

SHARP

Supplemental Healthcare Adventist Retirement Plan

12501 Old Columbia Pike
Silver Spring, MD 20904

January, 2008



Retirement Plan North American Division

Office of the Administrator

To: Retirees of the Seventh-day Adventist Retirement Plans
From: Del Johnson, Plan Administrator

The Retirement Plan of the Seventh-day Adventist Church in North America offers a healthcare assistance plan for eligible retirees and eligible spouses. The purpose of this booklet is to introduce retirees to the **Supplemental Healthcare, Adventist Retirement Plan (SHARP)**, and to give retirees the opportunity to select coverage options.

During 2008, SHARP is undergoing some changes in claims processing. This booklet is correct insofar as the application forms, costs and earned credits are concerned. Some descriptions of benefits, particularly for pre-Medicare and non-Medicare will be re-worded shortly.

SHARP relies on Medicare for medical assistance, with few exceptions. This plan provides options to supplement Medicare for non-medical expenses not provided by Medicare. The plan also provides options for pre-Medicare retirees and spouses, and dependent children.

SHARP calculates an "Earned Credit" for eligible retirees based on years of qualifying service. The personal Earned Credit is applied to the total cost of the options selected. If the cost of the selections exceeds the Earned Credit, the balance will be withheld from retirement benefits. Also, retiree opportunity to increase or reduce coverage is limited. Therefore, it is important to read the attached material that describes the costs, benefits and coverage options available from SHARP.

SHARP is not free. Based primarily on years of service credit with the church and the policies in place when retired, the Plan pays part of the costs. It is the retiree's responsibility to select the coverage that makes sense for the retiree and eligible spouse.

Please use the attached Enrollment Form to select options. The coverage selected will become effective upon eligibility for benefits. There is no automatic enrollment. Retirees who do not enroll will not be eligible for assistance.

Healthcare in Retirement is a major concern for retirees today. Healthcare is dynamic, with frequent changes in Medicare and treatment protocols. The Retirement Plan continues to work with Adventist Risk Management to provide for the needs of retirees within the financial constraints of current funding.

Contacting SHARP Here is how to contact SHARP in case of further questions:

E-Mail: SHARP@nad.adventist.org (This is the preferred method)

Mail: Adventist Retirement Plan,
12501 Old Columbia Pike, Silver Spring MD 20904

Phone: (301) 680-5036

Supplemental Healthcare, Adventist Retirement Plan

General Information

Plan Year:

SHARP's Plan Year is from January 1 to December 31. All benefit limits and deductibles are based on the Plan Year. A person who enrolls in SHARP during the Plan Year will have access to full limits and will be subject to full deductibles without pro-ration.

Changes To The Plan:

SHARP reserves the right to amend the plan based on financial considerations or other unanticipated circumstances such as changes to Medicare. This may result in changes in provisions, in contributions and in earned credits.

Administration:

SHARP is administered by Adventist Risk Management for the North American Division Retirement Plans.

Affiliation:

SHARP is NOT a qualified 'Medicare Supplement Coverage' plan as administered by various insurance companies and regulated by states and generally designated as plans A through J. SHARP is a part of the Retirement Plans operated by the North American Division for retired employees of participating employers.

Limits:

The standard provisions of SHARP (Base, DVH, Rx and MCx) do not limit participants as to healthcare providers, except that medical services provider must accept Medicare patients. SHARP has annual maximums as described elsewhere in this document, including a life-time payable benefit maximum.

SHARP's Pre-Medicare/Non-Medicare provision operates under a Preferred Provider Organization, Private Healthcare System (PHCS). Non-emergency services rendered outside of the PPO will be reimbursed at a reduced rate.

Eligibility

In order to be eligible to participate in SHARP, a person must:

1. Be a beneficiary of one of the defined benefit retirement plans operated by the North American Division of Seventh-day Adventists, or a spouse of such a beneficiary who is covered under a Joint & Survivor plan, and
2. Have at least **fifteen** years of qualifying service in the NAD Retirement Plan. Service with an Adventist Hospital does not normally qualify a retiree for healthcare assistance under SHARP
3. Otherwise be eligible for healthcare assistance under special arrangements with foreign church entities for their resident retirees, a dependent child, or other policy provisions.

SHARP Options

The following four options are offered to eligible retirees and an eligible Joint & Survivor Spouse. For costs and limits, see the Schedules of Benefits beginning on page 14.

Base

Base coverage provides:

- Catastrophic Medicare Assistance: Reimbursement for Medicare A (inpatient) and B (outpatient) deductibles and co-pays after the retiree has paid the Base Medicare Assistance deductible in Medicare co-pays and/or deductibles in one year. Reportable expenses include any Medicare-approved expenses that Medicare determines to be personal responsibility. This would include the Medicare hospitalization deductible, hospital co-pay for excess hospital days, the Medicare outpatient annual deductible, and the outpatient co-pay of 20%, but does NOT include expenses not approved by Medicare.
- Dental Assistance: One annual dental exam including bite wing and cleaning at 100% basis.
- Prescription Drug Assistance: Prior to 2006, limited prescription drug assistance was provided under this option. Effective in 2006, the Base option provides no prescription drug assistance.
- Foreign Travel Emergency Medical assistance. There is an annual deductible and maximum coverage per year. Co-insurance is 20%. Coverage is limited to unexpected medical expenses during a personal trip of less than 60 days outside of the United States. This coverage is designed for personal travel, and excludes denominationally sponsored mission trips. Short-term medical coverage should be purchased if personal travel outside the U.S. is expected to be for sixty days or longer.¹
- Medicare HMO and Veterans Administration (VA) Co-Pays. Medicare HMO and VA Co-Pays for in-patient and out-patient expenses will be fully reimbursed to retirees who send in appropriate documentation of payment of such co-pays to healthcare providers. Medicare HMO and VA Co-Pays for prescription drugs will not be reimbursed. HMO premiums will not be reimbursed. Co-Pays for other Medicare Advantage plans such as PPOs will not be reimbursed.

The Base Coverage option must be selected before any of the following three coverages can be selected. The Base is a limited level of coverage leaving the retiree exposed to significant costs from Medicare deductibles and co-pays and other expenses such as dental, vision, hearing and excess prescription drug costs.

The following three options can only be selected as add-ons to the Base option above.

¹ Short-term temporary healthcare coverage may be purchased from Adventist Risk Management by calling (301) 680-6839.

DVH

Dental, Vision, Hearing coverage provides:

- **Dental:** SHARP pays 80% of costs. Retiree is responsible for 20% subject to an annual maximum dental payable benefit per participant per plan year (see page 17.) Exceptions to covered services must be pre-authorized. Unused benefits may not be rolled over into the next plan year.

Covered	Not Covered
Two cleanings per year including the one cleaning covered in the Base option. (Up to two additional cleanings may be authorized if recommended by dentist for treatment of periodontal disease.)	Orthodontic treatment (except for Non-Medicare participants, see page 20 for Non-Medicare schedule)
One set of bitewing x-rays per Plan year	TMJ/TMD treatment
Full mouth/panorex x-ray every 3 Plan years	Jaw surgery
Implants (One implant may take your full annual limit.)	Extractions and periodontal treatment
Application of fluoride twice/Plan year	Temporary crowns or bridges
Fillings	Experimental treatment/procedures
Root canal therapy	Cosmetic services
Crowns/Bridges/Partials/Dentures	Toothbrushes

- **Vision:** SHARP pays 80% of costs. Retiree is responsible for 20%. There is an annual maximum vision payable for refraction, corrective lenses, frames and related expenses (see page 14.) This coverage does not cover surgery or other procedures considered to be medical in nature and thus normally billed to Medicare. Unused benefits cannot be rolled over into the next plan year.
- **Hearing:** SHARP pays 80% of costs. Retiree is responsible for 20%. There is an annual maximum hearing payable benefit per participant per plan year (see page 17.) There is a 'look-back' provision in that unused hearing benefit from the previous year can be added to an ensuing year's limits for hearing aids.

Rx Coverage

The Rx (Prescription Drugs) coverage provides:

- Prescription drugs with generic and brand name co-pays. The co-pay provides up to a 30-day supply of prescription drugs when purchased at a local participating pharmacy, or up to a 90-day supply when purchased through SHARP's home delivery plan at a higher co-pay.
- SHARP provides an identification card which can be used at major pharmacies, as well as with the Medco Health Solutions home delivery system.
- If the cost of medication is less than the co-pay, actual is paid rather than a co-pay.
- Home Health intravenous drugs and supplies to administer such drugs are reportable at 80% reimbursement and are claimed through Adventist Risk Management.
- Certain prescription drugs, primarily ED drugs such as Viagra, require a 50% co-pay and monthly limits. Call Medco Health Solutions at (800) 841-5396 for information on specific drugs.

SHARP's Rx option includes a broad formulary, which is a list of prescription drugs preferred by the plan because they help to control rising prescription drug costs. This list has a selection of generic and brand-name medications. For further information on this formulary, visit Medco at www.medco.com or call Medco toll free at (800) 841-5396. SHARP cannot advise retirees regarding

the formulary.

Prior Authorization: Certain medications will no longer be covered by the plan without a coverage review (prior authorization). If special circumstances require that you continue on a medication that is no longer covered, you can ask your doctor to begin a coverage review by calling MEDCO toll-free at 1-800-841-5396. If approved, you will pay your normal co-payment for that medication. Coverage management programs make use of two authorization processes – Traditional and Smart Authorizations. Medications may fall under one or more programs.

1. Traditional Prior Authorization: Traditional Prior Authorization requires that pre-approval be obtained through a coverage review. The review will determine whether the plan covers a prescribed medication. Examples of drugs subject to this protocol include: Beteseron, Ritalin/Adderal, Stadol, fertility, growth hormones.
2. Smart Prior Authorization: For some medications, an automated process called Smart Rules is used to determine whether the retiree qualifies for coverage. Using factors on file such as medical history, drug history, age and sex, Smart Rules can authorize or deny coverage. Contact Medco to learn if a medication qualifies for coverage using Smart Prior Authorization. Examples of drugs subject to Smart Rules include: Enbrel, Lamisil, Bextra, Zovirax, Zofran, Imitrex, Prilosec.

SHARP has adopted other cost containment rules administered by Medco as follows:

Member Pays the Difference: If a generic medication is available but the doctor or patient insist on the brand name product, the member is charged the brand name co-pay plus the difference in cost between the brand name and generic medication.

Retail Refill Allowance: You are limited to filling a prescription at a Retail location to 3 times for the same medication. Beginning with the 4th time you fill that same prescription at a Retail location, you should expect to be charged an additional 50% of the co-pay amount. This is an effort to encourage more participation in the mail order program which is a cost savings to both the retiree and the plan.

Dose Optimization: MEDCO will request the doctor to re-write the prescription for the most cost-effective dose. There are only a limited number of drugs subject to this rule and it is applied only with your doctor's authorization.

Quantity Per Dispensing Event: If the prescription as written exceeds the generally-accepted maximum quantity, the excess is not covered by the plan.

Medicare Part B prescriptions: Medco now offers a new service through **Medco By Mail**. Starting December 1, 2007, you will be able to fill Medicare Part B-eligible prescriptions with the convenience of mail order. When using this service, you will initially send your prescription to Medco By Mail. Then, depending on the type of medication or supply requested, Medco By Mail will transfer your prescription information to one of two Medicare Part B-participating mail-order pharmacies—**Liberty Medical** or **Accredo Health Group**, Medco's specialty pharmacy. Both Liberty and Accredo have

extensive experience with Medicare Part B and will support the dispensing and billing of your prescriptions. You'll typically receive your order within 10 days from when your new prescription arrives at the mail-order pharmacy. You or your doctor may be contacted by Medco, Liberty, or Accredo if there is a question about your prescription order.

If you prefer, you can use a participating retail pharmacy to fill your prescriptions for Medicare Part B eligible medications and supplies. When using a retail pharmacy, you will be asked to present your Medicare ID card. The retail pharmacy will work with you to bill Medicare on your behalf. The pharmacy will also submit any other claims that may be eligible for additional coverage. Most independent pharmacies and national chains are Medicare providers.

Following are the types of medications and supplies typically eligible for Medicare Part B Coverage:

- Diabetes supplies (test strips, meters, syringes)
- Medications to aid tissue acceptance from Medicare covered organ transplants
- Certain oral medications used to treat cancer
- Certain medications used in situations where the kidneys have completely failed
- Certain inhalants used in nebulizers (devices that deliver liquid medication in mist form)

If your prescription is not eligible for Medicare Part B coverage, the mail-order or retail pharmacies will bill you the usual co-payment for your medications and supplies. For information about which medications or supplies are Medicare Part B eligible, and to learn more about your Medicare coverage, visit the www.medicare.gov. You can also call Medicare Customer Service at **1 800 MEDICARE** (1-800 633-4227). If you have any questions about your (**MEDICARE. . . cont'd**) prescription drug benefit, please call Medco Member Services toll-free at 1 800-841-5396.

MCx

The MCx (Medicare Extension) supplements the Base option above by eliminating the annual deductible for Medicare personal expenses including the following examples:

	<u>2008 Medicare Examples</u>
• Medicare Hospitalization deductible	\$1,024
• Medicare Outpatient annual deductible	\$135
• Outpatient	20% co-pay
• Medicare co-insurance for hospital days 61-90	\$256/day
• Medicare co-insurance for hospital days 91-150	\$512/day
• Skilled Nursing Facility days 21-100	\$128/day

The following costs are **NOT** covered by MCx:

- Skilled Nursing Facility coinsurance for stays exceeding Medicare limits
- Hospitalization exceeding Medicare coverage limits of 150 days
- Portion of physician charge that exceed Medicare approved amount
- Medical procedures not approved by Medicare
- Nursing Home expenses

MCx assumes eligibility for traditional Medicare. A retired minister who has opted out of Social Security and will not become eligible for Medicare should not select this option, as reimbursement

requires a Medicare summary statement. Current information about Medicare can be obtained at the Medicare web-site, www.medicare.gov

The Earned Credit

The monthly amount that SHARP will pay towards retirement healthcare costs is called 'Earned Credit.' Factors determining the earned credit include:

- Years of qualifying service with a North American Division employer including
 - Pre-2000 years under the defined benefit retirement plan
 - Post 1999 years under the defined contribution retirement plan
 - 2000 to 2004 under the Career Completion Option
 - Pre-2000 years under the Canadian Retirement Plan.
 - Years of service with the Adventist hospital system generally do not count towards this healthcare assistance plan, as the hospital plan provides a monthly cash benefit in lieu of healthcare assistance. Exceptions include:
 - Those who retired prior to 1991.
 - 'Grandfathered' employees who, in 1991, were 55+ years of age with 25+ years of service credit.

Based on years of service, each retiree fits into an Earned Credit categories. The category determines how much the Plan will pay towards the cost of SHARP options selected. At the end of this booklet is a table showing Earned Credits based on years of service.

Dependent Participants

- Dependents are eligible for healthcare assistance based on the retiree's years of service credit.
- If a new retiree selects Joint & Survivor, and has been married to the current spouse for a year or more, the spouse is eligible to participate in this plan. Options selected for the spouse do not have to be the same as options selected for the retiree. The earned credit for a spouse will be the same as the earned credit for the retiree, except in unusual situations usually involving divorce and re-marriage.
- If a retiree elects to select no coverage for the spouse because the spouse has other coverage, the retiree can request coverage for the spouse later by documenting a loss of coverage.
- If a retiree selected Joint & Survivor, and has unmarried children less than 19 years of age, the retiree can select non-Medicare coverage for that child under a Preferred Provider Organization plan. See the section on Pre-Medicare/Non-Medicare. Upon marriage or reaching age 19 (regardless of school attendance) the child ceases to be eligible for coverage.

Limits to Changes in Coverage

SHARP limits opportunities to amend the options selected. The options selected at enrollment, with few exceptions, will be the options for life. For this reason it is very important to understand the options.

An open enrollment period begins when a retiree becomes eligible to join SHARP. Retirees will have 30 days from the time the enrollment period begins to enroll. Without enrollment, no healthcare assistance will be provided.

Three-Year Anniversary Open Enrollment - Each retiree has a one-time opportunity to change coverage at the three-year anniversary of effective coverage of the Base option, to become effective at the beginning of the next plan year. *Example: If a retiree enrolled in SHARP during 2006, an open enrollment period occurs in 2009. Any changes selected become effective on January 1, 2010. Retirees will be notified of opportunity to change coverage.* Retirees may opt to pay more to increase coverage, or may choose to pay less and reduce coverage. Retirees are not required to make a change. If no re-enrollment form is received, coverage will remain in force with the same coverage provided upon initial enrollment. This open enrollment period occurs only once, not every three years.

Special Enrollment due to High Inflation - Healthcare costs can increase significantly. SHARP reserves the right to increase contributions with appropriate notice. If the three-year average percentage increase of the retiree contributions exceeds the percentage increase in the Consumer Price Index (CPI-U) for the previous year, SHARP will allow a two-month special enrollment period in which retirees are permitted to permanently REDUCE coverage.

Special Enrollment due to Loss of Coverage - Retirees may have healthcare coverage from a Medicare Choice Health Maintenance Organization or supplemental plans provided by other organizations. Retirees who wish to remain on such coverage are welcome to do so. SHARP cannot assist with premiums paid for such coverage. If such coverage is dropped due to significant premium increases (over 25% per year), or a move from the company's covered territory, or the company withdraws from the market, SHARP will allow a special open enrollment.

If a spouse is currently covered under an employer healthcare plan, upon his/her retirement that spouse will probably suffer a Loss of Coverage and will be eligible for a special open enrollment.

Pre-Medicare Expiration: If a retiree or retiree's spouse is on the Pre-Medicare plan, upon reaching age 65 that Pre-Medicare plan will be dropped. An open enrollment is available for the retiree or spouse to select standard SHARP options at that time.

Discretionary Special Enrollment: SHARP may find it necessary to make significant changes in the plan. Should that occur, SHARP may provide an opportunity to change specific or all elections. *Example: Because of the 2006 Medicare Part D Prescription Drug Plans, SHARP adjusted the structure of the Base and Rx options. Thus SHARP offered all participants an opportunity to adjust coverage effective January 1, 2006.*

Re-Employment: Should a retiree or Joint & Survivor spouse return to employment subsequent to enrollment in SHARP and become eligible for an employer healthcare coverage, SHARP will allow the retiree and/or eligible spouse to dis-enroll from SHARP upon receipt of written verification of such employer-provided coverage.

Death of Member - Upon the death of either the retiree or covered spouse SHARP will stop taking deductions for the deceased beneficiary. However coverage and deductions for a surviving beneficiary will continue without change.

Medicare Part D – While SHARP change limitations apply to all options selected, including the Rx option, this plan also prohibits concurrent enrollment in SHARP's Rx plan and a Medicare Part D plan. If during the reconciliation process which takes place between SHARP and Medicare, SHARP discovers that an Rx enrollee is also enrolled in a Medicare Part D Prescription Drug Plan, that enrollee will be dropped from SHARP's Rx option and will not be able to re-enroll.

Pre-Medicare/Non-Medicare

SHARP is designed to supplement Medicare. However, a pre-65 retiree or eligible spouse or unmarried dependent child less than 19 years of age not eligible for Medicare can use the Pre-Medicare/Non-Medicare bridge plan.

Unlike the Standard SHARP options such as DVH, Rx or MCx, retirees are not required to select the Base option prior to selecting the Pre-Medicare or Non-Medicare options. However a pre-Medicare retiree who wants Rx and/or DVH in addition to the Pre-Medicare option must also select the Base option. Pre-Medicare provides no assistance for prescription drugs or dental/vision/hearing.

Medically Necessary: Medically necessary means a covered procedure, service, or supply that the Plan considers eligible for benefits. All covered services must be medically necessary. SHARP determines what is medically necessary and the decision is final and conclusive. Even though a Provider may recommend a procedure, service or supply, the recommendation does not always mean the care is medically necessary. Medically necessary means that a procedure, service or supply is all of the following:

- Appropriate and necessary for the symptoms, diagnosis, and direct care or treatment of an illness or injury.
- Consistent with professionally recognized standards of health care and given at the right time and in the right setting.
- Not primarily for the convenience of the patient or provider.
- The most appropriate treatment for the diagnosis

Pre-Medicare: This option provides healthcare assistance for in-patient and out-patient expenses only for retiree and/or spouse prior to Medicare eligibility. The Plan pays 80%, and the retiree is responsible for 20%. There is an individual annual deductible per plan year. The plan is part of a Preferred Provider Organization (PPO). Coverage is limited to a network of participating providers. Non-emergency out-of-network expenses will be paid at a lower rate unless there is no participating provider within twenty-five miles of residence. See the schedule of benefits at the end of this booklet. To find a participating provider, contact PHCS (Private Healthcare System) at (866) 680-7427, or www.phcs.com Claims filed for a non-PHCS provider will be reimbursed at 65% rather than the standard 80% and will be subject to usual and customary limits.

Non-Medicare: This option provides healthcare assistance for dependent children of the retiree who

were already dependents at SHARP enrollment, and unlike the Pre-Medicare Plan includes prescription drugs and dental/vision/hearing. The Plan pays 80%, and the retiree is responsible for 20%. There is an individual annual deductible per plan year. The plan is part of a Preferred Provider Organization (PPO). Coverage is limited to a network of participating providers. Non-emergency out-of-network expenses will be paid at a lower rate unless there is no participating provider within twenty-five miles of residence. See the schedule of benefits at the end of this booklet. To find a participating provider, contact PHCS (Private Healthcare System) at (866) 680-7427, or www.phcs.com Claims filed for a non-PHCS provider will be reimbursed at 65% rather than the standard 80% and will be subject to usual and customary limits.

Earned Credit: There is no Earned Credit for a Pre-Medicare retiree or dependents of such a retiree unless:

- The Pre-Medicare Retiree has 40+ years of qualifying service credit, or
- The Medicare age eligible (age 65+) Retiree has eligible pre-Medicare or non-Medicare dependents who may be eligible for an earned credit.

The criteria for eligibility for Pre-Medicare/Non-Medicare earned credit are spelled out in the instruction section at the end of this booklet.

Filing Claims

Upon enrollment, retirees will receive identification cards indicating the options selected. Healthcare providers will generally bill Adventist Risk Management directly based on the information and eligibility shown on the card. In the case of MCx participants, the provider will bill Medicare, and upon receipt of payment from Medicare the provider will bill the plan for any residual balance due under the provisions of MCx.

Some providers do not bill supplemental plans. To receive direct reimbursement for personal covered healthcare expenses incurred, send bills to the Adventist Risk Management address below. If 65 or older, Do NOT send medical bills without enclosing a Medicare statement.

Prescription Drugs:

Home Delivery: The preferred method of obtaining prescription drugs is via the Medco Health Solutions Home Delivery system.

Pharmacy: The SHARP identification card indicates eligibility for the purchase of prescription drugs. If prescription drugs are purchased at a pharmacy that does NOT participate in the Medco system, Medco Health Solutions provides a form for direct reimbursement. However, direct reimbursement may not equal the cost sharing of a participating pharmacy.

Contact Medco Health Solutions (800) 841-5396 to set up Home Delivery, or for specific questions. The cost of home health intravenous drugs is reportable directly to Adventist Risk Management and is reimbursable at 80%.

Dental, Vision, and Hearing:

Some providers are willing to send a bill for services rendered to Adventist Risk Management (ARM) at the address below. Retirees should pay the co-pay directly to the provider. If the provider will not bill ARM, the retiree should pay the Provider the total amount due and send the bill to the address below for reimbursement.

***Note: File on a timely basis.
Medical expenses filed more than one year from the
date of service will not be reimbursed.***

Claims Address:

Adventist Risk Management
PO Box 1928
Grapevine, TX 76099-1928

SHARP and Other Plans

As an employer sponsored trust fund, the BASE, DVH, and Rx Options, as well as the Pre-Medicare Option under SHARP are always secondary to any other available plan. MCx is secondary to Medicare. Most retirees will not want to purchase both SHARP's Medicare Extension (MCx) option and a Medicare Supplement or HMO, in that there would be significant double coverage, and the retiree may not receive a standard Medicare Explanation of Benefits or statement. Non-Medicare is

secondary to any other plan available to the member except in situations where the dependent is also covered by a plan under the non-retiree parent. In such cases SHARP determines primary responsibility based on the parent who's birthday falls first in the year. SHARP will coordinate the Non-Medicare benefits with other plans where it has secondary responsibility by paying up to 100% of approved balances, as long as the amount paid does not exceed what would have been paid had SHARP been primarily responsible

SHARP does not initiate changes in coverage from other plans. Cancellation or coverage changes in other plans must be initiated by the retiree. If a retiree loses coverage under a non-SHARP supplemental plan, he/she may be eligible to seek enrollment in one or more of SHARP's options under the "Loss of Coverage" provisions spelled out in the "Limits to Changes in Coverage" section of this document.

Medicare

Medicare is a "gate-keeper" for SHARP. The Base and MCx options require a Medicare summary statement (sometimes called an Explanation of Benefits, Summary Notice or Payment Advice.) If Medicare approves a healthcare expense, the Base and MCx options accept that authorization and pay the retiree's share of the approved expense according to the provisions of each option. Retirees often ask if specific procedures are covered under MCx. The answer is, "If Medicare approves it, Yes."

There are very few exceptions to this rule. Under the Base option, SHARP will consider appeals for certain categories of denials by Medicare in the following areas:

- Blood: Medicare will usually deny the first three pints of blood each year. SHARP's Base option will reimburse the retiree for this expense.
- Orthopedic Shoes: Medicare may deny assistance for orthopedic shoes or similar devices. Under the Base option, a retiree can submit such Medicare denied expenses for assistance on an 80%/20% basis. Claims should include a physician's statement of medical necessity, fitting documentation and a copy of Medicare's denial of coverage.
- Misc. Medical Supplies: The Base Option provides assistance for colostomy and ileostomy on an 80%/20% basis but only if denied by Medicare.

Appeals must include documentation of Medicare denial, and a statement of medical necessity. Medicare requires that such services be rendered by a Medicare participating provider. Very seldom will Medicare reimburse a retiree directly for such expenses. If Medicare denial is because the services were provided by a non-participating provider, SHARP will not provide reimbursement.

Other than the categories mentioned above, SHARP will not provide assistance for medical expenses denied by Medicare or not presented to Medicare. SHARP does NOT provide assistance for vitamins, dietary supplements, support stockings, adult diapers or other similar items.

Medicare authorizes one preventative physical examination within six months of enrollment with Medicare part B. Other than this one-time physical examination, SHARP does not provide assistance for Preventative Physical Examinations.

Medicaid

Retirees or eligible spouses who are receiving Medicaid benefits should consult with the appropriate state agency to determine whether SHARP should be retained.

Veterans Administration Healthcare

Retirees who are veterans are often eligible for benefits from a Veterans Administration healthcare facility at very low costs. Such retirees would normally not select the MCx option because they may not receive a Medicare summary statement for such procedures. If the retiree is enrolled in SHARP's Base option, VA co-pays (other than for prescription drugs) will be reimbursed 100% by SHARP. For reimbursement of such co-pays, file a copy of the co-pay receipt to the claims address. SHARP may require additional documentation to confirm VA eligibility and participation.

Health Maintenance Organizations

Medicare HMOs are a preferred option for many retirees, when available. If a retiree enrolls in both a Medicare HMO and SHARP's Base option, Medicare HMO co-pays (other than for prescription drugs) will be reimbursed 100% by SHARP. HMO retirees should send a copy of the co-pay receipt and request reimbursement. SHARP will NOT assist retirees with HMO premiums. For reimbursement of such co-pays, file a copy of the co-pay receipt to the claims address. SHARP may require additional documentation to confirm HMO eligibility and participation.

HMOs often limit assistance for dental, vision, hearing or prescription drugs. Retirees should consider what combination of coverage makes sense.

Medicare HMO members have probably been removed from traditional Medicare participation. If during an enrollment period a retiree chooses to drop the Medicare HMO and join SHARP's MCx, the retiree must contact Medicare and arrange to be re-established with Medicare prior to dropping the Medicare HMO coverage. This can take as long as 60 days. SHARP does **not** provide this service.

Medicare Supplement Plans

Insurance companies provide a range of qualified supplements designated "A" through "J." These are insurance products that are regulated by government entities. They tend to be 'paperless systems,' providing retirees with an identification card which is recognized by Medicare providers. These plans provide for smooth transition from one to another, with no 'pre-existing conditions' exclusions. Many retirees have purchased such supplemental plans from insurance providers.

SHARP's MCx is similar to coverage "C" under these plans. However MCx is a reimbursement plan rather than a single payer insurance system. MCx is not recognized by these plans and may not provide a seamless transition from MCx to one of these plans.

Employer Provided Healthcare Plan

In situations where retirees are covered by an employed spouse's healthcare plan, or where the retiree or spouse have other healthcare coverage, SHARP reimburses after the other plan(s) have paid. SHARP will consider any balance due and pay up to 100% of approved expenses, as long as the amount paid does not exceed what would have been paid had SHARP been primarily responsible.

In cases where a Non-Medicare dependent is covered for healthcare by this retiree plan as well as

any other coverage through the non-retiree parent, SHARP determines primary responsibility based on the parent who's birthday falls first in the year. SHARP will coordinate with other plans where it has secondary responsibility by paying up to 100% of approved balances, as long as the amount paid does not exceed what would have been paid had SHARP been primarily responsible

Getting Help

Most questions will be answered by a careful reading of this document. Further questions about SHARP which this brochure does not answer can be answered by using one of the following contacts:

- Enrollment Questions:
 - E-mail (Preferred): SHARP@nad.adventist.org
 - SHARP Enrollment Office: (301) 680-5036
- Claims Questions
 - SHARP Claims Healthcare Line: (800) 447-5002

SHARP's healthcare specialists cannot advise retirees which coverage options are right. That decision is based on the retiree's healthcare needs and financial resources.

The following web sites and phone numbers might be helpful in researching healthcare issues:

- For Medicare information, including search for Medicare HMOs and other Medigap coverages: www.medicare.gov
- To find a provider under the Pre-Medicare or Non-Medicare PHCS network: www.phcs.com (866) 680-7427
- To research prescription drug information with Medco Health Solutions: www.medcohealth.com

Schedule of SHARP Benefits

For Eligible Retirees and Retiree Dependents

January 1, 2008 to December 31, 2008

Option	Deductible	Co-Pay	Limits
Lifetime Limit for All Healthcare Benefits			\$3,000,000
Base Option @ \$40/person/month			
Medicare Assistance	\$2,100/yr	None	None
Dental Assistance	None	None	1 Exam-Cleaning/Year
Foreign Travel Emergency ²	\$1,000/yr	20%	\$50,000/yr
Medicare Denials – Requires Medicare Denial & Medical Necessity Documentation			
Blood	None	20%	3 pints
Orthopedic Shoes	None	20%	\$600
Durable Med Equip	None	20%	\$1,100/yr
Medical Supplies	None	20%	Colostomy, ileostomy, diabetic supplies
Dental/Vision/Hearing Option @ \$55/person/month			
Dental	None	20%	\$2,200/yr, including a second cleaning/year
Vision	None	20%	\$400/yr
Hearing	None	20%	\$2,200/yr with one year "look-back"
Prescription Drugs Option @ \$105/person/month			
Retail, Generic/Brand	None	\$11/22/Rx	30 day maximum
Home Deliv. Generic/Brand	None	\$22.50/\$45/Rx	90 day maximum
Intravenous Drugs, Home	None	20%	None
Medicare Extension @ \$100/person/month			
Medicare Co-Insurance	None	None	None
Medicare Deductible	None	None	None

² For reasonable and necessary medical and transportation expenses. In case of death, this includes a flat \$1,000 to assist with transport or preparation of remains, not subject to the deductible.

Schedule of Pre-Medicare Benefits

For Eligible Pre-65 Retirees and Retiree Dependents

January 1, 2008 to December 31, 2008

SHARP's pre-Medicare plan is part of a Preferred Provider Organization. Contact PHCS (Private Healthcare System) at (866) 680-7427 to find out how to determine network providers.

<u>Coverage Category</u>	<u>Maximum Payable</u>	<u>Rate</u>
<u>Pre-Medicare @ \$399/person/month</u>		
Annual Deductible	\$550.00	
Out of Pocket Maximum Medical Ambulance	None	100% above \$5,000/yr
Resulting in hospitalization	Usual & Customary	80%
Not resulting in hospitalization	Usual & Customary	80%
Durable Medical Equipment	\$1,200/yr	80%
Health Related Services		
Spinal manipulation	30 visits/yr	80%
Acupuncture	18 visits/yr	80%
Orthopedic Shoes	\$600/yr	80%
Massage	30 visits/yr	80%
Physical Therapy	30 visits/yr	80%
Home Healthcare	52 visits/yr	80%
Hospice	Usual & Customary	80%
Hospitalization & Inpatient Surgery³	Usual & Customary	80%
Mental Health Services⁴		
Outpatient	30 visits/yr	80%
Inpatient	15 days/yr	80%
Acute Partial Hosp/IOP/Day Treatment	20 days/yr	80%
Substance Abuse		
Outpatient	30 vists/yr	80%
Inpatient	15 days/yr	80%
Partial Hosp/IOP/Day Treatment	20 days/yr	80%
Outpatient Medical Services	Usual & Customary	80%
(Including physician office visits)		
Outpatient Surgery	Usual & Customary	80%
Preventive Health Evaluations	Usual & Customary	80%
International Emergency Only		80%
International Non-Emergency	Not covered	Not covered
Precertification Required for:		
Physical Therapy, Speech Therapy, Occupational Therapy, Cardiac Rehabilitation, CT/MRI		
Skilled Nursing	30 days/yr	
Midwife	Usual & Customary	80%

The Plan provides coverage for Midwives who are certified midwives (called nurse midwives) who have met the graduate training standards of the American College of Nurse Midwives and are

³ Requires Pre-Authorization or a \$500 per day penalty will apply.

⁴ Requires Pre-Authorization or a \$500 per day penalty will apply.

licensed to practice in that state. The majority of qualified midwives practice in a hospital, or in a free standing or hospital based facility that provides a "home-like" atmosphere for childbirth. A midwife often attends childbirth, or a physician may assist a midwife, although deliveries may also be in the home. The midwife must meet all state licensing requirements and provide proof of liability insurance. The Plan will not pay for nor reimburse for midwife services if no proof of liability insurance is provided even if the state does not require liability insurance.

Schedule of Non-Medicare Benefits

For Eligible Dependent Children
January 1, 2008 to December 31, 2008

SHARP's Non-Medicare plan is part of a Preferred Provider Organization. Contact PHCS (Private Healthcare System) at (866) 680-7427 to find out how to determine network providers.

Non-Medicare – Dependent Children @ \$138/month for one child, \$138/month for additional dependent children:

Includes Pre-Medicare Schedule Benefits Plus:

Dental	\$2,200/yr	80%
Orthodontia	\$2,300 lifetime	50%
Vision	\$400/yr	80%
Hearing	\$2,200/yr with one-year 'lookback'	80%
Prescription Drugs		
Retail, Generic/Brand	30 day maximum/Rx	\$11/\$22/Rx
Home Delivery, Generic/Brand	90 day maximum/Rx	\$22.50/\$45/Rx

(Available for unmarried dependent children who were legal dependents at the time of retiree's SHARP enrollment until age 19.)

General Exclusions for Pre-Medicare/Non-Medicare

- Infertility and related treatment, artificial insemination, in vitro fertilization or embryo transfer procedures, reversal of any sterilization procedure
- Cosmetic procedures
- Lasik eye surgery
- Diet foods, herbs and minerals, food supplements, vitamins
- Elective abortion except when the mother's life is endangered or pregnancy is a result of rape or incest (including medical complications which arise from an elective abortion)
- Health enhancement programs which are designed primarily to influence adoption of healthier lifestyle changes with only a secondary objective of providing necessary medical treatment.
- Obesity treatment
- Pregnancies with respect to a dependent child
- Experimental procedures
- Services or supplies which any school system is required to provide under any law
- Sex change surgery or any treatment related to gender identity
- Work related injuries
- Auto Accident exclusions include:
 - Under private automobile insurance, the first \$5,000 of medical expenses arising from an automobile accident, or
 - Under "no-fault" automobile reparations insurance which is required under any law of a government and is provided on other than a group basis; but only to the extent of the level of benefits required by the no-fault law.

Line	Standard Enrollment Form Instructions
1	Enter the name, Social Security number and date of birth of the Retiree.
2	Enter the name, Social Security number and date of birth of the retiree's spouse, but only if the spouse is a Joint & Survivor spouse. In order to be a J&S spouse, the retiree must have selected J&S upon retirement, and have been married to the spouse for at least one year prior to retirement. If spouse is covered by an employer healthcare plan, and retiree does not want him/her covered under any provisions of this plan at this time, do NOT enter Spouse's name. Only upon that spouse's documented loss of coverage will retiree be able to provide coverage for a J&S Spouse in the future, if the retiree elects NOT to cover him/her at this time.
3	Enter the cost for the Base Option in the box beside the Base Option for retiree and, if desired and eligible, for eligible spouse. If a retiree wants any of the following three healthcare options, coverage must begin with the Base option. If the base option is not selected, the retiree will not be eligible for DVH, Rx or MCx. The SHARP booklet spells out the benefits of the Base option.
4	Enter the cost for the DVH Option in the box beside the DVH Option if desired for retiree and/or eligible spouse, and if the Base option has been selected. If this option is not selected, the retiree will not be eligible for any assistance with vision (eye glasses, contacts) or hearing aids, and dental is limited to one dental exam per year including cleaning. The SHARP booklet spells out the benefits of the DVH option.
5	Enter the cost for the Rx Option in the box beside the Rx Option if desired for retiree and/or eligible spouse. The Base option is required. If this option is not selected, the retiree will not be eligible for any prescription drug assistance from SHARP The SHARP booklet spells out the benefits of the Rx option.
6	Enter the cost for the MCx Option in the box beside the MCx option if desired for retiree and/or eligible spouse. The Base option is required. If this option is not selected, the retiree will be eligible for catastrophic assistance for the personal share of Medicare, but only after an annual deductible. The SHARP booklet spells out the benefits of the MCx option.
7	Add the dollar monthly costs for only the options selected and enter the totals in both boxes on line 7, for Retiree and J&S Spouse. This is the monthly amount per person that selected items will cost before calculation of the Standard Earned Credit.
8	The Standard Earned Credit is determined by going to the Standard Earned Credit table following these instructions. Determine the category by adding the NAD years of service including service under the frozen defined benefit plan, Career Completion option and defined contribution plan. Enter the earned credit in both boxes on line 8.
9	Subtract the Standard Earned Credit (8) from the Total Cost (7) and enter the difference in both boxes of line 9. If the difference is a negative number, put zero. This is the net contribution for a retiree.
	After reading the section above the signature line, sign and mail or fax to the address shown. Without a signature, this application will NOT be processed.

Line	Pre-Medicare/Non-Medicare Enrollment Form Instructions
10	Enter name of Retiree ONLY IF Retiree is not yet age-eligible (65+) for Medicare. It is not necessary to enter Date of Birth or Social Security number as that has already been provided. The monthly cost for this coverage is shown, before any earned credit is applied. Do not enter a retiree who is eligible for Medicare. Do NOT enter a minister who will not become eligible for Medicare because of a decision to opt out of Social Security. This coverage is only for In-Patient and Out-Patient medical assistance, not including prescription drugs, or dental, vision or hearing.
11	Enter name of J&S Spouse ONLY IF Spouse is not yet age-eligible (65+) for Medicare. It is not necessary to enter Date of Birth or Social Security number as that has already been provided. The monthly cost for this coverage is shown before any earned credit is applied.
12	Enter name, date of birth and Social Security number of a Dependent Child requiring temporary healthcare assistance until marriage or age 19, whichever comes first. Do not list children who are married or 19 or over. This coverage includes Dental/Vision/Hearing, Prescription Drugs and In-patient/Out-patient. The monthly cost for this coverage is shown, before any earned credit is applied.
13	Enter names, dates of birth and Social Security numbers of additional Dependent Children requiring temporary healthcare assistance until marriage or age 19, whichever comes first. This coverage includes Dental/Vision/Hearing, Prescription Drugs and In-patient/Out-patient. The monthly cost for this coverage is shown, before any earned credit is applied, and is NOT multiplied by the number of children. Eligible dependent child 2, 3, or more are covered by one additional monthly charge.
14	Add selected monthly costs.
15	If Retiree has at least 40 years of qualifying denominational service, enter the Retiree's Pre-Medicare Earned Credit from the Pre-Medicare Earned Credit Table. If less than 40 years, there is no Pre-Medicare Earned Credit.
16	If Retiree has at least 40 years of qualifying denominational service credit, or if Retiree is age-eligible for Medicare and enrolled with Medicare, enter the J&S Spouse's Pre-Medicare Earned Credit from the Pre-Medicare Earned Credit Table. If Retiree has less than 40 years and is not eligible for Medicare, there is no Pre-Medicare Earned Credit.
17	Enter the Non-Medicare Earned Credit from the Non-Medicare Earned Credit Table following these instructions, doubling the credit if two or more Dependent Children are applying for the Non-Medicare option. (One child = one earned credit, two or more children = two earned credits.) If Retiree has less than 40 years and is not eligible for Medicare, there is no Pre-Medicare Earned Credit.
18	Add the Pre-Medicare Earned Credits (15 & 16), if any, to the Non-Medicare Earned Credit (17).
19	Subtract Total Earned Credit (18) from Total Monthly Costs (14). This is the amount that will be deducted from the monthly benefits. If the total healthcare contributions exceed the total of the benefits, a quarterly payment in advance will be required. When a child reaches age 19 or marries, or a Retiree or Spouse reaches age 65, the contributions and earned credits will be re-calculated to take into consideration those changes.
	After carefully reading the section above the signature, print name of retiree, and sign. Without a signature this application will not be processed.

Earned Credit Eligibility & Amounts

The Earned Credit is the amount the plan makes available to assist the retiree with the costs of the options selected in SHARP. Earned Credit is available only for:

- Medicare eligible (65+) retiree
- Medicare eligible (65+) retiree's Joint & Survivor spouse, whether spouse is eligible for Medicare or not.
- Medicare eligible (65+) retiree's qualifying dependent children.
- Pre-Medicare retiree and his/her dependents IF the retiree was eligible for early retirement prior to 2003 regardless of when retirement actually occurred, or if the retiree has a total of at least 40 years of denominational service upon retirement. Pre-Medicare Retirees who do not have 40 years of qualifying service credit are not eligible for any Earned Credit for themselves or their dependents until the retiree reaches Medicare eligibility. Such Retirees may participate in SHARP, but at personal cost, with no earned credit until documentation of Medicare eligibility is provided to SHARP.

Retiree Qualifying Service Credit	35+ Yrs	30-34 Yrs	25-29 Yrs	20-24 Yrs	15-19 Yrs	8-14 Yrs ⁵	5-7 Yrs	Pre-Medicare Retiree ⁶	My Earned Credit
Standard Earned Credit Table									
For Retirees and Eligible J&S Spouse for Standard SHARP Options, Base & DVH & Rx & MCx									
Category	A	B	C	D	E	F	G		
Standard Earned Credit	\$200	\$180	\$160	\$140	\$120	\$100	\$80	\$0	
Pre-Medicare Earned Credit Table									
For Eligible Pre-Medicare Retiree and J&S Spouse									
Pre-Medicare Earned Credit	\$399	\$349	\$299	\$249	\$200	\$150	\$100	\$0	
Non-Medicare Earned Credit Table									
For an Eligible Dependent Child									
Dependent Children Earned Credit	\$138	\$121	\$104	\$86	\$69	\$52	\$35	\$0	

⁵ Participation in SHARP requires fifteen years of qualifying service. These columns showing less than fifteen years are for special situations such as divorce and pre-retirement re-marriage where a residual amount of healthcare is available to the new spouse. A retiree with less than fifteen years of qualifying service does NOT qualify for any earned credit.

⁶ This Earned Credit is zero unless employee was eligible to retire prior to 1/1/2003, or has 40+ years of qualifying service credit. In that case, the earned credit is found by looking at the years of service columns.

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SHARP Standard Enrollment Form

1	Retiree:	SS#	Date of Birth:
2	Joint & Survivor Spouse:	SS#	Date of Birth:
	Options & Costs	Retiree	J&S Spouse
3	Base (Must be selected first.) (\$40/person/mo.)		
4	Dental, Vision, Hearing (DVH) (\$55/person/mo.)		
5	Prescription Drugs (Rx) (\$105/person/mo.)		
6	Medicare Extension (MCx) (\$100/person/mo.)		
7	Total Cost of Selected Items		
8	Less the Earned Credit (If any)		
9	Net Monthly Retiree Contribution	(Enter 0 if "Earned Credit" exceeds Cost.)	

Please enroll me in SHARP coverage as requested above.

- I authorize SHARP to deduct monthly contributions as calculated by SHARP based on my requests for coverage. If my pension is inadequate for the monthly contributions, I agree to make quarterly payments in advance.
- Attached are copies of our Medicare cards. If not yet eligible, I will send copies of the Medicare cards upon eligibility upon receipt of cards.
- I understand that I am limited in changing options, and that the first opportunity to make a change in coverage would normally be at the one-time three-year anniversary of my enrollment unless already expired.
- I understand the deductibles and maximums for options selected.
- I understand that if I do not list my J&S Spouse above, he/she will be ineligible for any healthcare benefits until applied for during an open enrollment, such as a 'loss of coverage' or the one-time three-year anniversary.

Signature: _____ Date Signed: _____ Effective Date: _____

Select Options, Sign and Mail within 30 days to:

Adventist Retirement Plan
12501 Old Columbia Pike
Silver Spring MD 20904-6000
Fax: 301-680-6190
Questions? SHARP@nad.adventist.org

See Reverse for Pre-Medicare/Non-Medicare Enrollment Form

Supplemental Healthcare, Adventist Retirement Plan Pre-Medicare/Non-Medicare Enrollment Form

This form is only for retirees who seek in-patient/out-patient healthcare assistance for eligible family members who are not eligible for Medicare.

Name	Relationship	Birth-Date	SS #	Cost/Month
10	Retiree			\$399
11	J&S Spouse			\$399
12	Dependent Child			\$138
13	Dependent Child			\$138
	Dependent Child			
	Dependent Child			
14	Total Cost per Month			
15	Retiree Pre-Medicare Earned Credit (if eligible)			
16	Spouse Pre-Medicare Earned Credit (if eligible)			
17	Non-Medicare Earned Credit, Dependent Children			
18	Total Pre-Medicare & Non-Medicare Earned Credit (if eligible)			
19	Monthly Contribution by Retiree			

Please enroll me in Pre-Medicare/Non-Medicare SHARP coverage as requested above.

- I authorize SHARP to deduct monthly contributions based on my requests for coverage. If my pension is inadequate, I agree to make quarterly payments in advance.
- I hereby certify that any children listed were my unmarried legal dependents at my first SHARP enrollment and continue to be my legal dependents, below age 19 and eligible to participate in SHARP. I have attached a copy of my latest filed Form 1040 indicating dependency. I understand that my children become ineligible at either marriage or age 19, whichever comes first, and I will inform SHARP of such an event.
- I understand that Pre-Medicare or Non-Medicare cannot be cancelled until ineligibility (reaching Medicare eligibility, or for a dependent child, marriage or age 19.)
- I understand that there are annual deductibles before this plan responds to claims.
- I understand that the Pre-Medicare/Non-Medicare IP/OP plan is part of a Preferred Provider Organization (PPO), Private Healthcare System (PHCS). Out-of-network services may be denied, or reimbursed at lower rates. For information, (866)680-7427 or www.phcs.com.
- I understand that if I have not selected any options on the attached Standard Enrollment Form, the Pre-Medicare coverage will be limited to only in-patient and out-patient expenses, and will not include prescription drugs or dental expenses described in the standard SHARP options.

Printed Name of Retiree: _____ **Effective Date:** _____

Signature: _____ **Date Signed:** _____

Select Options, Sign and Mail within 30 days to:

Adventist Retirement Plan
12501 Old Columbia Pike
Silver Spring MD 20904-6000
Fax: 301 680 6190

Questions? SHARP@nad.adventist.org

See Reverse for Standard Enrollment Form