

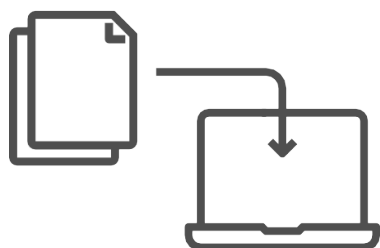
2027

Annual Notice of Changes (ANOC)

Moda Health Rx (PDP)



Get plan documents delivered to you online



Online documents give you easy access to all your Medicare information.

To receive an email from Moda Health when new materials are available, simply log in to your Member Dashboard by visiting [Modahealth.com/pers](https://modahealth.com/pers). The log in is on the right side of your screen. If you don't have an account, you can create one. Once logged in, select the "Account" tab. Next, click on "Manage notification settings." From here, you can update your email and make your electronic delivery preference.

Once you request electronic delivery, you will no longer receive this hard copy document in the mail, unless you request it.

Questions? Call us at 888-786-7509.

[Modahealth.com/pers](https://modahealth.com/pers)

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,
800-962-1533 (TDD/TTY 711)

Pharmacy Customer Service,
888-786-7509 (TDD/TTY 711)

Dental Customer Service,
844-827-7379 (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 Health Plan, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

Scott White coordinates our nondiscrimination work:

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

Moda Health Plan, Inc. is a PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

2688-NDS-MDCR-PERS (07/24)

Form CMS-10802 (Expires 12/31/27)

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.



Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-888-786-7509 (TTY: 711) or speak to your provider.

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se dispone de forma gratuita de ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-888-786-7509 (TTY: 711) o hable con su proveedor.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-888-786-7509 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Chinese: 注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-888-786-7509（文本电话：711）或咨询您的服务提供商。

Russian: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-888-786-7509 (TTY: 711) или обратитесь к своему поставщику услуг.

Korean: 주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-888-786-7509 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

Ukrainian: УВАГА: Якщо Ви володієте українською мовою, Вам доступні безкоштовні послуги мовної допомоги. Відповідні допоміжні засоби та послуги з надання інформації в доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-888-786-7509 (телетайп: 711) або зверніться до свого постачальника».

Japanese: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-888-786-7509（TTY：711）までお電話ください。または、ご利用の事業者にご相談ください。

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

Arabic:

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-888-786-7509 (TTY 711) أو تحدث إلى مقدم الخدمة".

Khmer: សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរសេវាកម្មជំនួយភាសា ឥតគិតថ្លៃគឺមានសម្រាប់អ្នក។ ជំនួយ និងសេវាកម្មដែលជាការជួយដ៏សមរម្យ ក្នុងការផ្តល់ព័ត៌មានតាមទម្រង់ដែលអាចចូលប្រើប្រាស់បាន ក៏អាចរកបាន ដោយឥតគិតថ្លៃផងដែរ។ ហៅទូរសព្ទទៅ 1-888-786-7509 (TTY: 711) ឬនិយាយទៅកាន់អ្នកផ្តល់សេវារបស់អ្នក។

Somali: FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-888-786-7509 (TTY: 711) ama la hadal bixiyahaaga.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachhilfen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-888-786-7509 (TTY: 711) an oder sprechen Sie mit Ihrem Anbieter.

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب های قابل دسترس، به طور رایگان موجود می باشند. با شماره 1-888-786-7509 (تله تایپ: 711) تماس بگیرید یا با ارائه دهنده خود صحبت کنید.

French: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir de l'information dans des formats accessibles sont également disponibles gratuitement. Composez le 1-888-786-7509 (ATS : 711) ou parlez à votre fournisseur.

Thai: หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-888-786-7509 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

Important documents for your Part D prescription drug plan

The documents below describe your benefits and coverage rules. Here's how you can **access them online**:



Evidence of Coverage (EOC)

The EOC shows all of your prescription drug coverage details. Use it to find out how to get coverage for the prescriptions you need. Every year, we post the following year's EOC online at Modahealth.com/pers by October 1st.



Pharmacy Directory

The directory lists in-network pharmacies available to you. Visit Modahealth.com/pers to access our online searchable directory. PDF versions are also available online.



List of Covered Drugs (Formulary)

Your plan has a List of Covered Drugs (Formulary) which represents the prescription therapies believed to be a necessary part of a quality treatment program.



Visit Modahealth.com/pers to access the online formulary.

You can also log into your Member Dashboard account to view your plan documents.

If you have a question or would like any of these documents mailed to you, call Pharmacy Customer Service at **888-786-7509** or email PharmacyMedicare@modahealth.com

Moda Health Plan, Inc. is a PDP plan with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

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Moda Health Rx (PDP), an Oregon Public Employees Retirement System (PERS) employer group plan, offered by Moda Health Plan, Inc.

Annual Notice of Change for 2027

You're enrolled as a member of Moda Health Rx (PDP).

This material describes changes to our plan's costs and benefits next year.

- **The PERS Health Insurance Program (PHIP) Annual Plan Change period is October 1 to November 15. These changes will be effective January 1, 2027.**
- **Medicare plans not offered by PHIP have an annual enrollment period from October 15 until December 7 to make changes to your coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Moda Health Rx (PDP).
 - To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your Medicare & You 2027 handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at Modahealth.com/pers or call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) to get a copy by mail.

More Resources

- If you would like to make a change or discuss your options, call PHIP Customer Service at 800-768-7377 (TTY users call 711) for more information. Hours are from 7:00 a.m. to 7:00 p.m., Pacific Time, Monday through Friday. This call is free.
- For assistance with pharmacy related questions, call Pharmacy Customer Service number at 888-786-7509 (TTY users call 711) for more information. Hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. This call is free.
- This information may be available in a different format, including large print. Please call Pharmacy Customer Service if you need plan information in another format or language.

About Moda Health Rx (PDP)

- Moda Health Rx (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in Moda Health Rx (PDP) depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Moda Health Plan, Inc. When it says “plan” or “our plan,” it means Moda Health Rx (PDP).

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Table of Contents

Summary of Important Costs for 2027	4
SECTION 1 Changes to Benefits & Costs for Next Year	6
Section 1.1 Changes to the Monthly Plan Premium	6
Section 1.2 Changes to the Pharmacy Network	6
Section 1.3 Changes to Part D Drug Coverage.....	6
Section 1.4 Changes to Prescription Drug Benefits & Costs.....	8
SECTION 2 Administrative Changes	14
SECTION 3 How to Change Plans.....	14
Section 3.1 Deadlines for Changing Plans	14
Section 3.2 Are there other times of the year to make a change?	16
SECTION 4 Get Help Paying for Prescription Drugs	16
SECTION 5 Questions?	17
Get Help from Moda Health Rx (PDP).....	18
Get Free Counseling about Medicare	18
Get Help from Medicare	19

Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium	Your premium is set by PHIP. Please contact PHIP for premium amounts for 2026.	Premium amounts are changing starting January 1, 2027. Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2027.
Part D drug coverage (Go to Section 1 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$0 Copayment or coinsurance during the Initial Coverage Stage (31-day supply): Drug Tier 1: You pay no more than \$8 copay per prescription. Drug Tier 2: You pay no more than \$15 copay per prescription. Drug Tier 3: You pay no more than 40% of the total cost up to a maximum of \$250 per prescription. You pay \$35 per 31-day supply of each covered insulin product on this tier.	Part D drug coverage deductible \$0 Copayment or coinsurance during the Initial Coverage Stage (31-day supply): Drug Tier 1: You pay no more than \$8 copay per prescription. Drug Tier 2: You pay no more than \$15 copay per prescription. Drug Tier 3: You pay no more than 40% of the total cost up to a maximum of \$250 per prescription. You pay \$35 per 31-day supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Part D drug coverage (continued)	Drug Tier 4: You pay no more than 40% of the total cost up to a maximum of \$250 per prescription. You pay \$35 per 31-day supply of each covered insulin product on this tier. Drug Tier 5: 40% of the total cost up to a maximum of \$250 per prescription. Drug Tier 6: You pay a \$0 copay per prescription. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Drug Tier 4: You pay no more than 40% of the total cost up to a maximum of \$250 per prescription. You pay \$35 per 31-day supply of each covered insulin product on this tier. Drug Tier 5: 40% of the total cost up to a maximum of \$250 per prescription. Drug Tier 6: You pay a \$0 copay per prescription. Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	Your premium is set by PHIP. Please contact PHIP for premium amounts for 2026.	Premium amounts are changing starting January 1, 2027. Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2027.

Factors that could change your Part D Premium Amount

- Late Enrollment Penalty - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- Higher Income Surcharge - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- Extra Help - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 1 for more information about Extra Help from Medicare.

Section 1.2 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory*, located at [Modahealth.com/pers/pharmacy](https://modahealth.com/pers/pharmacy) to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at [Modahealth.com/pers/pharmacy](https://modahealth.com/pers/pharmacy).

- Call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) for help.

Section 1.3 Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically or by visiting our website at Modahealth.com/pers/pharmacy.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) for more information.

We may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we can decide to keep the brand name drug or original biological product on our Drug List but immediately move it to a higher cost-sharing tier or add new restrictions or both.

For example: If you take a brand name drug or biological product that's being replaced by a generic or biosimilar version, you may not get notice of the change 30 days in advance or before you get a month's supply of the brand name drug or biological product. You might get information on the specific change after the change is already made.

Some of these drug types may be new to you. For definitions of drug types, go to Chapter 10 of your *Evidence of Coverage*. The Food and Drug Administration (FDA) also provides consumer information on drugs. Go to the FDA website: [FDA.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients](https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients). You can also call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) or ask your health care provider, prescriber, or pharmacist for more information.

Section 1.4 Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you**. We have included a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and don't get this material with this packet, call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are 3 **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

We have no deductible, so this payment stage doesn't apply to you.

- **Stage 2: Initial Coverage**

With no deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month (31-day) supply filled at a network pharmacy.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs, go to Chapter 4 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic	You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.	You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.

	2026 (this year)	2027 (next year)
Tier 1 – Preferred Generic (continued)	You pay up to a \$16 copay for each prescription filled 32 through 62-day supply from a retail or mail order pharmacy. You pay up to a \$24 copay for each prescription filled 63 through 93-day supply from a retail pharmacy and a \$16 copay for a 63 through 93-day supply from a mail order pharmacy.	You pay up to a \$16 copay for each prescription filled 32 through 62-day supply from a retail or mail order pharmacy. You pay up to a \$24 copay for each prescription filled 63 through 93-day supply from a retail pharmacy and a \$16 copay for a 63 through 93-day supply from a mail order pharmacy.
Tier 2 – Generic	You pay up to a \$15 copay for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay up to a \$30 copay for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay up to a \$45 copay for each prescription filled, 63 through 93-day supply from a retail pharmacy and a \$30 copay for up to a 93-day supply from a mail order pharmacy.	You pay up to a \$15 copay for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay up to a \$30 copay for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay up to a \$45 copay for each prescription filled, 63 through 93-day supply from a retail pharmacy and a \$30 copay for up to a 93-day supply from a mail order pharmacy.

	2026 (this year)	2027 (next year)
Tier 3 – Preferred Brand	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per 31-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay \$70 per 62-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, 63 through 93-day supply from a retail or mail order pharmacy. You pay \$105 per 93-day supply of each covered insulin product on this tier.	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per 31-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay \$70 per 62-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, 63 through 93-day supply from a retail or mail order pharmacy. You pay \$105 per 93-day supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 4 – Non-Preferred Drug	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per 31-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay \$70 per 62-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, 63 through 93-day supply from a retail or mail order pharmacy. You pay \$105 per 93-day supply of each covered insulin product on this tier.	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per 31-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$500 for each prescription filled, 32 through 62-day supply from a retail or mail order pharmacy. You pay \$70 per 62-day supply of each covered insulin product on this tier. You pay 40% of the total cost up to a maximum of \$750 for each prescription filled, 63 through 93-day supply from a retail or mail order pharmacy. You pay \$105 per 93-day supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
Tier 5 – Specialty Tier	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.	You pay 40% of the total cost up to a maximum of \$250 for each prescription filled, up to a 31-day supply from a retail or mail order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.
Tier 6 - Vaccines	You pay \$0 copay for each prescription filled up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.	You pay \$0 copay for each prescription filled up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Medicare Prescription Payment Plan (Phone number change)	The Medicare Prescription Payment Plan is a payment option that can help you manage your out-of-pocket costs for drugs covered by your plan by spreading them across the calendar year (January-December). You may be participating in this payment option. To learn more about this payment option, call Pharmacy Customer Service at 833-380-8050 (TTY users call 711) or visit Medicare.gov.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027. To learn more about this payment option, call Pharmacy Customer Service at 833-202-5925 (TTY users call 711) or visit Medicare.gov.

SECTION 3 How to Change Plans

To stay in Moda Health Rx (PDP), you don't need to do anything. Unless you sign up for a different plan offered by the PERS Health Insurance Program by November 15 or change to a different type of Medicare health plan not offered by PHIP or change to Original Medicare by December 7, you'll automatically stay enrolled in our Moda Health Rx (PDP) plan.

The Moda Health Rx (PDP) plan is sponsored by PHIP. Disenrolling from the Moda Health Rx (PDP) plan will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:00 a.m. to 7:00 p.m., Pacific Time, Monday through Friday. If you leave the PERS Health Insurance Plan, you may not be able to return to PHIP at a later date.

If you want to change plans for 2027 follow these steps:

- You can change to a different PHIP plan. To change to a different PHIP plan, contact the PHIP program to discuss your options at 800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:00 a.m. to 7:00 p.m. Pacific Time, Monday through Friday or go online at Pershealth.com for more information.
--OR-- You can join a different Medicare health plan,
 - You'll automatically be disenrolled from Moda Health Rx (PDP) if you enroll in any Medicare health plan that includes Part D prescription drug coverage. You'll also automatically be disenrolled if you join a Medicare Health Maintenance Organization (HMO) or Medicare Preferred Provider Organization (PPO), that plan doesn't include prescription drug coverage.
 - If you choose a different Private-Fee-For-Service plan without Part D Drug coverage, a Medicare Medical Savings Account plan, or a Medicare Cost plan, you cannot keep Moda Health Rx (PDP) for your drug coverage and will need to select a new Part D Prescription Drug plan. Enrolling in one of these plan types will not automatically disenroll you from Moda Health Rx (PDP). If you are enrolling in this plan type and want to leave our plan, you can disenroll by enrolling in a different Part D plan, or if you don't want to enroll in Part D coverage, you must ask to be disenrolled from Moda Health Rx (PDP). To ask to be disenrolled, you must send us a written request or call Medicare at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users should call 1-877-486-2048).
- --OR-- You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty. Remember, not all Medicare health plans cover prescription drugs. Also be aware that for many plans you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, enroll in the new Medicare drug plan. You'll be automatically disenrolled from the Moda Health Rx (PDP).
- **To change to Original Medicare without a drug plan**, you must send us a written request to disenroll. Contact PHIP Customer Service at 800-768-7377 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1).

- **To learn more about Original Medicare and the different types of Medicare plans,** visit [Medicare.gov](https://www.Medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, PHIP offers other health plans. These other plans can differ in coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

If you want to change to a different PHIP health plan for next year, you can do it from **October 1 through November 15**. The change will take effect on January 1, 2027. Please see above if you would like to change to a Medicare plan not offered by PHIP or to Original Medicare.

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2027.

If you enrolled in a Medicare health plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

You can change to a different PHIP plan offered by another PHIP health plan. You will need to decide between **October 1 and November 15**.

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, coinsurance and copays. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday – Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Some states have a program called State Pharmaceutical Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (SHIP). To get the phone number for your state, visit Shiphelp.org, or call 1-800-MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the ADAP in your state. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, please refer to Appendix 2 at the back of the *Evidence of Coverage* document which contains contact information for ADAPs listed by state. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan, regardless of income level. To learn more about this payment option, call us at Pharmacy Customer Service 888-786-7509 (TTY users call 711) or visit [Medicare.gov](https://www.Medicare.gov).

SECTION 5 Questions?

Get Help from Moda Health Rx (PDP)

- **Call Pharmacy Customer Service 888-786-7509 (TTY users call 711).**

We're available for phone calls 7 a.m. – 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Calls to these numbers are free.

- **Read your 2027 Evidence of Coverage**

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, look in the 2027 *Evidence of Coverage* for Moda Health Rx (PDP). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at Modahealth.com/pers or call Pharmacy Customer Service at 888-786-7509 (TTY users call 711) to ask us to mail you a copy.

- **Visit Modahealth.com/pers**

Our website has the most up-to-date information about our pharmacy network (*Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. The state programs offer free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can find your state-specific State Health Insurance Assistance Program (SHIP) in Appendix 4 of the *Evidence of Coverage*.

Call to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. You can learn more about SHIPs in your state by visiting their website.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with Medicare.gov**

You can chat live at [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone).

- **Write to Medicare**

- You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare prescription drug plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.



Pharmacy Customer Service - Contact Information

Call	888-786-7509 Calls to these numbers are free. Office hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Pharmacy Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number is available 24 hours a day, seven days a week. This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking. Calls to this number are free.
Write	Moda Health Plan, Inc. Attn: Moda Health Rx (PDP) P.O. Box 40327 Portland, OR 97240-0327 Email: phipquestions@modahealth.com
Fax	800-207-8235 Attn: Moda Health Rx (PDP)
Website	Modahealth.com/pers

PERS Health Insurance Program (PHIP) Customer Service – Contact Information

Call	800-768-7377 Calls to this number are free. PHIP Customer Service is available from 7:00 a.m. to 7:00 p.m., Pacific Time, Monday through Friday. PHIP Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is for people who have difficulties with hearing or speaking. Calls to this number are free. This number is available 24 hours a day, seven days a week.
Write	PERS Health Insurance Program (PHIP) P.O. Box 231299 Tigard, OR 97281-1299 persinfo@pershealth.com
Fax	503-765-3452 or 888-393-2943
Website	pershealth.com



601 SW Second Avenue
Portland OR 97204

Important Moda Health Plan, Inc. Information