

Choose a better experience with your *health insurance*







A partnership you can trust

For nearly 30 years, Moda Health has been offering the Medicare Supplement plan to our members.



An Oregon-based company since 1955

70 years of offering insurance plans in the Pacific Northwest.



Nationwide coverage

With the Moda Health Medicare Supplement plan, you may see a Medicare provider anywhere in the U.S. and U.S. territories.

modamedicare.com

Explore Medicare Supplement coverage

Why should I have a supplement plan?

When you choose our Moda Health Medicare Supplement plan, you get more than what Original Medicare covers. Our plans include all services that Original Medicare covers *plus more*.

Original Medicare is your primary insurance:



Part A (hospital insurance)



Part B (medical insurance)



Moda Health Medicare Supplement gives you more flexibility and can help lower your out-of-pocket costs.

Medicare generally pays 80%, Moda Health pays 20% for Medicare covered services*

No primary care provider (PCP) requirements



Additional valueadded services and discounts





No referrals required

Travel with a peace in mind

Our *Medicare Supplement plan* enures your coverage is with you when you travel anywhere in the United States. We allow you to choose any Medicare-approved physician throughout the country. By selecting the Moda Health Medicare Supplement plan, you can feel secure that where Medicare coverage ends, your plan coverage begins.





How do I find a provider?

To find a provider for the Medicare Supplement plan, go to <u>Medicare.gov.</u> There you can see which providers are in your area.



Explore our Medicare Supplement plans to see which option is right for you. We offer many plans to meet your wellness needs.

The chart on the next page includes an overview of the benefits available with each plan option. Use this chart to determine which plan may best meet your needs. Then review the benefit tables to learn about more plan details.

If you were eligible for Medicare before Jan. 1, 2020

We offer standardized Medicare Supplement Plans A, F, G and N. We also offer Plan F with a \$2,800 deductible option and Plan G with a \$2,800 deductible option.

If you were eligible for Medicare on or after Jan. 1, 2020

We offer standardized Medicare Supplement Plans A, G and N. We also offer Plan G with a \$2,800 deductible option.

		Plans available to all applicants					elig bef	icare ible ore 20		
Benefits	Α	В	D	G ¹	K ²	L ²	М	N³	С	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	√	√	√	√	√	√	√	√	√	√
Medicare Part B coinsurance or copayment	✓	✓	✓	√	50%	75%	√	Co- pays apply	✓	√
Blood (first three pints)	√	√	✓	√	50%	75%	√	√	√	✓
Part A hospice care coinsurance or copayment	√	√	√	✓	50%	75%	√	✓	✓	✓
Skilled nursing facility coinsurance			✓	√	50%	75%	√	√	√	√
Medicare Part A deductible		√	✓	✓	50%	75%	50%	√	√	✓
Medicare Part B deductible									√	√
Medicare Part B excess charges				√						√
Foreign travel emergency (up to plan limits)			√	✓			✓	✓	✓	✓
Out-of-pocket limit					\$7,060	\$3,530				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan High-deductible G does not cover the Medicare Part B deductible. However, Plan High-deductible F and Plan High-deductible G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

(continued)

Plan A

Plan A

::			Q
Medicare Part A	Medicare pays	Plan pays	You pay
Hospitalization*	Semi-private room and k and miscellaneous servi		
First 60 days	All but \$1,632	\$0	\$1,632 (Part A deductible)
61st through 90th day	All but \$408 per day	\$408 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$O	100% of Medicare- eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care*	You must meet Medicare including three inpatient prior to entering a Medic skilled nursing facility wi	t hospital days, care-approved	
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	\$0	Up to \$204 per day
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care	Available as long as your certifies you are termina elect to receive these ser	ally ill and you	
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

^{*} A benefit period begins on the first day you receive services as a patient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

\$			8
Medicare Part B	Medicare pays	Plan pays	You pay
Medical expenses	physician's services, inpusurgical services and su	patient treatment, such as atient and outpatient med oplies, physical and speec rable medical equipment	
First \$240 of Medicare- approved amounts#	\$O	\$0	\$240 (Part B deductible)
Remainder of Medicare- approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs
Blood			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare- approved amounts#	\$O	\$0	\$240 (Part B deductible)
Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

:: + &			8
Medicare Parts A and B	Medicare pays	Plan pays	You pay
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$240 of Medicare-approved amounts#	\$O	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

[#] Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

^{**} Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance
8 based on any difference between its billed charges and the amount Medicare would have paid.



Plan F - or Plan High-deductible F

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			Q
Medicare Part A	Medicare pays	Plan pays For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible F only, this is in addition to \$2,800 deductible^
Hospitalization*	Semi-private room and l and miscellaneous servi		
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$ O
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare- eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care*	You must meet Medicare including hospitalization days followed by entrancapproved facility within	n for at least three ce to a Medicare-	
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$ O
Additional amounts	100%	\$O	\$0

^{*} A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[^] This high deductible plan offers the same benefits as Plan F after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

^{**} Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F – or Plan High-deductible F

(continued)

Medicare Part A	Medicare pays	Plan pays For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible F only, this is in addition to \$2,800 deductible^
Hospice care	Available as long as your terminally ill and you elec		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

		•	
. (°)		Plan pays	You pay
Medicare Part B	Medicare pays	For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible^	For Plan High-deductible F only, this is in addition to \$2,800 deductible^
Medical expenses	as physician's services, i surgical services and su	and outpatient hospital tre inpatient and outpatient m pplies, physical and speec rable medical equipment	nedical and
First \$240 of Medicare- approved amounts#	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare- approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$O	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare- approved amounts#	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

(continued)

Plan F – or Plan High-deductible F

			R
Medicare Part A and B	Medicare pays	Plan pays For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible F only, this is in addition to \$2,800 deductible^
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$O	\$0
Durable medical equipment:			
First \$240 of Medicare-approved amounts#	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

Other benefits — not covered by Medicare	Medicare pays	Plan pays For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible F only, this is in addition to \$2,800 deductible^
Foreign travel	services beginning	ry emergency care I during the first 60 days e the United States	
First \$250 each calendar year	\$0	\$O	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

[#] Once you have been billed \$2,800 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

[^] This high deductible plan offers the same benefits as Plan F after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

Plan G – or Plan High-deductible G

			Q
Medicare Part A	Medicare pays	Plan pays For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible G only, this is in addition to \$2,800 deductible^
Hospitalization*	Semi-private room and l and miscellaneous servi		
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare- eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care*	You must meet Medicare including three inpatient prior to entering a Medic skilled nursing facility wi	t hospital days, care-approved	
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care	Available as long as you certifies you are termino elect to receive these se	ally ill and you	
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$ O

(continued)

Plan G – or Plan High-deductible G

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			R
Medicare Part B	Medicare pays	Plan pays For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible G only, this is in addition to \$2,800 deductible^
Medical expenses	as physician's services, i and surgical services an	and outpatient hospital tre inpatient and outpatient m d supplies, physical and sp s and durable medical equ	nedical neech
First \$240 of Medicare- approved amounts #	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare- approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare- approved amounts#	\$0	\$0	\$240 (Unless Part B deductible has been met)
Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

- * A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.
- ^ This high deductible plan offers the same benefits as Plan G after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.
- ** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.
- # Once you have been billed \$2,800 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

Plan G – or Plan High-deductible G

(continued)

Medicare Part A and B	Medicare pays	Plan pays For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible G only, this is in addition to \$2,800 deductible^
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$O	\$O
Durable medical equipment:			
First \$240 of Medicare-approved amounts#	\$0	\$O	\$240 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0

Other benefits — not covered by Medicare	Medicare pays	Plan pays For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible^	You pay For Plan High-deductible G only, this is in addition to \$2,800 deductible^
Foreign travel	Medically necessar services beginning of each trip outside		
First \$250 each calendar year	\$0 \$0		\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

[#] Once you have been billed \$2,800 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.



[^] This high deductible plan offers the same benefits as Plan G after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.

Plan N

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(continued)



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			Q
Medicare Part A	Medicare pays	Plan pays	You pay
Hospitalization*	Semi-private room and k and miscellaneous servi		
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare- eligible expenses	\$0**
Beyond the additional 365 days	\$O	\$0	All costs
Skilled nursing facility care*	You must meet Medicare including hospitalization days followed by entrancapproved facility within a	n for at least three ce to a Medicare-	
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$O	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care	Available as long as your certifies you are termina elect to receive these ser	lly ill and you	
	All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

Q ^o			Q
Medicare Part B	Medicare pays	Plan pays	You pay
Medical expenses	In or out of the hospital of as physician's services, if and surgical services and therapy, diagnostic tests	nedical neech	
First \$240 of Medicare- approved amounts #	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare- approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare approved amounts)	\$O	\$0	All costs
Blood			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare- approved amounts#	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare- approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

^{*} A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

^{**} Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the plan's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[#] Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

Plan N

(continued)

!!!†!!! + 			Q
Medicare Part A and B	Medicare pays	Plan pays	You pay
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$ O	\$O
Durable medical equipment:			
First \$240 of Medicare-approved amounts#	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

			Q
Other benefits — not covered by Medicare	Medicare pays	Plan pays	You pay
Foreign travel	Medically necessar services beginning of each trip outside	during the first 60 days	
First \$250 each calendar year	\$0	\$250	
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

With enrollment in a Medicare supplement plan, you are provided with additional value added discounts including access to discounts on select items and services. You can learn more about these discounts by visiting www.modahealth.com.

These additional services are a complement to the Medicare Supplement plan, but are not insurance.



[#] Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

What supplement plans cost

Take a look at our Medicare Supplement monthly premiums below. These rates are effective through **Dec. 31, 2024**.

Female Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$113.00	\$141.00	\$173.00	\$187.00	\$198.00
Plan F	\$170.00	\$212.00	\$260.00	\$283.00	\$299.00
Plan F with \$2,800 deductible	\$50.00	\$62.00	\$76.00	\$83.00	\$87.00
Plan G	\$145.00	\$181.00	\$222.00	\$241.00	\$255.00
Plan G with \$2,800 deductible	\$42.00	\$53.00	\$65.00	\$71.00	\$75.00
Plan N	\$119.00	\$148.00	\$182.00	\$198.00	\$209.00

Male Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$121.00	\$151.00	\$187.00	\$205.00	\$220.00
Plan F	\$182.00	\$228.00	\$282.00	\$309.00	\$332.00
Plan F with \$2,800 deductible	\$53.00	\$67.00	\$82.00	\$90.00	\$97.00
Plan G	\$155.00	\$194.00	\$240.00	\$264.00	\$283.00
Plan G with \$2,800 deductible	\$46.00	\$57.00	\$70.00	\$77.00	\$83.00
Plan N	\$127.00	\$159.00	\$197.00	\$216.00	\$232.00

Female Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$129.95	\$162.15	\$198.95	\$215.05	\$227.70
Plan F	\$195.50	\$243.80	\$299.00	\$325.45	\$343.85
Plan F with \$2,800 deductible	\$57.50	\$71.30	\$87.40	\$95.45	\$100.05
Plan G	\$166.75	\$208.15	\$255.30	\$277.15	\$293.25
Plan G with \$2,800 deductible	\$48.30	\$60.95	\$74.75	\$81.65	\$86.25
Plan N	\$136.85	\$170.20	\$209.30	\$227.70	\$240.35

Male Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$139.15	\$173.65	\$215.05	\$235.75	\$253.00
Plan F	\$209.30	\$262.20	\$324.30	\$355.35	\$381.80
Plan F with \$2,800 deductible	\$60.95	\$77.05	\$94.30	\$103.50	\$111.55
Plan G	\$178.25	\$223.10	\$276.00	\$303.60	\$325.45
Plan G with \$2,800 deductible	\$52.90	\$65.55	\$80.50	\$88.55	\$95.45
Plan N	\$146.05	\$182.85	\$226.55	\$248.40	\$266.80

Value-added services and *discounts*



Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Learn more at assistamerica.com. Or call us at 800-872-1414.



Health and wellness services from ChooseHealthy™

- Discounts of up to 55% on popular health and fitness brands, including Garmin[®], Vitamix[®], PRO Compression[®] and Fitbit[®]
- Savings of up to 25% on services including acupuncture, chiropractic, physical therapy, therapeutic massage, occupational therapy, nutrition and podiatry. You will need to see providers who are in the ChooseHealthy network.
- Access to no-cost online health classes



These additional services are a complement to the Medicare Supplement plan, but are not insurance. They may not be available in all areas and may be changed or discontinued with 30 days advance notice.



Tools for your *health journey*

All of our plans come with **programs, care teams, tools and resources** designed to help you manage your well-being. Using your personal Member Dashboard at modahealth.com, you can get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support — so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Nurse line

Need quick advice? The friendly nurses on our Nurse Advisory Line are available 24 hours a day, 365 days a year at 800-501-5046. The Nurse Advisory Line is available at no additional cost to members.

Call for guidance on non-critical medical issues:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care

- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



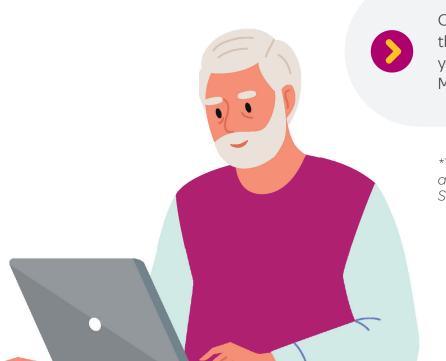
Individual Assistance Program (IAP)

Powered by Canopy, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Grieving a loss
- Stress management

- Family relationships
- Financial/legal/consumer concerns

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Once you are an active member, use these care resources to help you be your healthy best! Simply log in to our Member Dashboard to get started.

*These additional tools and resources are a complement to the Medicare Supplement plan, but are not insurance.

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Healthcare lingo **explained**

We realize that health plans can be confusing, so we've made a glossary to help you understand some healthcare lingo.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, Medicare pays 80% for a Medicare covered service and Moda Health Medicare Supplement pays 20%.

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$20 for a doctor visit.

Deductible

The amount members may pay in a calendar year for care that requires a deductible before the plan starts paying.

Medicare Part A deductible

The amount normally due from a member upon first admission to a hospital in each benefit period, before benefits are available under Part A of Medicare.

Medicare Part B deductible

The amount a member must pay each calendar year before Part B of Medicare pays benefits for Medicare Part B expenses.

Member Handbook

Describes what is covered and how your plan works.

Out-of-pocket costs

What members pay in a calendar year for care after their plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Things you need to know

At Moda Health, we design our benefits and member services with you in mind. Here area few additional details you may need to know.

Am I eligible?

You may apply for coverage if you are age 65 and older, live in Alaska and are enrolled in Medicare Parts A and B.

When does coverage begin?

If you apply during an open enrollment period (within six months of becoming eligible for Part B), your coverage will start the first of the month following the date we receive your application. If you do not apply during an open enrollment period, we will notify you of the date your coverage will begin after your application is approved.

Is there a waiting period?

If you transfer directly to a Moda
Health Medicare Supplement plan
from a Medicare HMO, a Medicare
supplemental policy or other coverage,
we will credit day-for-day the amount
of time you were enrolled under one
of those plans. If you were enrolled
for six or more months, you will not
have a six-month waiting period.

Premium Information

We, Moda Health, can only raise your premium if we raise the premium for all policies like yours in this state. The required premium for the plan is subject to change. Any change in premiums will occur once in a 12-month period, and will apply to all subscribers insured under the plan who reside in the state of Alaska.

Benefit and information updates

Your Moda Health Medicare Supplement policy will automatically coordinate with changes in Medicare each year. We'll keep you informed about any changes.

No claim forms

If you have a claim, just mail a copy of the Medicare Summary Notice (MSN) form you receive from Medicare to us. We'll do the rest.

Electronic claims filing

Electronic claims filing is now available at no extra cost. Medicare Part B claims will be forwarded directly to Moda Health Medicare Supplement after Medicare pays its share. You will know that a bill was submitted directly to Moda Health Medicare Supplement because it will have the following statement printed on the bottom: "This claim has been forwarded to your secondary Medicare payor."

Moda Health Medicare Supplement will send you an Explanation of Benefits indicating the amount paid and payment, if you are being reimbursed.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read your policy very carefully

This brochure is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Moda Health.

Complete answers are very important

Review the Moda Health Medicare Supplement application carefully before you sign it. Be certain that all information has been properly recorded. When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Moda Health may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Notice

This policy may not fully cover all of your medical costs. Neither Moda Health nor its agents are connected with Medicare. This outline of coverage does not give all of the details about Medicare coverage. For a complete description of Medicare benefits, contact your local Social Security office, or refer to the "Medicare & You 2024" handbook online at medicare. gov or by calling 800-633-4227.

Guaranteed renewability

We will never cancel your policy because of your age or claims experience.

Right to return policy

If you find that you are not satisfied with your policy, you may return it to Moda Health, Attention: Medicare Membership Accounting, 601 S.W. Second Ave., Portland, OR 97204. If you send back the policy within 30 days of receiving it, we will treat the policy as if it had never been issued and return all of your premium.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.



Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call:

Medicare Customer Service, 877-299-9062 (TDD/TTY 711)

Medicaid Customer Service, 888-788-9821 (TDD/TTY 711)

Customer Service for all other plans, 888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.
Please mail or fax it to:

Moda Partners, Inc. Attention: Appeal Unit 601 SW Second Ave. Portland, OR 97204 Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services 200 Independence Ave. SW, Room 509F HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Scott White coordinates our nondiscrimination work:

Scott White, Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com

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Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Health plans provided by Moda Health Plan, Inc. Individual medical plans in Alaska provided by Moda Assurance Company.





ans in Alaska provided by Moda Assurance Company.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Goi 1-877-605-3229 (TTY:711)

注意:如果您說中文,可得到免費語言幫助服務。 請致電1-877-605-3229(聾啞人專用:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

> تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 822-605-778-1 (الهاتف النصبي: 711)

ہولتے ہیں تو ل نی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاہ ہے۔ 2 کال کریں (TTY: 711) 877-605-3229

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語 サービスを無料で提供しております。 1-877-605-3229 (TYY、テレタイプライター をご利用の方は711)までお電話ください。 અગત્યનું: જો તમે (ભાષાં તર કરેલ ભાષા અહીં દશાર્વો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (ТТҮ: 711)

ATENŢIE: Dacă vorbiţi limba română, vă punem la dispoziţie serviciul de asistenţă lingvistică în mod gratuit. Sunaţi la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រ័វការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្ដល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Small group

Large group

Questions? We're here to help.

Contact a Moda Health agent or call us at 844-274-9122. TTY users, please call 711.

Portland Office (corporate headquarters) 601 SW Second Ave. Portland, OR 97204-3156

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