coinsurance	100%	
If you need immediate medical attention	Emergency room services	0% coinsurance	100%	
	Emergency medical transportation	0% coinsurance	100%	
	Urgent care	0% coinsurance	100%	
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	100%	
	Physician/surgeon fee	0% coinsurance	100%	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	0% coinsurance	100%	
	Mental/Behavioral health inpatient services	0% coinsurance	100%	
	Substance use disorder outpatient services	0% coinsurance	100%	
	Substance use disorder inpatient services	0% coinsurance	100%	
If you are pregnant	Prenatal and postnatal care	Not Covered	Not Covered	
	Delivery and all inpatient services	Not Covered	Not Covered	

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If you need help recovering or have other special health needs	Home health care	0% coinsurance	100%	
	Rehabilitation services	0% coinsurance	10%	
	Habilitation services	Not Covered	Not Covered	
	Skilled nursing care	0% coinsurance	100%	
	Durable medical equipment	0% coinsurance	100%	
	Hospice service	0% coinsurance	100%	
If your child needs dental or eye care	Eye exam	20% coinsurance	100%	Child must be enrolled in the Non-Medicare SHARP Option
	Glasses (\$400 SHARP paid limit/year)	20% coinsurance	100%	Child must be enrolled in the Non-Medicare SHARP Option
	Dental check-up	20% coinsurance	100%	Child must be enrolled in the Non-Medicare SHARP Option

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Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Services Medicare Denies
- Cosmetic Services
- Habilitation Services
- Long-term care/Nursing home care
- Weight-loss programs
- Massage Therapy
- Acupuncture

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Dental care for members enrolled in the DVH SHARP Option—covered with some limitations. Maximum SHARP paid amount \$2,200/year/member.
- Vision care for members enrolled in the DVH SHARP Option –covered with some limitations. Maximum SHARP paid amount \$400/year/member
- Hearing care for members enrolled in the DVH SHARP Option – covered with some limitations. Maximum SHARP paid amount \$2,200/year/member.

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Your Rights to Continue Coverage:

All SHARP enrollees must have Original Medicare to access medical coordination benefits under the plan.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Adventist Risk Management, Inc. at 1-800-447-5002.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as “minimum essential coverage.” **This plan does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

[Spanish (Español): Para obtener asistencia en Español, llame al [1-888-276-4732]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [1-888-276-4732]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 [1-888-276-4732]

[Navajo (Dine): Dinekehgo shika at'ohwol ninisingo, kwijigo holne' [1-888-276-4732]

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

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About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Managing type 2 diabetes

(routine maintenance of a well-controlled condition)

- Amount owed to providers: \$4,100
- Medicare pays \$ 3280
- Patient pays \$ 0

The Plan pays 100% of coinsurance

Sample care costs:

Medical Equipment and Supplies	\$2,200
Office Visits and Procedures	\$1,000
Education	\$300
Laboratory tests	\$500
Vaccines, other preventive	\$100
Total	\$4,100

Patient pays:

Deductibles	\$0
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
Total	\$0

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Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include **premiums**.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network **providers**. If the patient had received care from out-of-network **providers**, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how **deductibles**, **copayments**, and **coinsurance** can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

- ✗ **No**. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

- ✗ **No**. Coverage Examples are **not** cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your **providers** charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

- ✓ **Yes**. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

- ✓ **Yes**. An important cost is the **premium** you pay. Generally, the lower your **premium**, the more you'll pay in out-of-pocket costs, such as **copayments**, **deductibles**, and **coinsurance**. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

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