



Moda Health & Summit Health 2024 Roadshow

**moda**
HEALTH

**SUMMIT**
HEALTH

Today's Agenda

- ✓ **Corporate Updates**
Walter Burkhartsmeier, Medicare Program Director
- ✓ **2024 Enrollment Guidelines & Producer Compensation**
Carole Carlson, Sr. Sales Executive
- ✓ **2024 Medicare Advantage, Embedded Supplements, Value adds for Moda Health and Summit Health**
Carole Carlson, Moda Health Sr. Sales Executive
- ✓ **2024 Moda Health Medicare Advantage plans by regions**
Carole Carlson, Moda Health Sr. Sales Executive
- ✓ **2024 Medicare Supplemental Benefits**
Carole Carlson, Moda Health Sr. Sales Executive
- ✓ **Summit Health Medicare Advantage**
Jennica Hayes, Summit health Sales Executive

IMPORTANT

Internal document not for client use. Some information in this training is pending approval and is subject to change. This training is not all inclusive of Moda Medicare Advantage benefits. Full coverage details are available in the Annual Notice of Change (ANOC) and Evidence of Coverage (EOC)s.

Medicare Program Update

Walter Burkhardtmeier, Medicare Program Director



2024 Enrollment & Compensation



2024 Required Training, Testing and Certification



Agents need to be trained, tested and certified every year to sell Moda Health Medicare Advantage Plans



To receive commission on new and/or renewing Moda Health Medicare Advantage plans, you must be trained, tested and certified every year.



Once you have submitted all required documentation to your GA and passed the test with 85% or better, you'll get an email from your General agency with confirmation of your successful completion.



2024 Moda Health Medicare Advantage plans should not be discussed prior to 10/1/2023 with current clients or prospects.

2024 CMS Changes and Clarifications



2024 changes to CMS rules

- The Pre-Enrollment checklist now includes discussion of the effect on current coverage.
- Marketing events are prohibited from taking place within 12 hours of an education event, in the same location. The same location is defined as the entire building or adjacent buildings.
- Scope of Appointment (SOA) forms can no longer be collected at educational events.
- At least 48 hours prior to scheduled personal marketing, an agent or broker must agree upon and record a SOA with the beneficiary. Two exceptions:
 - SOAs that are completed during the last four days of a valid election period for the beneficiary.
 - Unscheduled in person meetings (walk-ins) initiated by the beneficiary.
- When holding a personal marketing appointment, you cannot market any health care related product during a marketing appointment beyond the scope agreed upon by the beneficiary and documented by the plan in a SOA, business reply card, or request to receive additional information, which is valid for 12 months following the date of beneficiary's signature date or the date of the beneficiary's initial request for information.

(Applicable for all contract year 2024 marketing and communications beginning September 30, 2023.)

Clarification to CMS Rules for 2024

- The following types of calls need to be recorded in their entirety: all marketing, sales, and enrollment calls, including the audio portion of calls via web-based technology.
- Contact is unsolicited door-to-door contact unless an appointment, at the beneficiary's home at the applicable date and time, was previously scheduled. Unsolicited door-to-door solicitation has not been allowed, including leaving information of any kind, except that information may be left when an appointment is pre-scheduled, but the beneficiary is not home.
- For telephonic enrollments, the Pre-Enrollment checklist must be reviewed with the prospective enrollee prior to completion of the enrollment.

Enrollment Options for Producers

- Shop Buy and Apply (SBA) will be available for shopping **October 1** and the online application for applying will be available **October 15**.
- Shop and Apply will be available year-round at www.modahealth.com/medicare and www.yoursummithealth.com.
- Agent link (purl) will be provided by **October 15**.
- Moda Partners inc. will also offer paper applications and a fillable PDF for all Medicare Advantage plans.



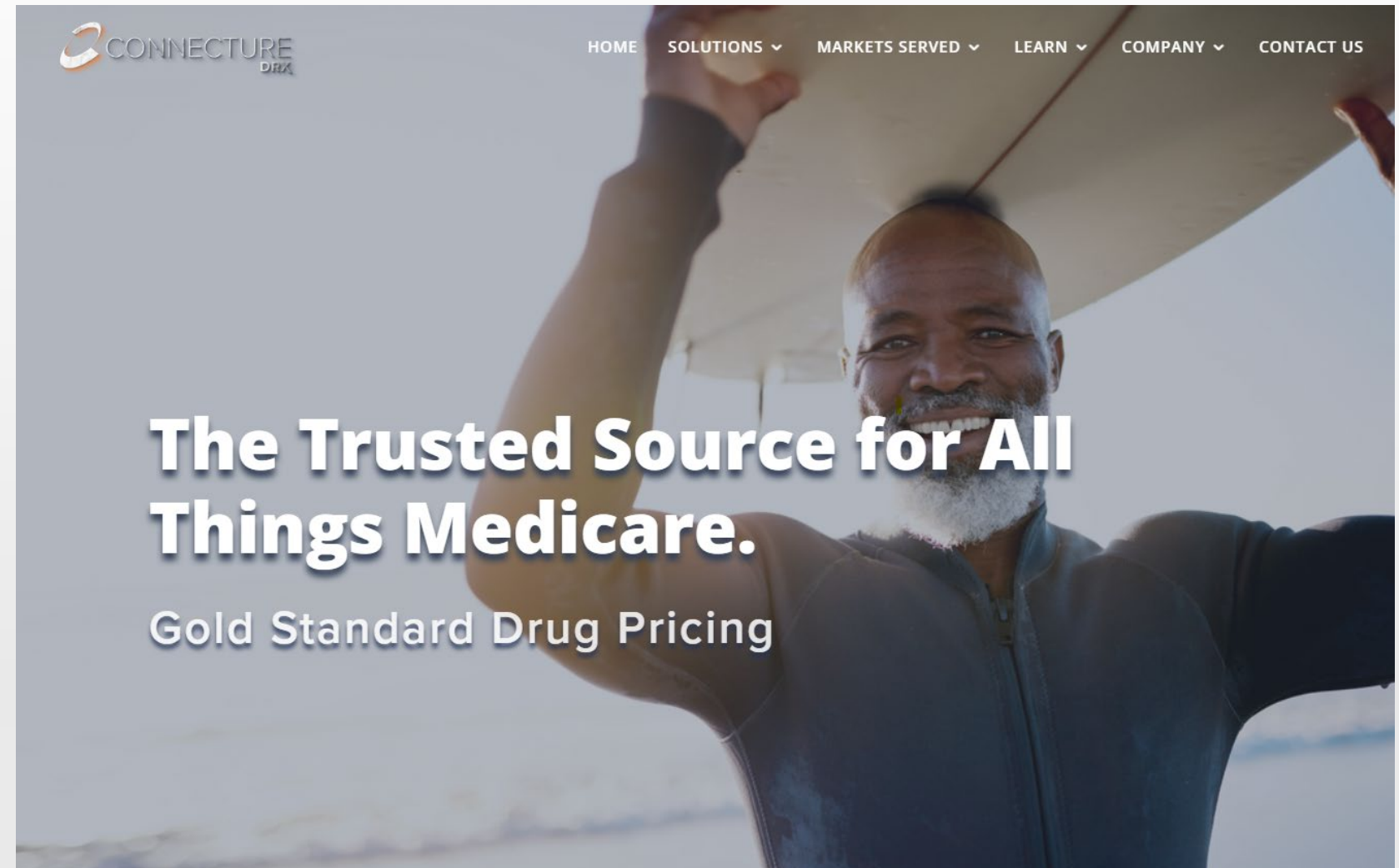
Another enrollment option: www.connecture.com

Increase visibility of Medicare plans and drive continuous electronic enrollment through the ConnectureDRX BrokerLink Network

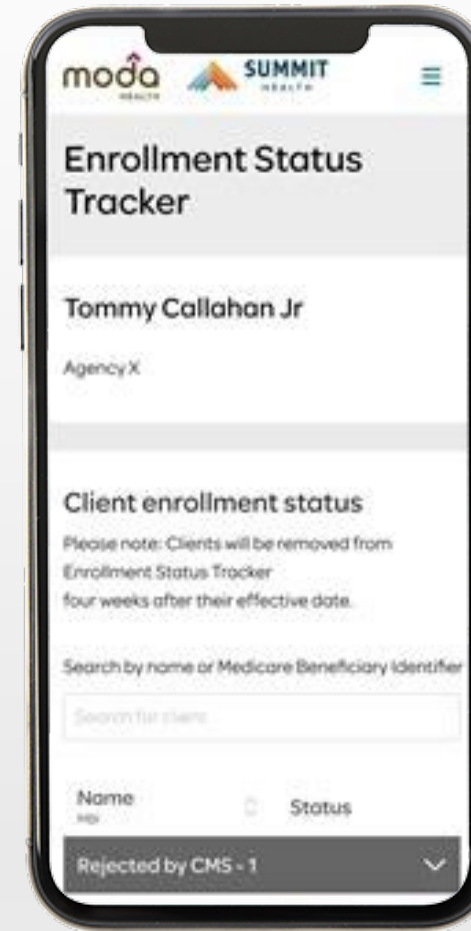
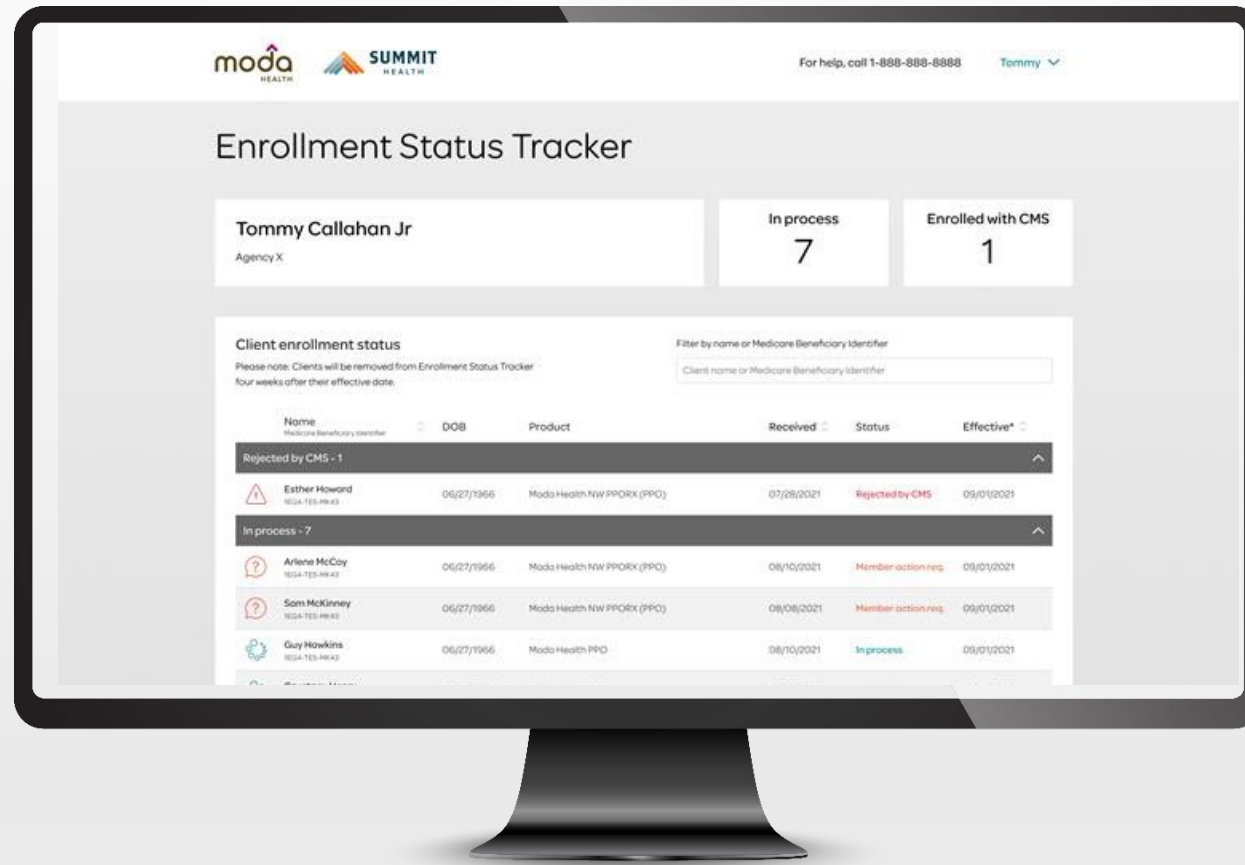
Contact

marketing@connecture.com

800.379.9060



Enrollment Status Tracker



Same login as eCommissions
For online MA(PD) apps only

Enrollment Guidelines for Producers

- Producers will NOT be required to submit Scope of Appointment (SOA) forms with the online or paper application. However, Producers must follow CMS guidelines for completion and retention of the SOA. Moda Partners Inc. will audit this requirement. If it is deemed that an SOA was not completed, the producer will lose their appointment and commission.
- Paper enrollment applications must be received within **24 hours** of the date the enrollment form was received by agent, as noted on the enrollment form.
- PDF or TIF is the preferred file format.
- Safely store documentation on how/when the application was submitted for your records.

Agent of Record Request

- Replacement allowed on enrollments via Agent of Record
 - Replace an existing agent on the policy
 - Renewal plan with any Agent of Record letter signed by the beneficiary
 - If the writing agent moves agencies
 - Written request from the member
 - Effective first of the month following receipt at Moda Health / Summit Health
 - No retro-attachment allowed
 - Go to www.modahealth.com/roadshow or www.yoursummithealth.com/roadshow for branded AOR template
- Attachment allowed on “unassisted” enrollments upon renewal only via Agent of Record request.

Send AOR or
commission
inquiries to:

agentdesk@modahealth.com

Fax: 503-243-3949

Phone: 503-265-5618

2024 Medicare Advantage Producer Compensation

\$611 Initial
Compensation

- Initial payment paid after the policy is in effect for 90 days
- Client is new to Medicare Advantage or enrolls in an unlike plan type

\$306 Renewal
Compensation
(\$25.50 per month)

- Medicare Advantage plans (MA or MAPD plans)
- Client changing Medicare Advantage plans – MA or MAPD plans
- If premium received by 10th, commission paid that month
- Paid for the life of the enrollment – effective 2015
- Renewal Compensation is paid monthly (\$25.50)

2024 Embedded Supplemental and Value-added Benefits



Embedded Alternative Care | 2024



Acupuncture, Naturopathy, and Chiropractic care are included without additional premium as mandatory supplemental benefits.

Covered at 50% up to \$500.

Dental



Service	Benefit description	In-network cost	Out-of-network cost
Preventive Oral Exam, Fluoride, and Cleaning	<ul style="list-style-type: none"> • 2 exams per calendar year • 2 cleanings per calendar year • X-rays (limits apply) 	\$0	50%
Comprehensive Dental	Diagnostics, Restorative, Endodontics, Periodontics, implants, dentures, crown upgrades, etc.	20%	50%
Maximum Benefit This includes preventive, comprehensive, and all other services, in and out of network combined.			
\$500 <ul style="list-style-type: none"> • Moda Health Mid-valley PPORX 	\$1,000 <ul style="list-style-type: none"> • Moda Health PPO • Summit Health Core 	\$1,250 <ul style="list-style-type: none"> • Moda Health Value PPORX • Moda + PeaceHealth PPORX • Moda Health Elements PPORX • Summit Health Value + Rx • Summit Health Standard + Rx 	\$1,500 <ul style="list-style-type: none"> • Moda Health Central PPORX • Moda Health Southern PPORX • Moda Health Metro PPORX • Moda Health + Fred Meyer PPORX • Summit Health Premier + Rx



Plan	Service	In-Network <i>VSP Provider</i>	Out-of-Network Members <i>submit for reimbursement</i>
Routine Vision Exam	Every calendar year	\$0	50%
Lenses Single vision, lined bifocal, lined trifocal, lenticular lenses, standard progressives, scratch resistant coating, UV coating	Every other calendar year	\$0	\$50
Frames	Every other calendar year	Genesis Collection: Covered in full OR \$50 allowance to apply to all other brands with 20% discount on costs above allowance	\$50 allowance
Contact Lenses (In lieu of glasses)	Every other calendar year	\$100 allowance towards contact lens fitting/evaluation and contacts (15% discount on contact lens fitting/evaluation, not contacts)	\$100 allowance towards contact lens fitting/evaluation and contacts

Hearing



Service	Benefit	
Hearing Exam	\$0 copay	
Hearing Aid	Advanced Model \$599-\$899 (per aid)	Premium Model \$699-\$999 (per aid)
	Advanced Model and Premium Model is available for the following plans:	
	<ul style="list-style-type: none"> • Moda Health Central PPORX • Moda Health Metro PPORX • Moda Health Mid-valley PPORX • Moda Southern PPORX • Summit Health Premier + Rx (HMO-POS) • Summit Health Standard + Rx (HMO-POS) 	<ul style="list-style-type: none"> • Moda Health PPO • Moda Health Elements PPORX • Moda Health + Fred-Meyer PPORX • Moda Health Value PPORX • Moda + PeaceHealth PPORX • Summit Health Core (HMO-POS) • Summit Health Value + Rx (HMO-POS)
Network	<ul style="list-style-type: none"> • National Network and one of the largest hearing aid dispensers in the US • Must access services through an in-network TruHearing provider 	
Details	<ul style="list-style-type: none"> • Up to two TruHearing-branded hearing aids every year (one per ear per year). • Re-chargeable styles available for \$50 per aid. • Costs do not apply to the medical OOP maximum 	

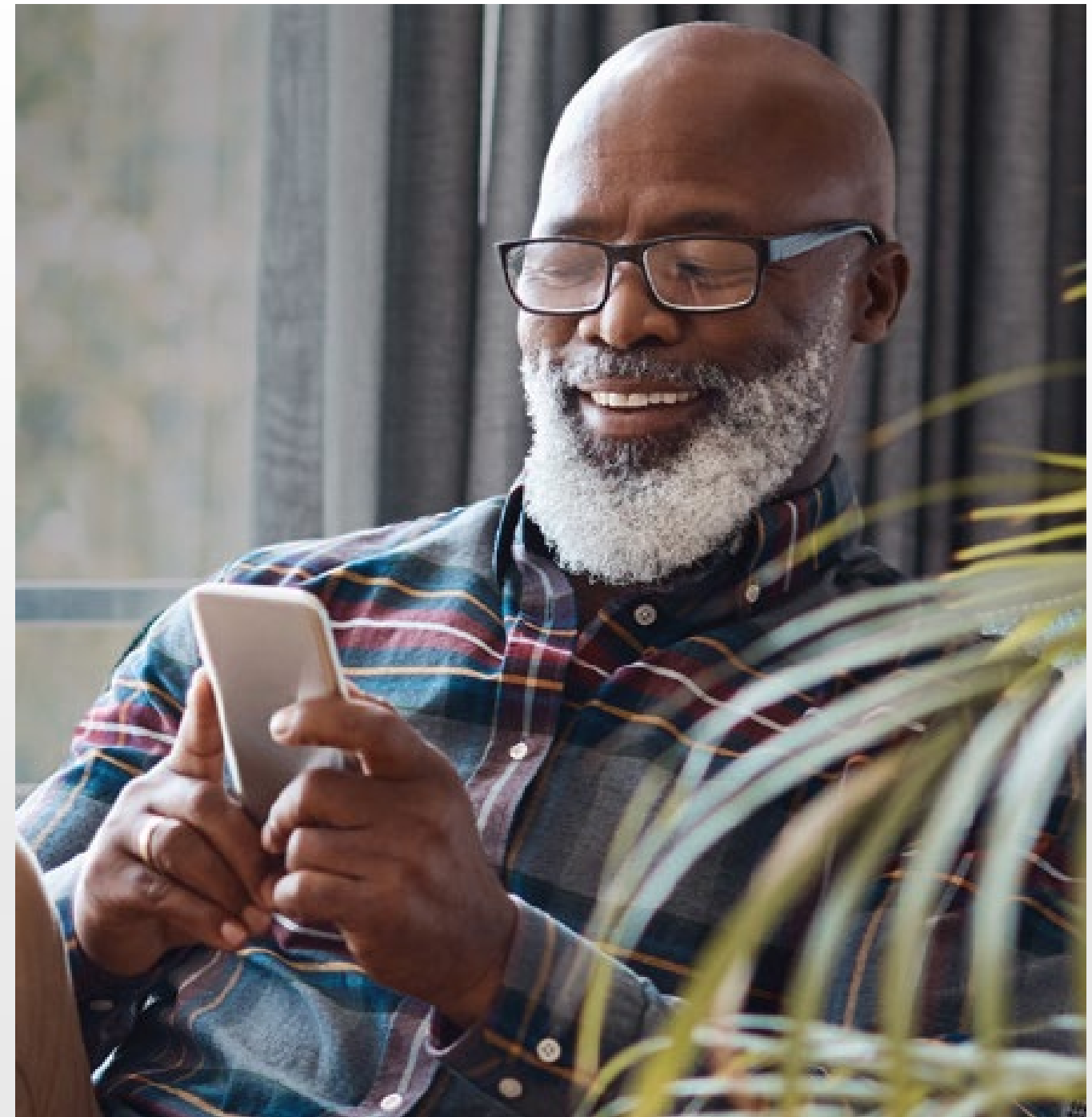


Fitness |

Benefit	Includes
Fitness Center Memberships	Multi-facility access to 16,500+ participating fitness centers or select YMCAs, many with exercise classes for older adults.
Home Fitness Kit	One Home Fitness Kit per benefit year from a variety of fitness categories, such as: <ul style="list-style-type: none"> • Fitbit® or Garmin® Wearable Fitness Tracker Kit • Pilates Kit • Beginner, Intermediate, or Advanced Strength Kit • Beginner or Advanced Swim Kit • Beginner or Intermediate/Advanced Yoga Kit
Healthy Aging Coaching	Coaches will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone sessions.
Digital Workouts	8,000+ digital workout videos at www.SilverandFit.com or the Silver & Fit mobile app

Virtual Health | CIRRUS MD

- Text a doctor for free, 24/7 with CirrusMD
- Use CirrusMD for:
 - Coughs, fevers, sore throat
 - Earaches, stomach pain, diarrhea
 - Rashes, allergic reactions, animal/insect bites
 - Back/abdominal pain
 - Sports injuries, burns, heat-related illness
 - Urinary tract infections
 - General health questions
- Download the app or connect online



Disease Management for Diabetes |

- For members that meet medical criteria, this program includes:
 - Monitoring supplies
 - Diabetes management tools
 - 24/7 coaching services
 - Direct outreach when an out-of-range test result occurs at no cost



Discounts on health & fitness



- The **ChooseHealthy**[®] program offers wellness promotions and deals exclusive to Moda Health and Summit Health Medicare Advantage members.
- **Specialty Provider Deals** – Members can save up to 25% on services from specialty health care practitioners in acupuncture, chiropractic, therapeutic massage, and more. Full musculoskeletal provider network features more than 66,000 contracted providers.
- **Health & Well Being Resources** – Free online health classes and educational content are based on up-to-date clinical information. Self-guided classes allow members to study a variety of health improvement topics.



NEW Over the counter (OTC)

ICARIO

- \$30 every three months (without carryover)
- CMS-Approved OTC medications and health-related items such as:
 - Allergy medication
 - Blood pressure cuffs
 - Cold & Flu relief
 - Dental care items
 - Sunscreen
- Purchases available in retail stores, online, or a catalog
- Members will receive an OTC card to use when shopping and can access their benefits online, via an app, or by calling Icario customer service
- *Excluded from the Moda Mid-valley plan*



Boost Reimbursement

(Moda Health + Fred Meyer plan only)

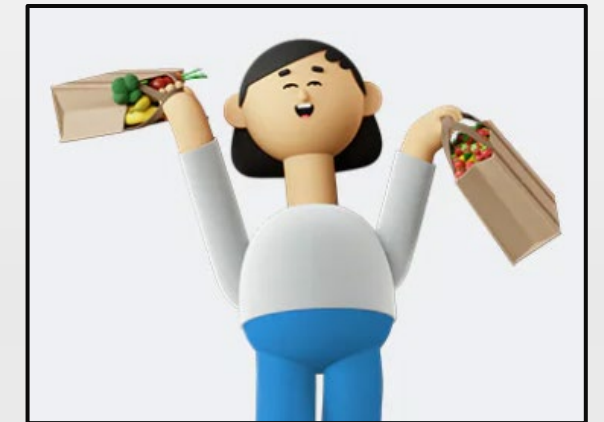


- Members enrolled on the Moda Health + Fred Meyer plan are **reimbursed \$59 for the annual Boost subscription.**
 - Individuals that purchased Boost prior to enrollment also qualify for reimbursement.



With Boost, members get:

- **Next day deliveries:** Fresh favorites are delivered for free on eligible purchases of \$35 or more.
- **More fuel points:** 2X fuel points for every dollar spent on groceries and general merchandise.
- **Special offers:** Exclusive access to over \$100 in one-time savings on specialty brands





2024 Moda Health
Medicare Advantage
Regional offerings



Moda Health PPO

H3813-001



Moda Health PPO *No Prescription Drug coverage*



Premium

\$0



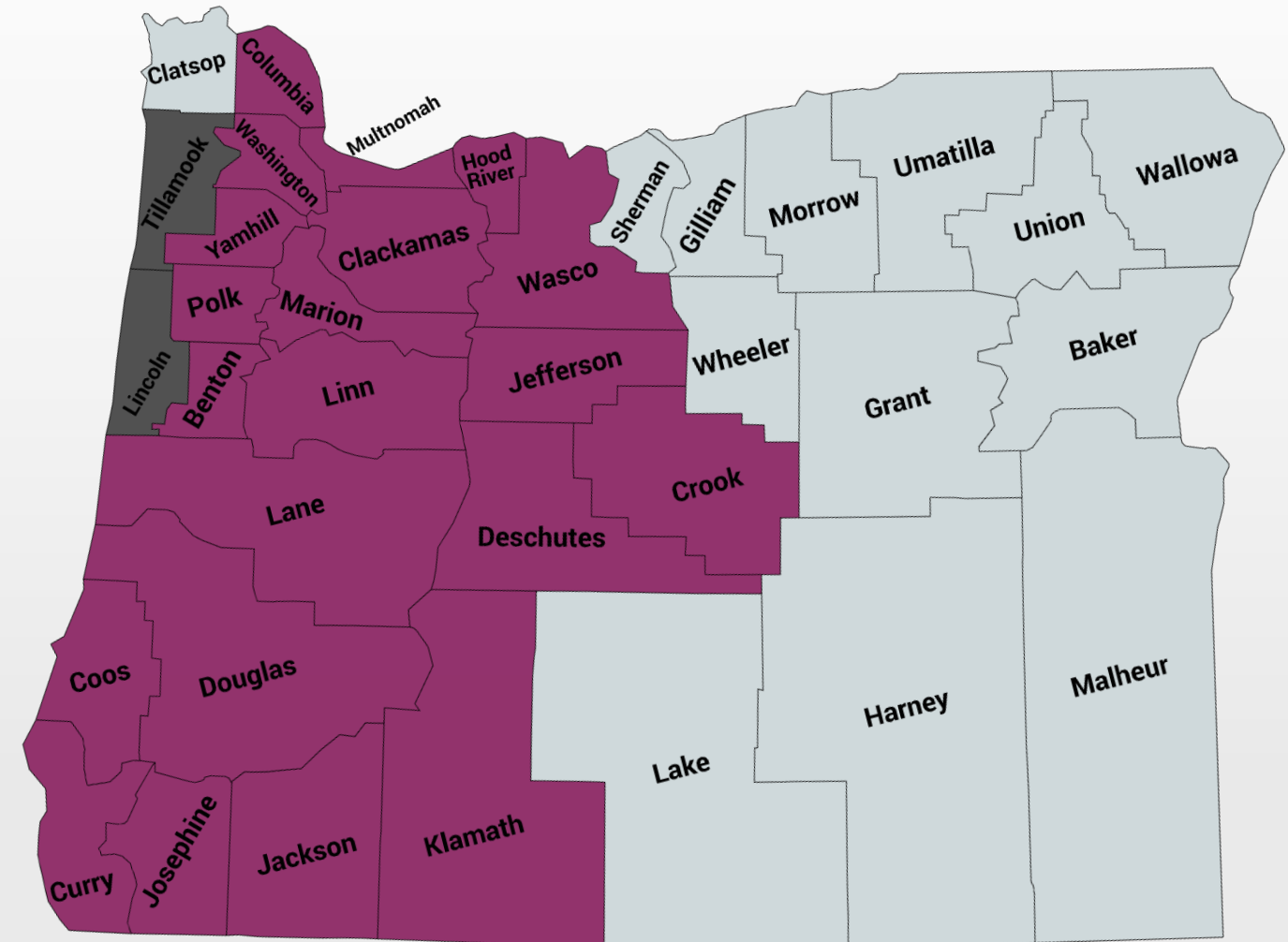
Out-of-Pocket Max

\$4,500



Service Area **Reduction**

Western Oregon excluding Lincoln, Tillamook, and Clatsop **leaving Tillamook and Lincoln**



Moda Health PPO *No Prescription Drug coverage*

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$325 days 1-5 / \$425 days 1-5	Outpatient Hospital	\$225 / \$325
SNF	\$160 days 21-100 / \$160 days 21-100	ASC	\$225 / \$325
ER (worldwide)	\$90	Ambulance	\$225
UC (worldwide)	\$35	DME	20% / 30%
PCP	\$0 / \$20	Prosthetics/Supplies	20% / 30%
Specialist	\$35 / \$35	Diabetic Services	Shoes/Inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$35 / \$35	Preventive Services	\$0 / 30%
Opioid Treatment	\$35 / \$35	Part B Drugs	20% / 30%
Outpatient Diagnostics	Lab 20% / 30% Test/Procedures 20% / 30%	Medicare-Covered Dental	\$35 / \$35
Outpatient Radiology	X-Rays 20% / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-Covered Vision	Exam \$0 / \$35 Eyewear \$0 / 30%

2024 Portland Metro Region



Moda Health Metro PPORX



Premium

\$86



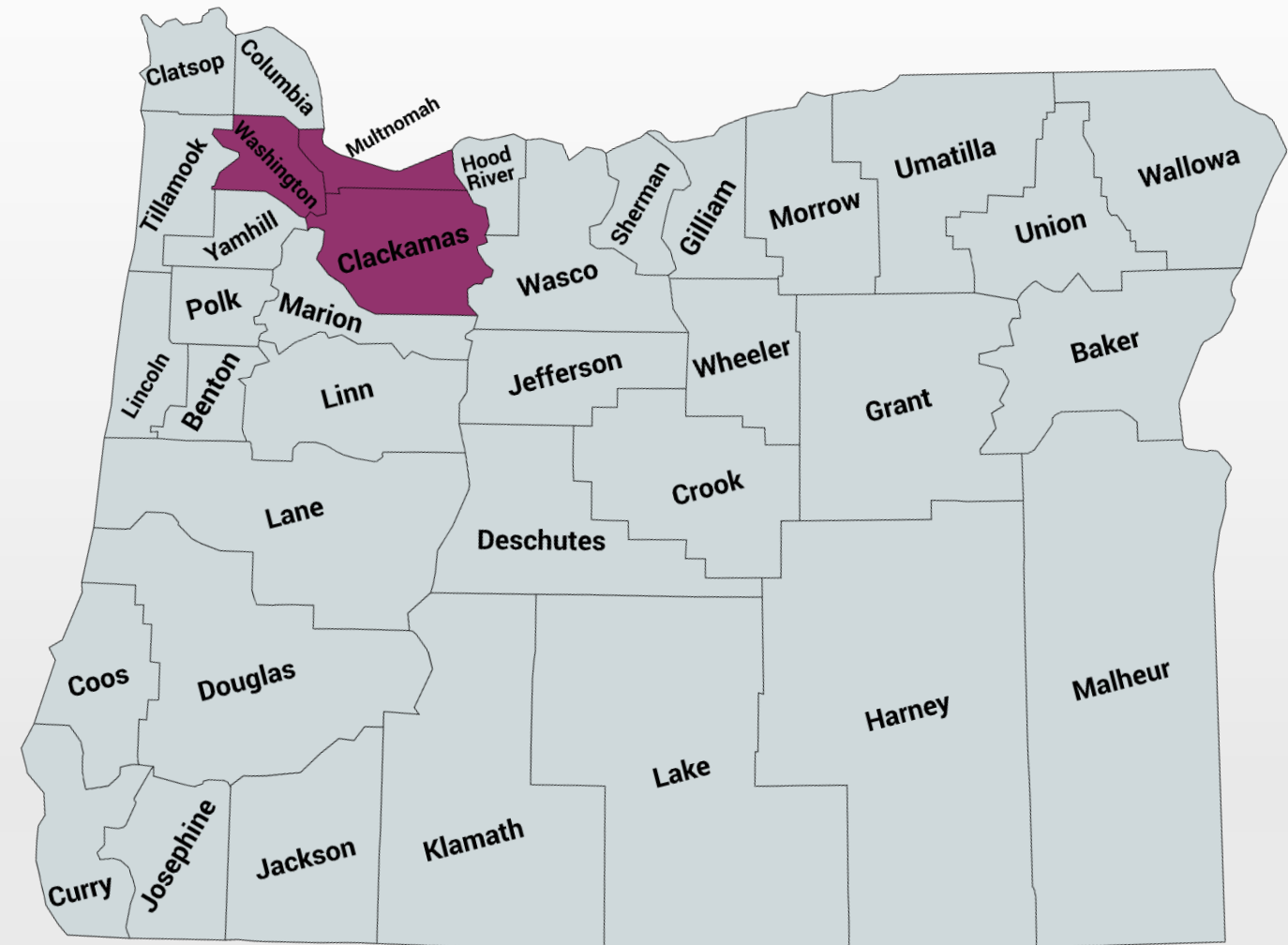
Out-of-Pocket Max

\$5,090 / \$8,500



Service Area

Clackamas, Multnomah, and Washington



Moda Health Metro PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$325 days 1-6 / 30%	Outpatient Hospital	\$325 / 30%
SNF	\$170 days 21-100 / 30%	ASC	\$325 / 30%
ER (worldwide)	\$95	Ambulance	\$275
UC (worldwide)	\$30	DME	20% / 30%
PCP	\$0 / 30%	Prosthetics/Supplies	20% / 30%
Specialist	\$30 / 30%	Diabetic Services	Shoes/Inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$30 / 30%	Preventive Services	\$0 / 30%
Opioid Treatment	\$30 / 30%	Part B Drugs	20% / 30%
Outpatient Diagnostics	Lab \$5 / 30% Test/Procedures 20% / 30%	Medicare-Covered Dental	\$30 / 30%
Outpatient Radiology	X-Rays \$10 / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-Covered Vision	Exam \$30 / 30% Eyewear \$0 / 30%

Moda Health + Fred Meyer PPORX



Premium

\$39



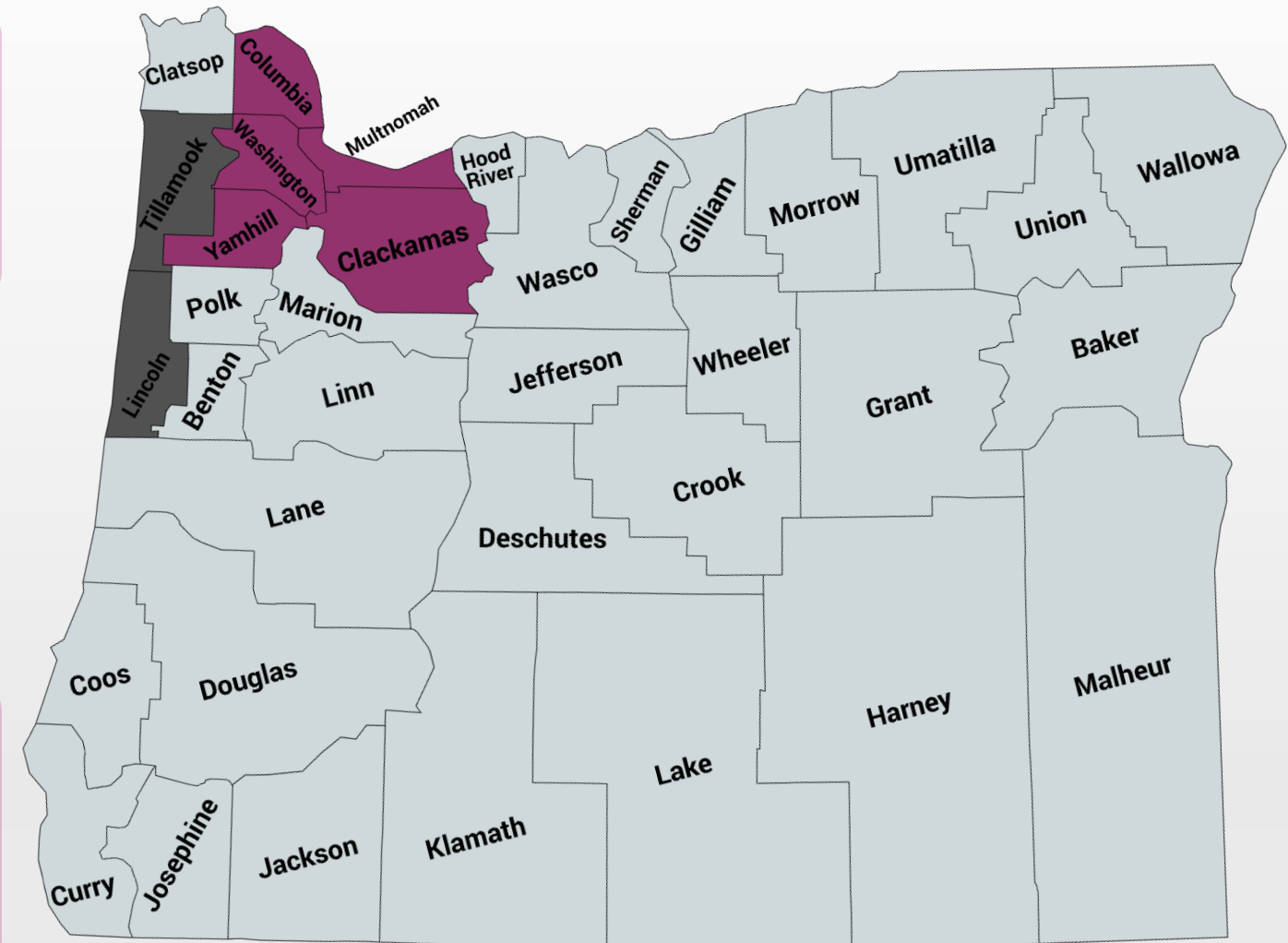
Out-of-Pocket Max

\$6750/ \$10,950



Service Area Reduction

Clackamas, Columbia, Multnomah,
Washington, and Yamhill **leaving**
Tillamook and Lincoln



Moda Health + Fred Meyer PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 40%	Outpatient Hospital	\$395 / 40%
SNF	\$196 days 21-100 / 40%	ASC	\$395 / 40%
ER (worldwide)	\$100	Ambulance	\$325
UC (worldwide)	\$40	DME	20% / 40%
PCP	\$0 / 40%	Prosthetics/Supplies	20% / 40%
Specialist	\$40 / 40%	Diabetic Services	Shoes/Inserts 20% / 40% Supplies \$0 / 40%
PT/OT/SP	\$40 / 40%	Preventive Services	\$0 / 40%
Opioid Treatment	\$40 / 40%	Part B Drugs	20% / 40%
Outpatient Diagnostics	Lab \$0 / 40% Test/Procedures 20% / 40%	Medicare-Covered Dental	\$40 / 40%
Outpatient Radiology	X-Rays \$15 / 40% Diagnostic 20% / 40% Therapeutic 20% / 40%	Medicare-Covered Vision	Exam \$40 / 40% Eyewear \$0 / 40%

NEW Moda Health Elements PPORX



Premium

\$0



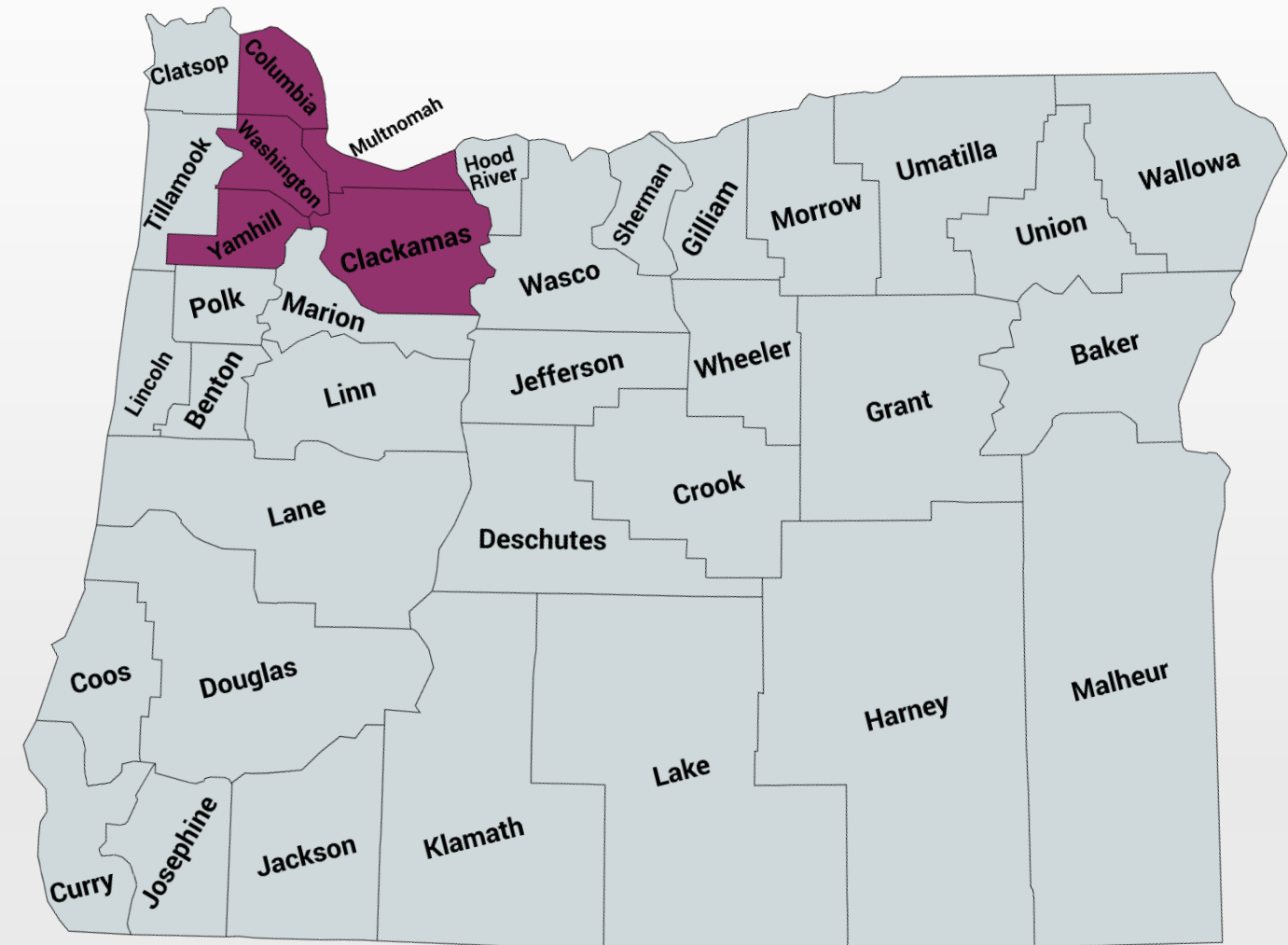
Out-of-Pocket Max

\$5,475 / \$9,550



Service Area

Clackamas, Columbia, Multnomah,
Washington, and Yamhill



NEW Moda Health Elements PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 50%	Outpatient Hospital	\$395 / 50%
SNF	\$196 days 21-100 / 50%	ASC	\$395 / 50%
ER (worldwide)	\$120	Ambulance	\$275
UC (worldwide)	\$35	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/Supplies	20% / 50%
Specialist	\$35 / 50%	Diabetic Services	Shoes/Inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$35 / 50%	Preventive Services	\$0 / 50%
Opioid Treatment	\$35 / 50%	Part B Drugs	20% / 50%
Outpatient Diagnostics	Lab \$0 / 50% Test/Procedures 20% / 50%	Medicare-Covered Dental	\$35 / 50%
Outpatient Radiology	X-Rays \$15 / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-Covered Vision	Exam \$35 / 50% Eyewear \$0 / 50%

2024 Northwest Region



Moda Health NW PPORX



Plan Non-Renewal

Effective 1/1/2024

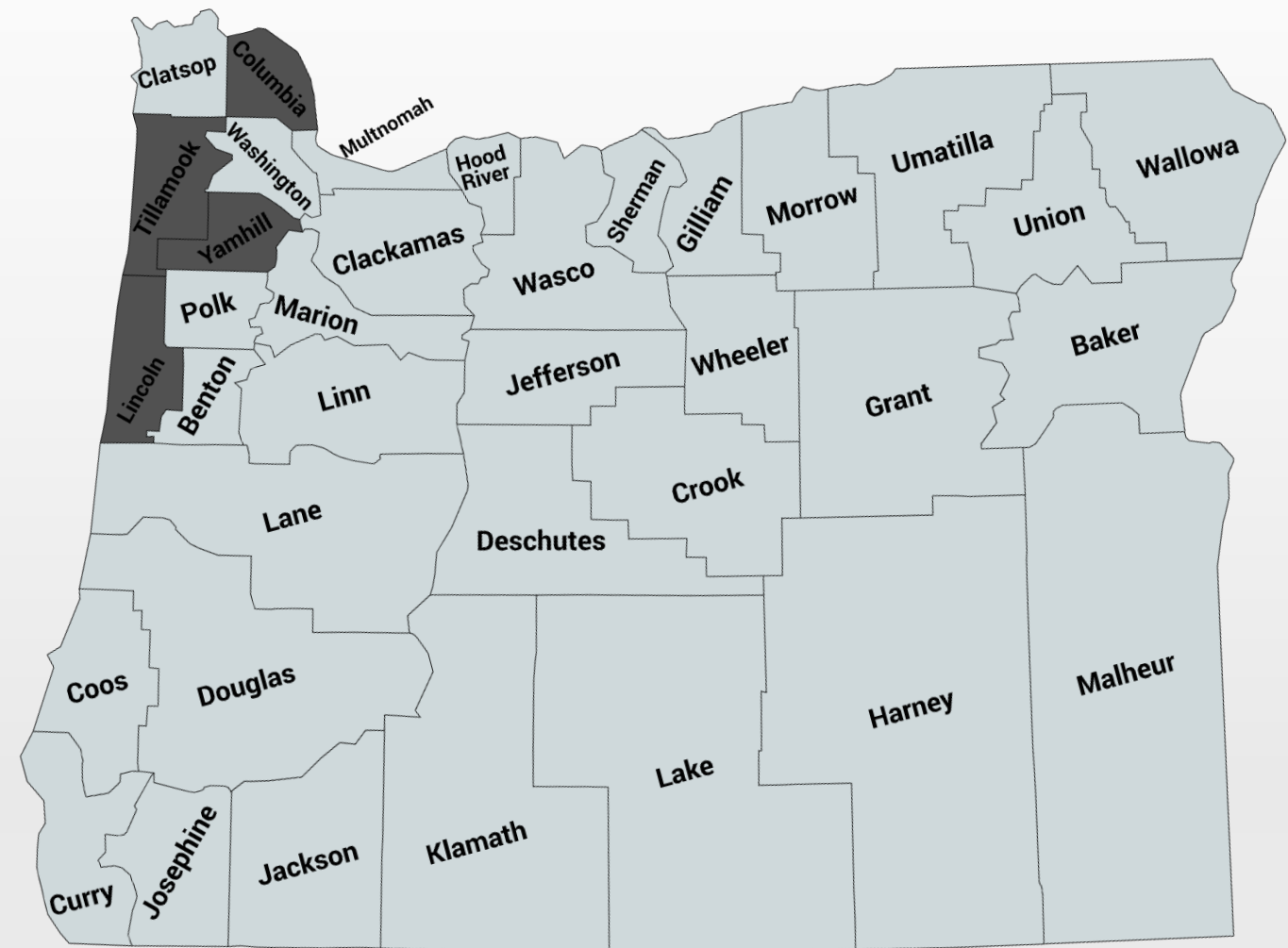


Members will receive notice of Special Enrollment Period (SEP) and will need to elect a new plan



Service Area

Columbia, Lincoln, Tillamook, and Yamhill



2024 Mid-valley Region



Moda Health Mid-valley PPORX



Premium

\$110



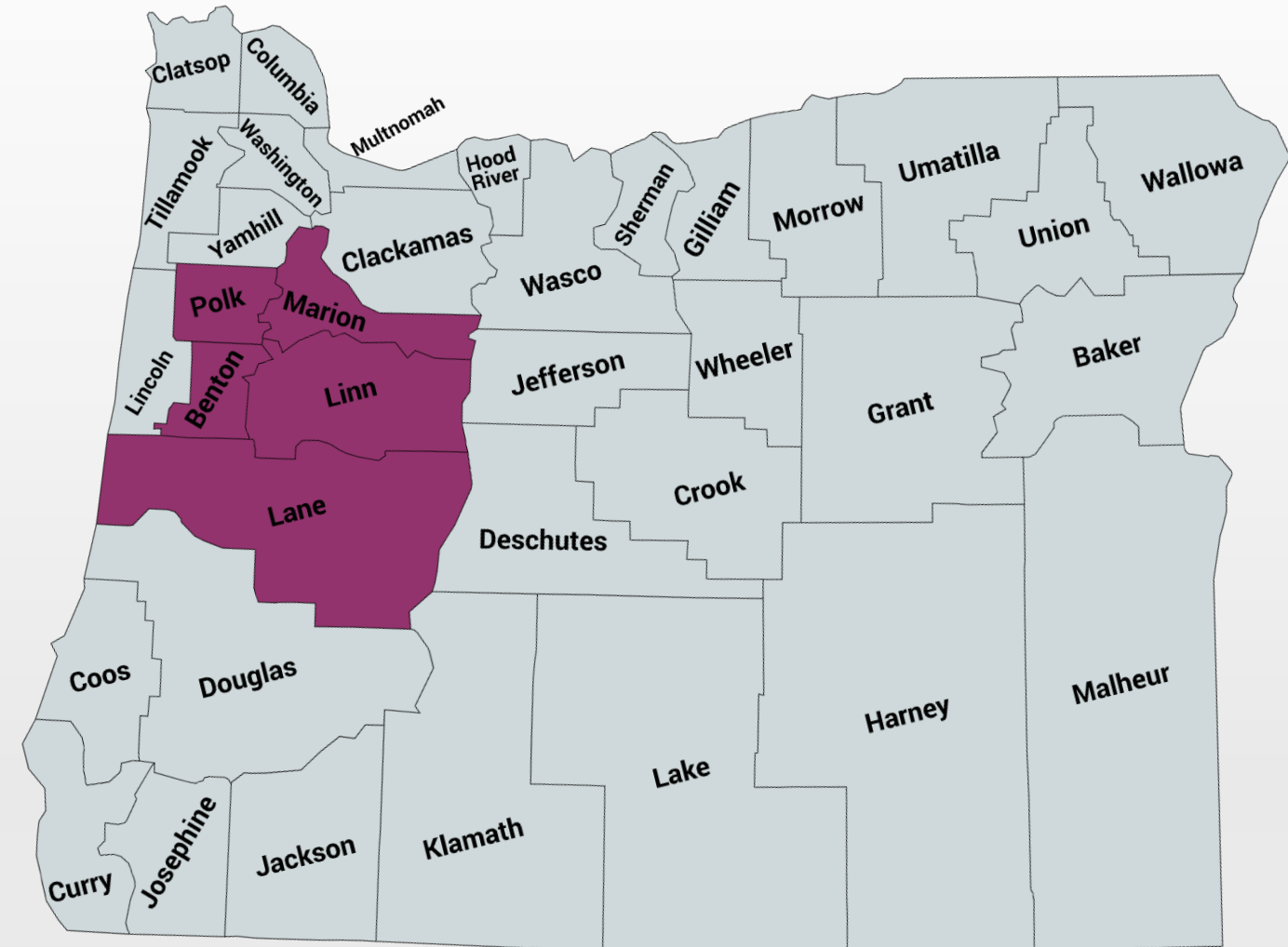
Out-of-Pocket Max

\$6,025 / \$9,500



Service Area

Benton, Lane, Linn, Marion, and Polk



Moda Health Mid-valley PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 50%	Outpatient Hospital	\$395 / 50%
SNF	\$186 days 21-100 / 50%	ASC	\$395 / 50%
ER (worldwide)	\$110	Ambulance	\$325
UC (worldwide)	\$35	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/Supplies	20% / 50%
Specialist	\$35 / 50%	Diabetic Services	Shoes/Inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$35 / 50%	Preventive Services	\$0 / 50%
Opioid Treatment	\$35 / 50%	Part B Drugs	20% / 50%
Outpatient Diagnostics	Lab \$15 / 50% Test/Procedures 20% / 50%	Medicare-Covered Dental	\$35 / 50%
Outpatient Radiology	X-Rays \$15 / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-Covered Vision	Exam \$35 / 50% Eyewear \$0 / 50%

NEW Moda + PeaceHealth PPORX



Premium

\$0



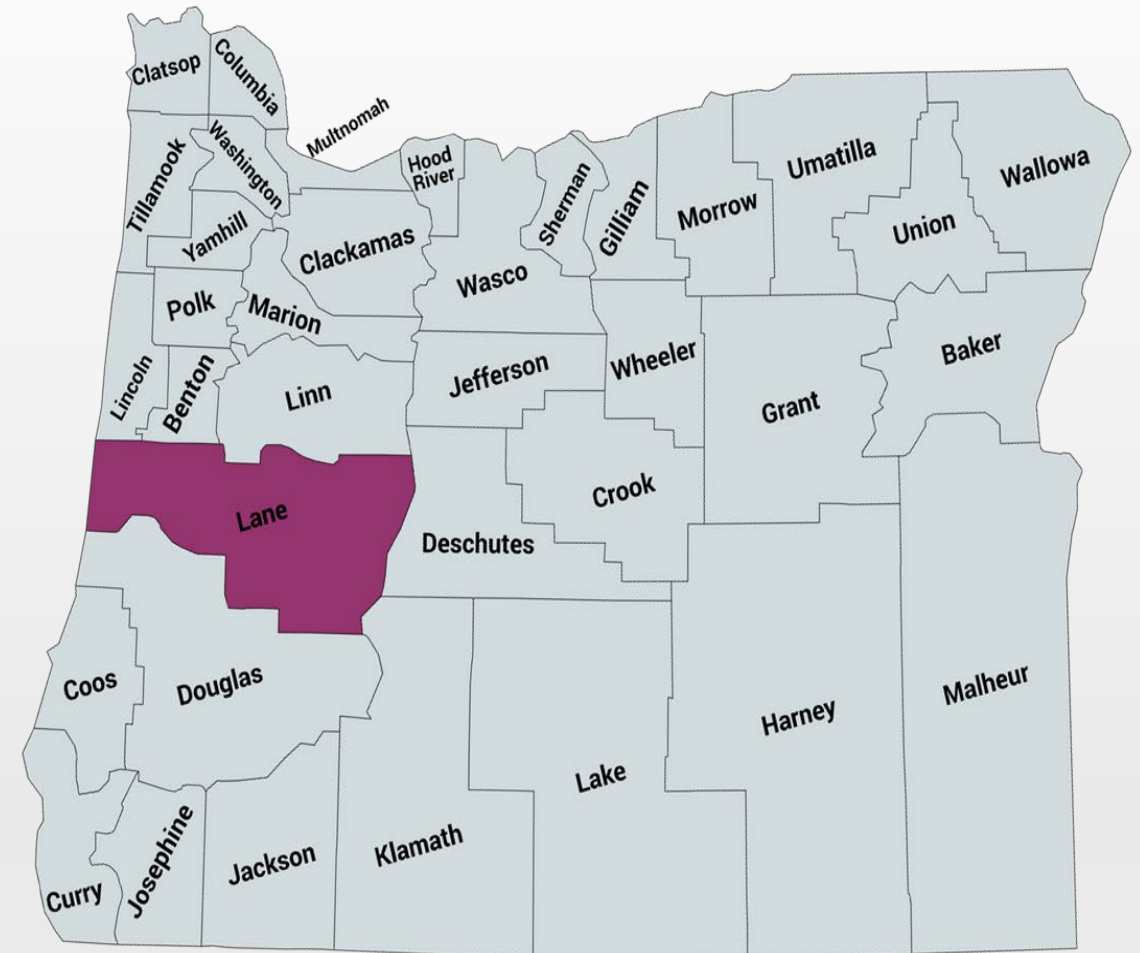
Out-of-Pocket Max

\$5,650 / \$9,550



Service Area

Lane County



NEW Moda + PeaceHealth PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 40%	Outpatient Hospital	\$395 / 40%
SNF	\$196 days 21-100 / 40%	ASC	\$395 / 40%
ER (worldwide)	\$110	Ambulance	\$275
UC (worldwide)	\$35	DME	20% / 40%
PCP	\$0 / 40%	Prosthetics/Supplies	20% / 40%
Specialist	\$35 / 40%	Diabetic Services	Shoes/Inserts 20% / 40% Supplies \$0 / 40%
PT/OT/SP	\$35 / 40%	Preventive Services	\$0 / 40%
Opioid Treatment	\$35 / 40%	Part B Drugs	20% / 40%
Outpatient Diagnostics	Lab \$0 / 40% Test/Procedures 20% / 40%	Medicare-Covered Dental	\$35 / 40%
Outpatient Radiology	X-Rays \$15 / 40% Diagnostic 20% / 40% Therapeutic 20% / 40%	Medicare-Covered Vision	Exam \$35 / 40% Eyewear \$0 / 40%

2024 Central Oregon Region



Moda Health Central PPORX



Premium

\$90



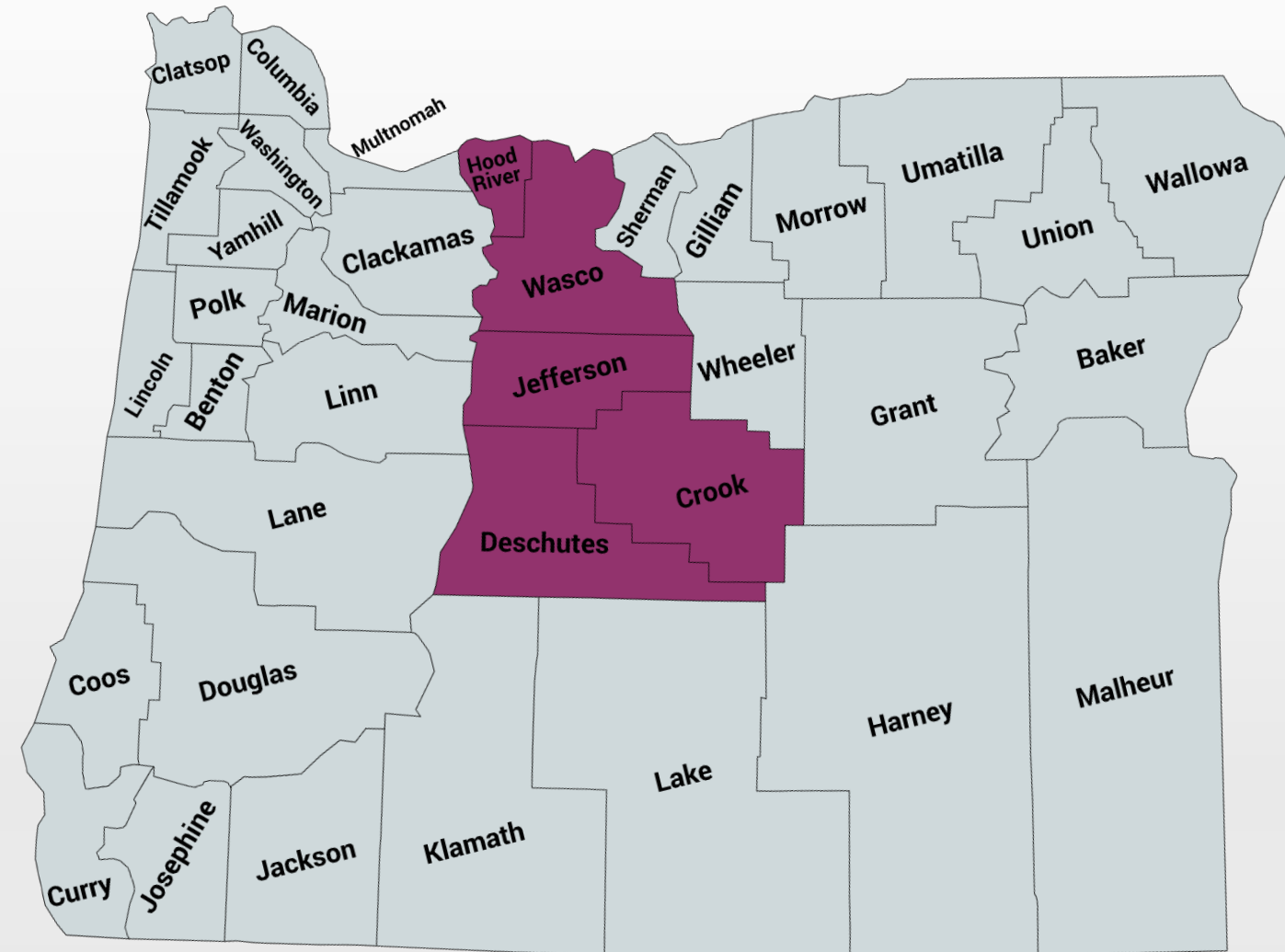
Out-of-Pocket Max

\$5,950



Service Area

Crook, Deschutes, Hood River, Jefferson, and Wasco



Moda Health Central PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$325 days 1-6 / 30%	Outpatient Hospital	\$325 / 30%
SNF	\$180 days 21-100 / 30%	ASC	\$325 / 30%
ER (worldwide)	\$110	Ambulance	\$300
UC (worldwide)	\$30	DME	20% / 30%
PCP	\$0 / 30%	Prosthetics/Supplies	20% / 30%
Specialist	\$30 / 30%	Diabetic Services	Shoes/Inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$30 / 30%	Preventive Services	\$0 / 30%
Opioid Treatment	\$30 / 30%	Part B Drugs	20% / 30%
Outpatient Diagnostics	Lab \$10 / 30% Test/Procedures 20% / 30%	Medicare-Covered Dental	\$30 / 30%
Outpatient Radiology	X-Rays \$10 / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-Covered Vision	Exam \$30 / 30% Eyewear \$0 / 30%

Moda Health Value PPORX



Premium

\$45



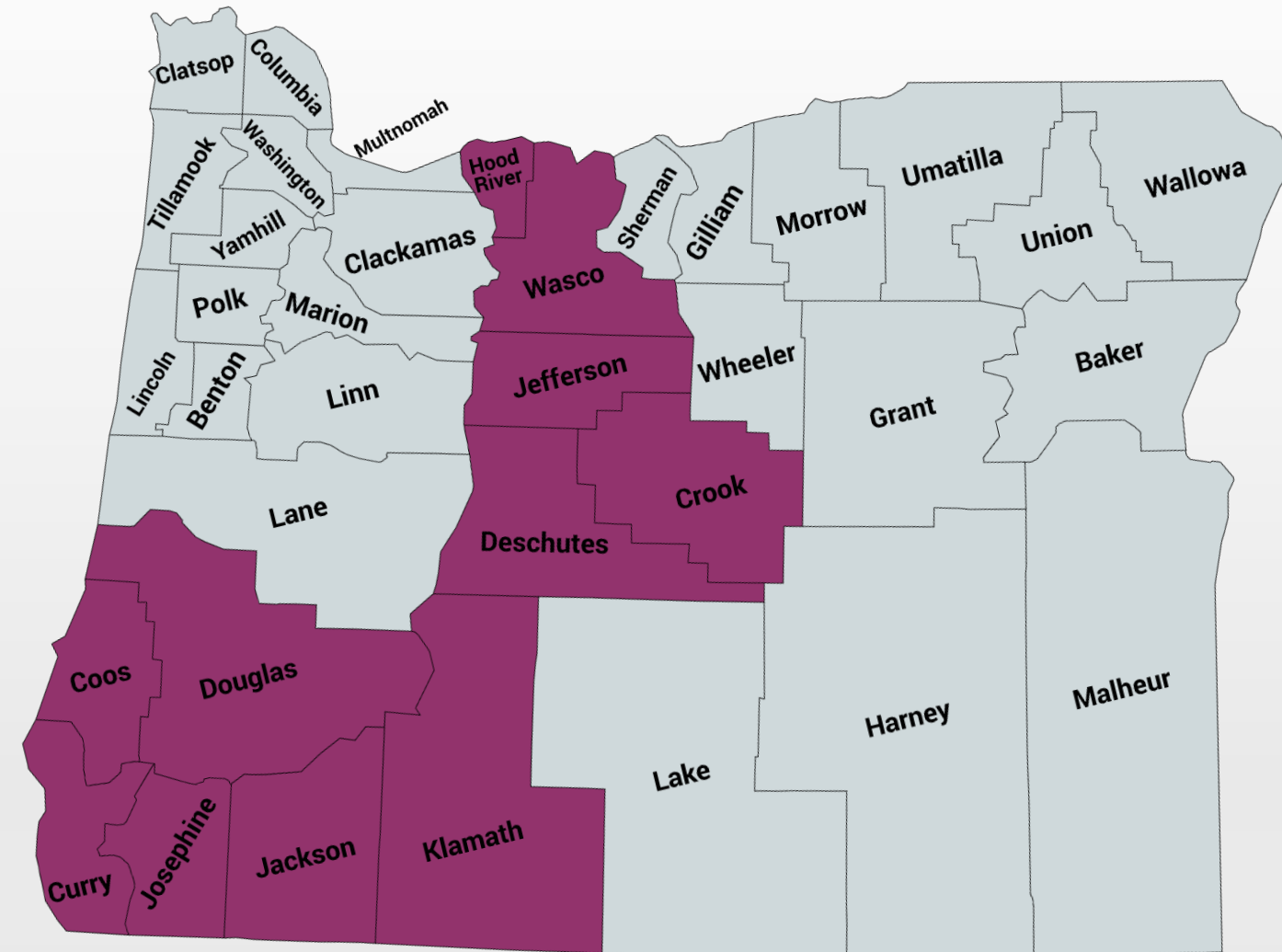
Out-of-Pocket Max

\$6,100 / \$9,500



Service Area

Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Wasco



Moda Health Value PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 50%	Outpatient Hospital	\$395 / 50%
SNF	\$196 days 21-100 / 50%	ASC	\$395 / 50%
ER (worldwide)	\$100	Ambulance	\$325
UC (worldwide)	\$40	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/Supplies	20% / 50%
Specialist	\$40 / 50%	Diabetic Services	Shoes/Inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$40 / 50%	Preventive Services	\$0 / 50%
Opioid Treatment	\$40 / 50%	Part B Drugs	20% / 50%
Outpatient Diagnostics	Lab \$0 / 50% Test/Procedures 20% / 50%	Medicare-Covered Dental	\$40 / 50%
Outpatient Radiology	X-Rays \$15 / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-Covered Vision	Exam \$40 / 50% Eyewear \$0 / 50%

2024 Southern Oregon Region



Moda Health Southern PPORX



Premium

\$88



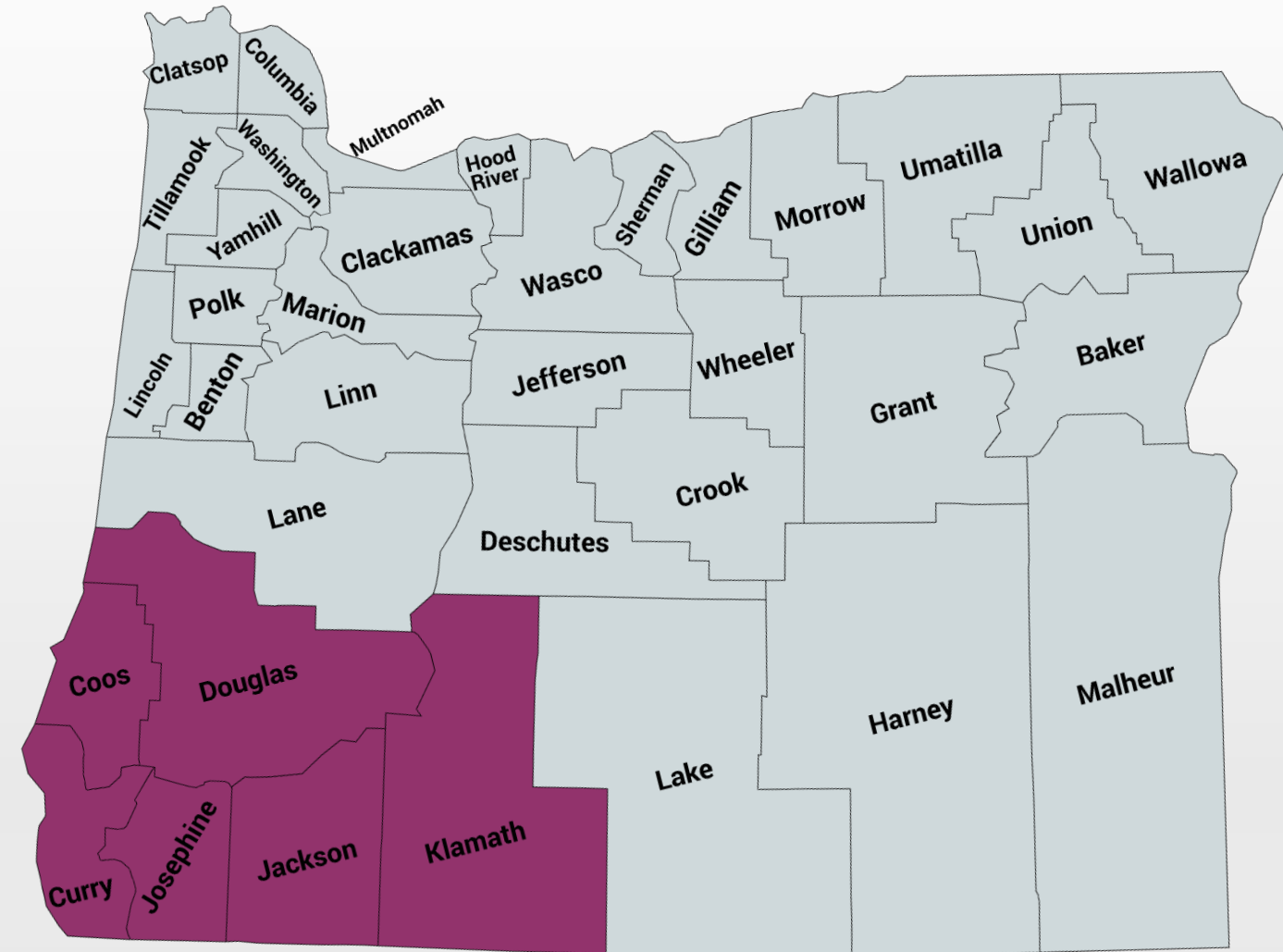
Out-of-Pocket Max

\$5,400 / \$8,950



Service Area

Coos, Curry, Douglas, Jackson, Josephine, and Klamath



Moda Health Value PPORX is also available in these counties.

Moda Health Southern PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$350 days 1-5 / 30%	Outpatient Hospital	\$350 / 30%
SNF	\$170 days 21-100 / 30%	ASC	\$350 / 30%
ER (worldwide)	\$110	Ambulance	\$275
UC (worldwide)	\$35	DME	20% / 30%
PCP	\$0 / 30%	Prosthetics/Supplies	20% / 30%
Specialist	\$35 / 30%	Diabetic Services	Shoes/Inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$35 / 30%	Preventive Services	\$0 / 30%
Opioid Treatment	\$35 / 30%	Part B Drugs	20% / 30%
Outpatient Diagnostics	Lab \$5/ 30% Test/Procedures 20% / 30%	Medicare-Covered Dental	\$35 / 30%
Outpatient Radiology	X-Rays \$10 / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-Covered Vision	Exam \$35 / 30% Eyewear \$0 / 30%

Moda Health Value PPORX



Premium

\$45



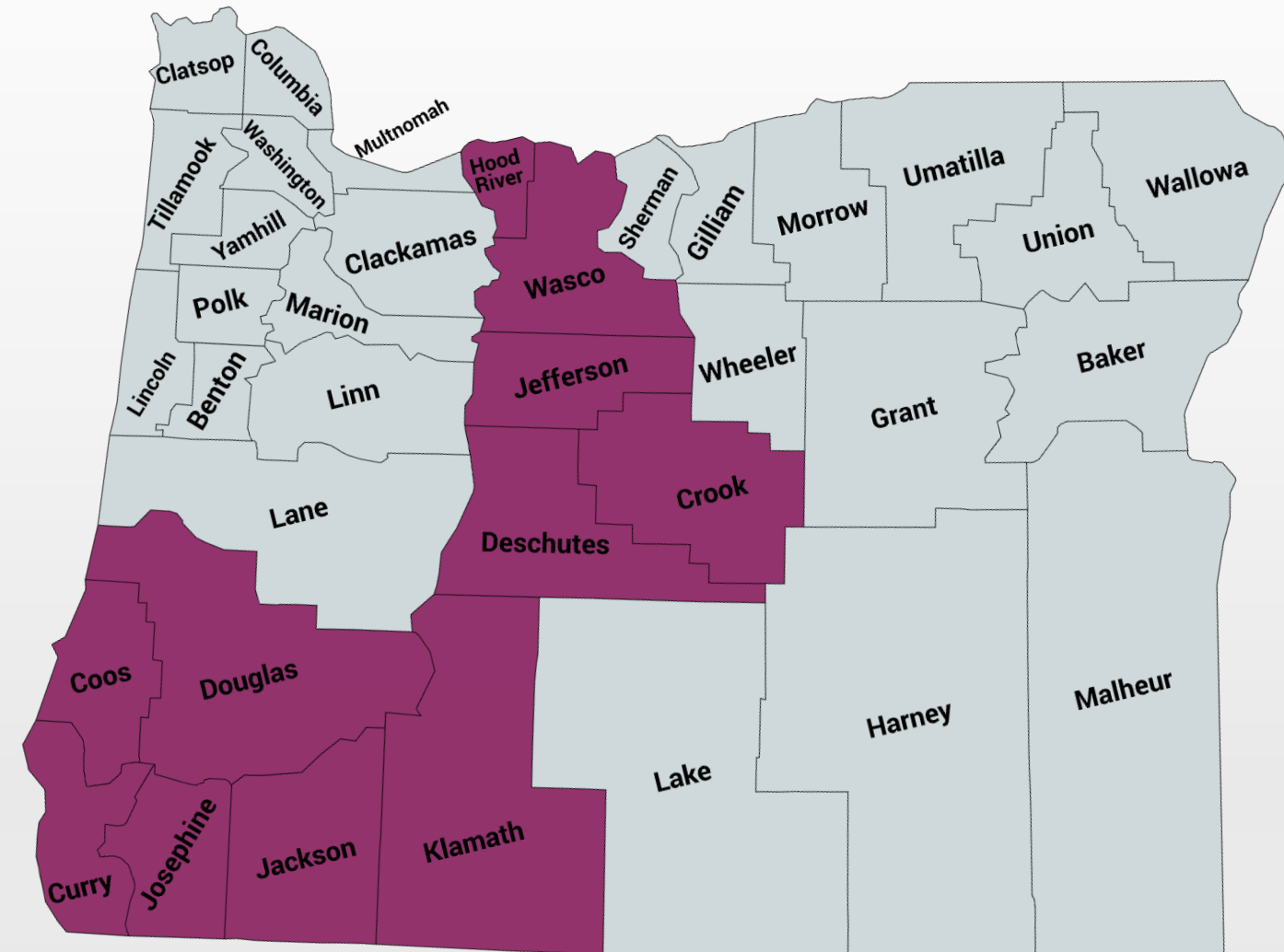
Out-of-Pocket Max

\$6,100 / \$9,500



Service Area

Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Wasco



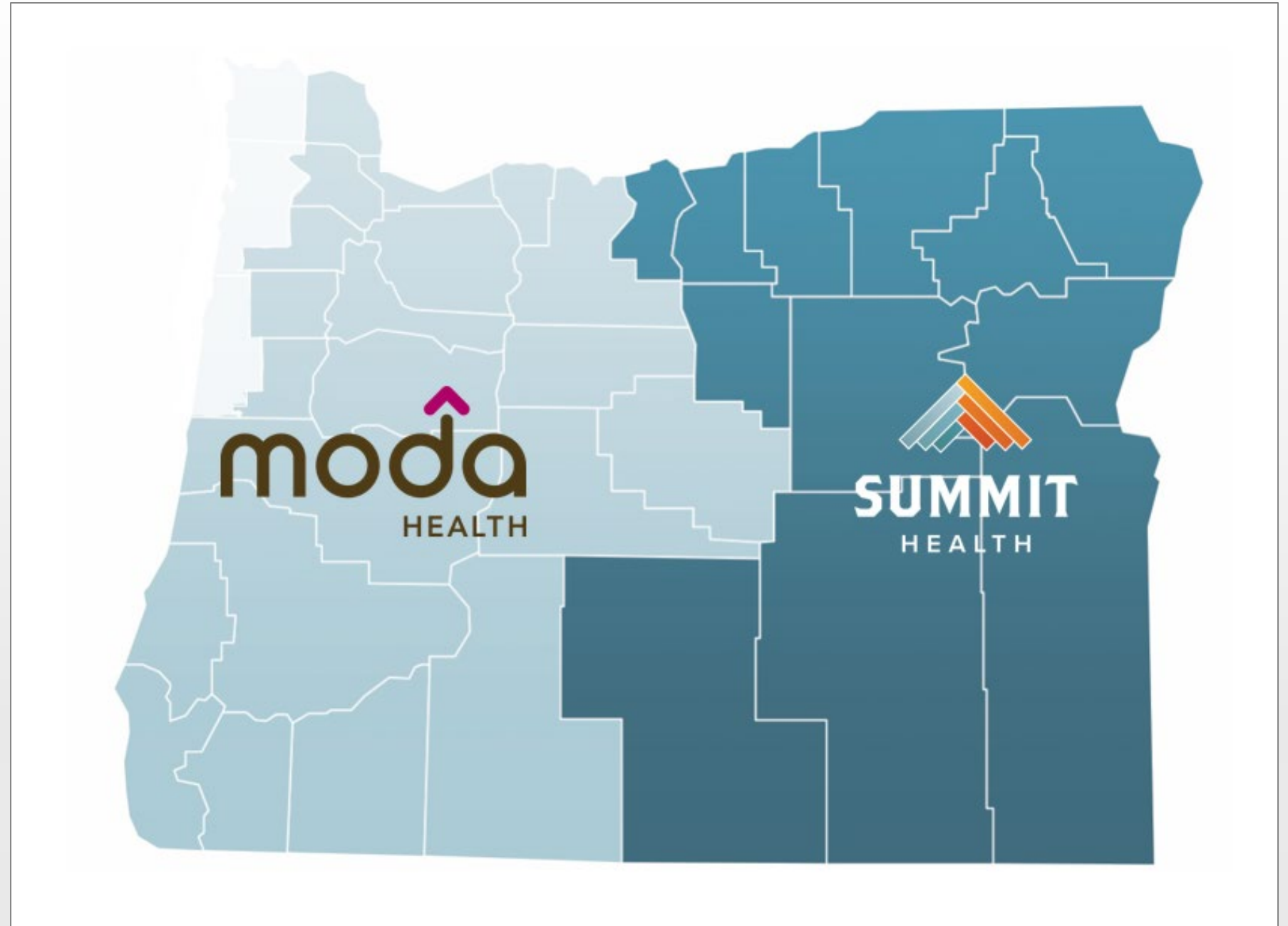
Moda Health Value PPORX

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient Hospital	\$395 days 1-4 / 50%	Outpatient Hospital	\$395 / 50%
SNF	\$196 days 21-100 / 50%	ASC	\$395 / 50%
ER (worldwide)	\$100	Ambulance	\$325
UC (worldwide)	\$40	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/Supplies	20% / 50%
Specialist	\$40 / 50%	Diabetic Services	Shoes/Inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$40 / 50%	Preventive Services	\$0 / 50%
Opioid Treatment	\$40 / 50%	Part B Drugs	20% / 50%
Outpatient Diagnostics	Lab \$0 / 50% Test/Procedures 20% / 50%	Medicare-Covered Dental	\$40 / 50%
Outpatient Radiology	X-Rays \$15 / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-Covered Vision	Exam \$40 / 50% Eyewear \$0 / 50%

2024 NEW Service Map for Moda



2024 Moda Health Medicare Advantage Regions



A young woman with long dark hair, wearing a white lab coat over a patterned scarf, smiles warmly as she hands a prescription slip to an elderly woman with short grey hair. They are in a pharmacy, with shelves of medicine bottles visible in the background. The scene is overlaid with a semi-transparent pink filter.

Prescription Drug Coverage

moda
HEALTH

NEW Preferred Pharmacies

Moda Health Preferred Pharmacies:

- Costco
- Kroger
- Walgreens
- Walmart



Part D / 30-day supply

	Moda Health Central PPORX Moda Health Southern PPORX Moda Health Metro PPORX Moda Health Mid-Valley PPORX		Moda Health Elements PPORX Moda Health + Fred Meyer PPORX Moda + PeaceHealth PPORX Moda Health Value PPORX	
	Preferred/Mail	Network	Preferred/Mail	Network
Tier 1 Preferred generic	\$0	\$7	\$0	\$7
Tier 2 Generic*	\$7	\$14	\$7	\$14
Tier 3 Preferred brand	\$40	\$47	\$40	\$47
Tier 4 Non-preferred brand	\$93	\$100	\$93	\$100
Tier 5 Preferred specialty	25%	25%	24%	24%
Tier 6 Specialty	30%	30%	29%	29%
Tier 7 Vaccine*	\$0	\$0	\$0	\$0
Deductible (waived*)	\$150		\$200 \$225 (Elements only)	

Moda Health Medicare Supplement Plans

2024



Compensation: Medicare Supplement

15% commission for NEW
to Moda Medicare Supplement
or vision/hearing rider

- Per member per month applies to each member who is charged a premium.
- The 15% commission is effective for first 6 years before dropping to “existing” 5% commission rate year 7+.

Medicare Supplement

- Medicare supplement plans (also called Medigap policy) help cover the "gaps" in insurance that Original Medicare (Parts A and B) do not cover. The plans are named by letter, Plan A through Plan N. The plan benefits are standardized, meaning Plan A benefits are the same from one company to another. Beneficiary must have Part A and Part B.
- Beneficiary will pay Moda a monthly premium for their Medicare Supplement in addition to the monthly Part B premium they pay to Medicare.
- A Medicare Supplement plan only covers one person. Spouses must buy separate policies.
- It is illegal for anyone to sell a beneficiary a Medicare Supplement plan if they have a Medicare Advantage plan.

MedSupp Enrollment Periods

- Within 6 months of turning 65 and enrolling in Part B. Apply w/in 63 days of a Protected Enrollment Period
 - Member's Medicare Advantage plan terminates or leaves area
 - Member moves out of the service area of their plan
 - Beneficiary loses group coverage through no fault of their own
 - Member's Medicare supplement insurer becomes insolvent or bankrupt
 - Member dis-enrolls from an Advantage plan w/in 12 months of terming a Medicare supplement plan and wants to go back
 - Member joins an Advantage plan when first Medicare eligible and joins w/in 12 months
- Elective replacement of a Medicare supplement plan outside of a protected enrollment period requires underwriting
- Oregon Medicare Supplement Birthday Rule – Beneficiaries can switch to any plan of equal or lesser value starting on their birthday and ending 30 days later. They have guaranteed enrollment without having to undergo medical underwriting

Moda Health MedSupp 2024

Same plans - rates are usually approved by the state and released in the last quarter of the year

Plan	Oregon
A	√
C*	√
F**	√
F High Deductible**	√
G	√
G High Deductible	√
N	√

*closed to new enrollees

**closed to new enrollees not eligible for Medicare before 1/1/2020

2024 Moda Health MedSupp Overview

Plan A

- Basic Benefits

Plan F

- Basic benefits
- Skilled nursing coinsurance
- Part A & Part B deductible
- Part B excess
- Foreign travel – emergency

- High-Deductible available

Plan G

- Basic benefits
- Skilled nursing coinsurance
- Part A deductible
- Part B excess
- Foreign travel – emergency

- High-Deductible available

Plan N

- Basic benefits
- Skilled nursing coinsurance
- Part A deductible
- Foreign travel – emergency

MedSupp Value-Added Services

Benefit	Details
Routine Vision	<ul style="list-style-type: none">• VSP rider (combined with TruHearing rider) available for an additional \$5 monthly premium
RN Hotline	<ul style="list-style-type: none">• 1-800 nurse advice line
Gym Membership	<ul style="list-style-type: none">• Active & Fit Direct (direct to consumer product from ASH)
ChooseHealthy	<ul style="list-style-type: none">• Discount program for alternative care and other non-Medicare covered services through ASH providers
Routine Hearing	<ul style="list-style-type: none">• TruHearing rider (combined with VSP rider)
Travel Assistance	<ul style="list-style-type: none">• Assist America
Household Discounts	<ul style="list-style-type: none">• All members in the same household (up to 3 max)

Value add services are not insurance.

Moda Health MA & Med Supp Sales

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Contact
Information

Summit Health

Medicare Advantage plans offered in Eastern Oregon



SUMMIT
HEALTH

Product overview

Summit Health Core (HMO-POS)

Premium \$0
Out-of-pocket max \$5,990

Summit Health Value + Rx (HMO-POS)

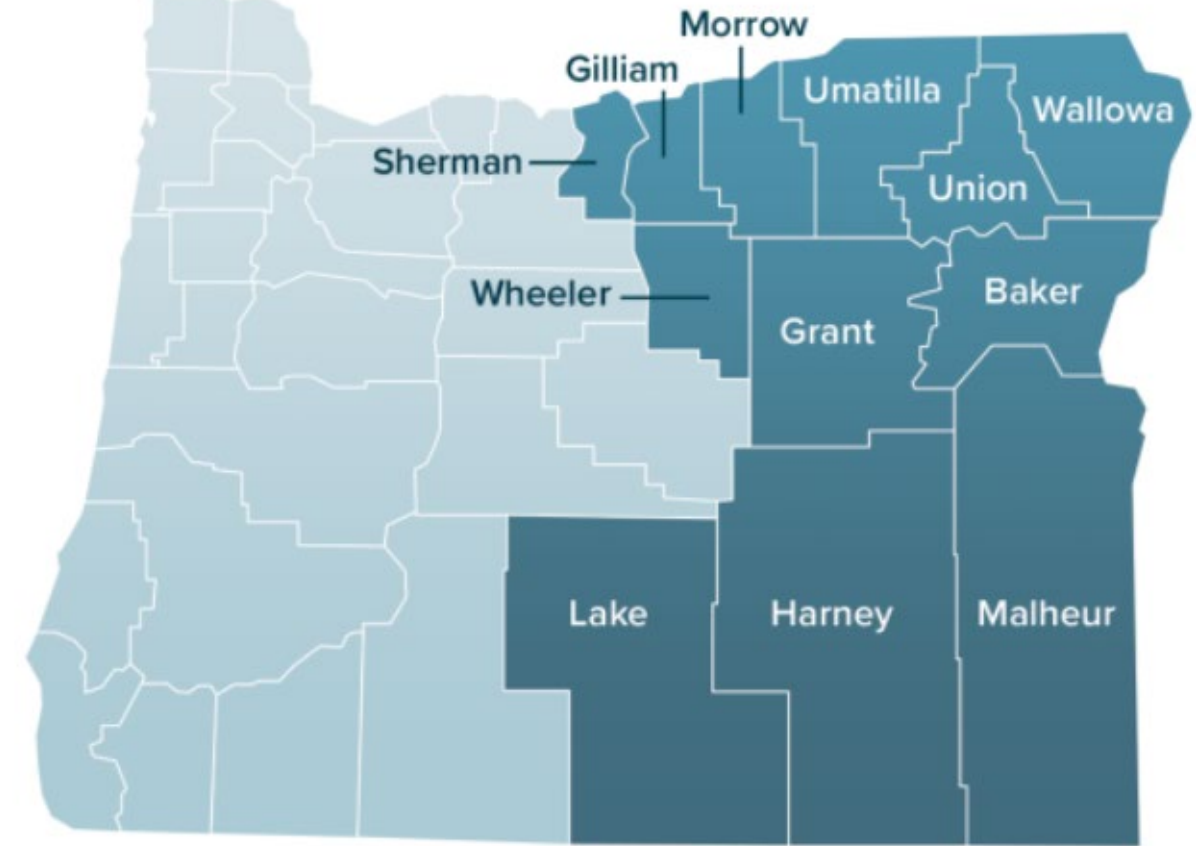
Premium \$0
Out-of-pocket max \$6,475 / \$10,990

Summit Health Standard + Rx (HMO-POS)

Premium \$80
Out-of-pocket max \$5,880 / \$8,990

Summit Health Premier + Rx (HMO-POS)

Premium \$170
Out-of-pocket max \$4,850 / \$7,990



Referrals are still not required on all Summit Health plans

Summit Health Core (HMO-POS)

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient hospital	\$385 days 1-5 / 30%	Outpatient hospital	\$385 / 30%
SNF	\$196 days 21-100 / 30%	ASC	\$385 / 30%
ER (worldwide)	\$120	Ambulance	\$325
UC (worldwide)	\$35	DME	20% / 30%
PCP	\$0 / 30%	Prosthetics/supplies	20% / 30%
Specialist	\$35 / 30%	Diabetic services	Shoes/inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$35 / 30%	Preventive services	\$0 / 30%
Opioid treatment	\$35 / 30%	Part B drugs	20% / 30%
Outpatient diagnostics	Lab \$10 / 30% Test/procedures 20% / 30%	Medicare-covered dental	\$35 / 30%
Outpatient radiology	X-rays 20% / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-covered vision	Exam \$35 / 30% Eyewear \$0 / 30%

Summit Health Value + Rx (HMO-POS)

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient hospital	\$385 days 1-5 / 50%	Outpatient hospital	\$385 / 50%
SNF	\$196 days 21-100 / 50%	ASC	\$385 / 50%
ER (worldwide)	\$100	Ambulance	\$325
UC (worldwide)	\$40	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/supplies	20% / 50%
Specialist	\$40 / 50%	Diabetic services	Shoes/inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$40 / 50%	Preventive services	\$0 / 50%
Opioid treatment	\$40 / 50%	Part B drugs	20% / 50%
Outpatient diagnostics	Lab \$0 / 50% Test/procedures 20% / 50%	Medicare-covered dental	\$40 / 50%
Outpatient radiology	X-rays 20% / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-covered vision	Exam \$40 / 50% Eyewear \$0 / 50%

Summit Health Standard + Rx (HMO-POS)

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient hospital	\$350 days 1-5 / 50%	Outpatient hospital	\$350 / 50%
SNF	\$175 days 21-100 / 50%	ASC	\$350 / 50%
ER (worldwide)	\$110	Ambulance	\$300
UC (worldwide)	\$35	DME	20% / 50%
PCP	\$0 / 50%	Prosthetics/supplies	20% / 50%
Specialist	\$35 / 50%	Diabetic services	Shoes/inserts 20% / 50% Supplies \$0 / 50%
PT/OT/SP	\$35 / 50%	Preventive services	\$0 / 50%
Opioid treatment	\$35 / 50%	Part B drugs	20% / 50%
Outpatient diagnostics	Lab \$5 / 50% Test/procedures 20% / 50%	Medicare-covered dental	\$35 / 50%
Outpatient radiology	X-rays 20% / 50% Diagnostic 20% / 50% Therapeutic 20% / 50%	Medicare-covered vision	Exam \$35 / 50% Eyewear \$0 / 50%

Summit Health Premier + Rx (HMO-POS)

Benefit	Cost-Sharing INN / OON	Benefit	Cost-Sharing INN / OON
Inpatient hospital	\$325 days 1-5 / 30%	Outpatient hospital	\$325 / 30%
SNF	\$170 days 21-100 / 30%	ASC	\$325 / 30%
ER (worldwide)	\$110	Ambulance	\$275
UC (worldwide)	\$35	DME	20% / 30%
PCP	\$0 / 30%	Prosthetics/supplies	20% / 30%
Specialist	\$35 / 30%	Diabetic services	Shoes/Inserts 20% / 30% Supplies \$0 / 30%
PT/OT/SP	\$35 / 30%	Preventive services	\$0 / 30%
Opioid treatment	\$35 / 30%	Part B drugs	20% / 30%
Outpatient diagnostics	Lab \$5 / 30% Test/procedures \$5 / 30%	Medicare-covered dental	\$35 / 30%
Outpatient radiology	X-rays 20% / 30% Diagnostic 20% / 30% Therapeutic 20% / 30%	Medicare-covered vision	Exam \$35 / 30% Eyewear \$0 / 30%

NEW Preferred Pharmacies

Summit Health Preferred Pharmacies:

- Albertsons
- Walmart
- Costco
- Rite Aid
- Lens Pharmacy (John Day)
- Howards Drug (Lakeview)
- Murray Drugs Inc. (Heppner)
- Drug Mart Pharmacy (La Pine)
- Murray's Boardman Pharmacy (Boardman)
- Murray's Condon Pharmacy (Condon)
- Columbia River Pharmacy (Boardman)



Part D coverage: 30-day supply

	Summit Health Value + Rx (HMO-POS)		Summit Health Standard + Rx (HMO-POS)		Summit Health Premier + Rx (HMO-POS)	
	Preferred/Mail	Network	Preferred/Mail	Network	Preferred/Mail	Network
Tier 1 (preferred generic)*	\$0	\$7	\$0	\$7	\$0	\$7
Tier 2 (generic)*	\$7	\$14	\$7	\$14	\$7	\$14
Tier 3 (preferred brand)	\$40	\$47	\$40	\$47	\$40	\$47
Tier 4 (brand)	\$93	\$100	\$93	\$100	\$93	\$100
Tier 5 (preferred specialty)	24%	24%	25%	25%	26%	26%
Tier 6 (specialty)	29%	29%	30%	30%	31%	31%
Tier 7 (vaccine)*	\$0	\$0	\$0	\$0	\$0	\$0
Deductible (waived*)	\$200		\$150		\$100	

Summit Health Medicare Advantage Sales

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Contact Information

Questions?



SUMMIT
HEALTH

Thank you!

