

**THP INSURANCE COMPANY, INC. (THP)
MEDICARE SUPPLEMENT PLAN A Ohio and West Virginia**

SCHEDULE OF BENEFITS

This Schedule of Benefits pays for deductibles, coinsurance and other parts of healthcare expenses that Medicare does not pay and may provide some additional benefits. Amounts paid under this Schedule of Benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible and coinsurance amounts.

The benefits listed below shall not duplicate benefits provided by Medicare. These benefits are subject to the Exclusions and Limitations Section of this Schedule of Benefits.

If you are confined to a hospital or Skilled Nursing Facility on the date coverage is terminated, the benefits of this Policy will be extended to the date you are discharged from or transferred out of such facility, at which time coverage will cease.

**Plan A
Benefits**

Medicare Part A Coinsurance Amount for Days 61-90. THP will pay for the Medicare Part A coinsurance amount for days 61-90 of a hospital stay in each Medicare benefit period. The amount of this coinsurance is set each year by Medicare. In 2020, the coinsurance amount is \$352 per day.

Medicare Part A Coinsurance Amount After the 90th Day. After the 90th day, while you use Your Medicare Lifetime Reserve Days (total of 60 per lifetime), THP will pay for the Medicare Part A coinsurance. The amount of this coinsurance is set each year by Medicare. In 2020, the coinsurance amount is \$704 per day.

After all Medicare Hospital Benefits are Exhausted, Coverage for 100% of the Medicare Part A Eligible Hospital Expenses. THP will provide coverage for 100% of the Medicare Part A eligible hospital expenses after all of Your Medicare hospital benefits have been used including Your Medicare Lifetime Reserve Days. This coverage is limited to a maximum of 365 days of additional inpatient hospital care during your lifetime. You may be responsible for payment when hospital benefits under this Policy are exhausted.

Blood Benefit. THP will provide coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood or equivalent quantities of packed red blood cells per calendar year, unless this blood is replaced.

Hospice Care. THP will provide coverage for the coinsurance amount for Part A Medicare eligible hospice care and respite care expenses.

Any questions or problems, call or write the THP Customer Service Department
1110 Main Street Wheeling, West Virginia 26003 or (877) 847-7907, TDD: 711. website: www.healthplan.org/medicare.

Our hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.
To contact a Nurse on Call or the Utilization Review Staff after hours call: (800) 624-6961.

Medicare Part B Coinsurance. THP will provide coverage for the coinsurance amount for Part B medical services (generally 20% of Medicare-approved amount) or if you receive hospital outpatient department services under a prospective payment system, the copayment amount, after the \$198 annual deductible is met. Part B covers doctor bills, laboratory services, outpatient hospital services and some medical supplies.

Exclusions and Limitations

1. Services not covered by Medicare (non-Medicare eligible expenses) are not covered services, unless specifically stated in this Policy.
2. Benefits shall not include duplicate payments for any procedure paid by Medicare.
3. Services furnished before the Issue/Effective Date of coverage, or after the effective date of termination, are not covered services, unless specifically stated in this Policy.

Any questions or problems, call or write the THP Customer Service Department
1110 Main Street Wheeling, West Virginia 26003 or (877) 847-7907, TDD: 711. website: www.healthplan.org/medicare.

Our hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.
To contact a Nurse on Call or the Utilization Review Staff after hours call: (800) 624-6961.



Discrimination is Against the Law

The Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact The Health Plan Customer Service Department.

If you believe that The Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: The Health Plan Appeals Coordinator, 1110 Main Street, Wheeling, WV 26003, Phone: 1.877.847.7907, TTY: 711, Fax 740.699.6163, Email: info@healthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance The Health Plan Customer Service Department is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1.800.368.1019, 1.800.537.7697 (TDD).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-847-7907 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-847-7907 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-847-7907 (TTY: 711)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-847-7907 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-847-7907 (رقم هاتف الصم والبكم: 711).

Wann du Deitsch (Pennsylvania German / Dutch) schwetztscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-847-7907 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-847-7907 (телетайп: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-847-7907 (ATS: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-847-7907 (TTY: 711).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-877-847-7907 (TTY: 711).

주의: 한국어어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-847-7907 (TTY: 711).번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-847-7907 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-877-847-7907 (TTY: 711)まで、お電話にてご連絡ください。

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-877-847-7907 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-877-847-7907 (телетайп: 711).

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-877-847-7907 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-847-7907 (TTY: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-877-847-7907 (TTY: 711).

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-877-847-7907 (टिटीवाइ: 711)।

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای تماس بگیریید. 1-877-847-7907 (TTY: 711) شما فراهم می باشد. با

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں 1-877-847-7907 (TTY: 711) دستیاب ہیں۔ کال کریں