Medicare Prescription Payment Plan Participation Request Form

The Medicare Prescription Payment Plan is a voluntary payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January-December). **This payment option might help you manage your expenses, but it does not save you money or lower your drug costs.**

This payment option might not be the best choice for you if you get help paying for your prescription drug costs through programs like Extra Help from Medicare or a State Pharmaceutical Assistance Plan (SPAP). Call your plan for more information.

Complete all fields unless marked optional

NAME First	**Last**	**MI**

Medicare Number

Birth Date (MM/DD/YYYY)		**Phone Number**	

Permanent Residence Street Address (PO Box not allowed, unless experiencing homelessness)	**County** (Optional)

Apt #	**City**	**State**	**ZIP**

Mailing Address, if different from your permanent address (PO Box allowed)

Apt #	**City**	**State**	**ZIP**

Read and Sign Below

- I understand this form is a request to participate in the Medicare Prescription Payment Plan. Moda Health Rx (PDP) will contact me if they need more information.
- I understand that signing this form means that I have read and understand the form and the attached terms and conditions.
- **Moda Health Rx (PDP) will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active.** Until then, I understand that I am not a participant in the Medicare Prescription Payment Plan.

Signature	**Date**

If you are completing this form for someone else, complete the section below. Your signature certifies that you are authorized under State law to fill out this participation form and have documentation of this authority available if Medicare asks for it.

NAME First	Last	MI
Address		

Apt #	City	State	ZIP

Phone Number		Relationship to Participant	

How to Submit This Form

Submit your completed form to:

Moda Health Rx (PDP)
Mailstop: 1002
MPPP Election Dept.
13900 N. Harvey Ave
Edmond, OK 73013

You can also complete the participation request form online at Activate.RxPayments.com, or call us at 1-833-380-8050 to submit your request via telephone.

If you have questions or need help completing this form, call us at (833) 380-8050 (TTY 711), 7am-8pm PST seven days a week from October 1 – March 31 (closed on Thanksgiving and Christmas) and 7am-8pm PST Monday through Friday from April 1-September 30.

Terms and Conditions for Participation in the Medicare Prescription Payment Plan

1. When you get a prescription for a drug covered by Part D, your plan will automatically let the pharmacy know that you're participating in this payment option, and you won't pay the pharmacy for the prescription.

2. Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

3. Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

4. Each month, your plan will send you a bill with the amount you owe for your prescriptions, when it's due, and information on how to make a payment.

5. You'll get a reminder from your drug plan if you miss a payment. If you don't pay your bill by the date listed in that reminder, you'll be removed from the Medicare Prescription Payment Plan. You're required to pay the amount you owe, but you won't pay any interest or fees, even if your payment is late. You can choose to pay that amount all at once or be billed monthly. If you're removed from the Medicare Prescription Payment Plan, you'll still be enrolled in your Medicare drug plan.

6. Call your plan if you think they made a mistake about your Medicare Prescription Payment Plan bill. If you think they made a mistake, you have the right to follow the grievance process found in your Evidence of Coverage.

7. You can leave the Medicare Prescription Payment Plan at any time by contacting your drug plan. Leaving won't affect your Medicare drug coverage and other Medicare benefits. Keep in mind:
   - If you still owe a balance, you're required to pay the amount you owe, even though you're no longer participating in this payment option.
   - You can choose to pay your balance all at once or be billed monthly.
   - You'll pay the pharmacy directly for new out-of-pocket drug costs after you leave the Medicare Prescription Payment Plan.

8. If you leave your current plan or change to a new Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage), your participation in the Medicare Prescription Payment Plan will end. Contact your new plan if you'd like to participate in the Medicare Prescription Payment Plan again.

9. Even though your payment varies each month, by the end of the year, **you'll never pay more than:**
   - The total amount you would have paid out-of-pocket.
   - The total annual out-of-pocket maximum ($2,000 in 2025).

10. You consent to receive emails by providing your email address: _____