

**C AND O EMPLOYEES' HOSPITAL ASSOCIATION
 MEDICARE SUPPLEMENTAL PLAN
 2021 SUMMARY OF BENEFITS
 PLAN TEN**

COEHA Medicare Supplemental Plan Benefits	COEHA Medicare Supplemental Plan Payment
Annual Part A Deductible	Covered
Annual Part B Deductible	Covered
Ambulance	100% coinsurance when covered
Chemotherapy/Radiation Services	100% coinsurance
Chiropractic Services	100% coinsurance
Diabetic Testing Supplies	100% coinsurance for test strips, lancets, lancing devices and control solution
Durable Medical Equipment	100% coinsurance when covered
Emergency Room Services	100% coinsurance
Inpatient Hospital Care	100% coinsurance
Kidney Dialysis	100% coinsurance
Long Term Care Physician Visits and Physical Therapy	100% coinsurance
Mental Health Services	100% coinsurance
Office Visits	100% coinsurance
Ophthalmology Services	100% coinsurance
Organ Transplants	100% coinsurance
Outpatient Surgery, Diagnostic & Therapeutic Services	100% coinsurance
Physical Therapy, Occupational & Speech Therapy	100% coinsurance
Podiatry Services	100% coinsurance
Skilled Nursing Facility	100% coinsurance

COEHA benefits supplement your basic Medicare benefits. Services denied by Medicare are not covered by COEHA. Also, not all services covered by Medicare are a COEHA benefit. For more details, please refer to your *Medicare & You 2021 Handbook* and *C and O Employees' Hospital Association Medicare Supplemental Handbook and Master Plan Document*.

All organizations that provide Medicare Managed Care Plans, and Health Care Prepayment Plans, like COEHA, must obey federal laws against discrimination, including Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act, all other laws that apply to organizations that receive federal funding, and any other laws and rules that apply for any other reason.

Discrimination is against the law. COEHA complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. COEHA does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. COEHA also complies with Sections 504 and 508 of the Rehabilitation Act of 1973, as amended.

COEHA:

- 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, and 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 Ms. Michelle Hoke, the Civil Rights Coordinator.

If you believe that COEHA 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:

Michelle Hoke
C and O Employees' Hospital Association
511 Main Street, 2nd Floor
Clifton Forge, Virginia 24422-1166
(800) 679-9135 (toll free)
(540) 862-3552 (fax)
michellehoke@coeha.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Ms. Michelle Hoke, Civil Rights Coordinator, is available to help you.

You can contact CMS directly if your grievance is not resolved by the Plan or if you believe that your grievance was not resolved correctly. You can file a grievance with CMS by doing one of the following:

1. Calling 1-844-ALT-FORM (1-844-258-3676). TTY users should call 1-844-716-3676;
2. Sending a fax to 1-844-530-3676;
3. Sending an email to AltFormatRequest@cms.hhs.gov ; or
4. Sending a letter to: Centers for Medicare & Medicaid Services Offices of Hearings and Inquiries ,7500 Security Boulevard, Room S1-13-25 Baltimore, MD 21244-1850 Attn: CMS Customer Accessibility Resource Staff.

CMS expects individuals to file the complaint within 180 calendar days of the alleged discrimination.

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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. The complaints must be filed within 180 days of the alleged discrimination.

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-679-9135.
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-679-9135 번으로 전화해 주십시오.
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-679-9135.
Chinese	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1-800-679-9135。
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-679-9135
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-679-9135.
Persian (Farsi)	توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان 1-800-679-9135 برای شما فراهم می باشد. با تماس بگیرید.
Amharic	ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-679-9135.
Urdu	خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-679-9135
French	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-679-9135.
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-679-9135.
Hindi	ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-679-9135 पर कॉल करें।
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-679-9135.
Bengali	লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-1-800-679-9135
Kru (Bassa)	Dè dɛ nià kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, nií, à wuɖu kà kò dọ po-poò bèin m̄ gbo kpáa. Dá 1-800-679-9135.
Ibo	Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-679-9135.
Yoruba	AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-679-9135.

If you have any questions, please do not hesitate to give us a call at 1-800-679-9135 or locally at 862-5728. Thank you.

