

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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](http://www.adventistretirement.org) or by calling 1-800-447-5002.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u> ?	<b>Base Option</b> \$2100/year/person.	You must pay the Base Option <u>deductible</u> amount before this plan begins to pay for covered Medicare services. The plan <u>deductible</u> starts over January 1 of each calendar year. The <u>deductible</u> applies to Medicare approved treatment and services.
Are there other <u>deductibles</u> for specific services?	<b>Yes: \$1000 Foreign Travel Emergency Benefit</b>	The Foreign Travel Emergency benefit is 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?	<b>Yes: \$50,000 Foreign Travel Emergency Benefit</b>	The Foreign Travel Emergency benefit has a yearly <u>out-of-pocket limit</u> of \$50,000.
What is not included in the <u>out-of-pocket limit</u> ?		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.
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.

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccjio.cms.gov](http://www.ccjio.cms.gov) or call 443-391-7338 to request a copy.

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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



- **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 covered service, calculated as a percent of the Medicare **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. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If a **provider, who does not accept Medicare assignment**, charges more than the **allowed amount**, you may have to pay the difference. For example, if a hospital that does not accept Medicare assignment, charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan encourages you to use Original Medicare providers by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Non-Medicare Provider	Limitations & Exceptions
If you visit a health care <u>provider's</u> office or clinic	Primary care visits to treat an injury or illness	20% 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.
	Specialist visit	20% coinsurance	100%	
	Other practitioner office visit	20% coinsurance for Medicare approved practitioners	100%	
	Preventive care/screening/immunization	0%	0%	
If you have a test	Diagnostic test (x-ray, blood work)	20% coinsurance	100%	
	Imaging (CT/PET scans, MRIs)	20% coinsurance	100%	

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccjio.cms.gov](http://www.ccjio.cms.gov) or call 443-391-7338 to request a copy.

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Non-Medicare Provider	Limitations & Exceptions
<b>If you need drugs to treat your illness or condition</b>  More information about <b>prescription drug coverage</b> is available at <a href="http://www.express-scripts.com">www.express-scripts.com</a>	Generic drugs	\$12/31-day supply	100%	\$200 Deductible on all prescription drug benefits. The prescription drug benefit is a separate benefit from the SHARP Base Option.
	Brand/Preferred drugs	\$29/31-day supply	100%	
	Non-preferred brand drugs	\$45/31-day supply	100%	
	Specialty non-preferred drugs	\$45/31-day supply at Retail \$110/90-day supply at Mail	100%	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% 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	20% coinsurance	100%	
<b>If you need immediate medical attention</b>	Emergency room services	20% coinsurance	100%	
	Emergency medical transportation	20% coinsurance	100%	
	Urgent care	20% coinsurance	100%	
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% coinsurance	100%	
	Physician/surgeon fee	20% coinsurance	100%	

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 443-391-7338 to request a copy.

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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

Common Medical Event	Services You May Need	Your Cost If You Use an In-network Provider	Your Cost If You Use a Non-Medicare Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	20% coinsurance	100%	
	Mental/Behavioral health inpatient services	20% coinsurance	100%	
	Substance use disorder outpatient services	20% coinsurance	100%	
	Substance use disorder inpatient services	20% coinsurance	100%	
If you are pregnant	Prenatal and postnatal care	Not Covered	Not Covered	
	Delivery and all inpatient services	Not Covered	Not Covered	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	100%	
	Rehabilitation services	20% coinsurance	100%	
	Habilitation services	Not Covered	Not Covered	
	Skilled nursing care	20% coinsurance	100%	
	Durable medical equipment	20% coinsurance	100%	
	Hospice service	0% coinsurance	0% coinsurance	
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

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 443-391-7338 to request a copy.

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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

## 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 \$2200/year/member
- Vision care for members enrolled in the DVH SHARP Option —covered with some limitations. Maximum SHARP paid amount \$400/year/member

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 443-391-7338 to request a copy.

# Supplemental Healthcare Adventist Retirement Plan

Coverage Period: 01/01/2018 -12/31/2018

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

- Hearing care for members enrolled in the DVH SHARP Option – covered with some limitations. Maximum SHARP paid amount \$2200/year/member

## 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 or policy 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 [1-800-447-5002]

[Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa [1-800-447-5002]

[Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 [1-800-447-5002]

[Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' [1-800-447-5002]

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 443-391-7338 to request a copy.

## 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: \$5,400**
- **Medicare pays \$ 4320**
- **Patient pays \$ 1080 until Base Option deductible is met.**  
**(Once medical deductible is met Plan pays 100% of Medicare coinsurance)**

#### Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
<b>Total</b>	<b>\$5,400</b>

#### Patient pays:

Deductibles (medical and prescriptions)	\$1280
Copays	\$0
Coinsurance	\$0
Limits or exclusions	\$0
<b>Total</b>	<b>\$1280</b>

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.ccio.cms.gov](http://www.ccio.cms.gov) or call 443-391-7338 to request a copy.

## 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.

**Questions:** Call 1-800-447-5002 or visit us at [www.adventistretirement.org](http://www.adventistretirement.org).

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or call 443-391-7338 to request a copy.