



This plan is available in Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon.

Y0115_1099H381300922A_M



Medical benefits

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Moda Health PPORX Enhanced (PPO) H3813-009		
Monthly premium	\$196	
Medical deductible	\$0	
Maximum out-of-pocket responsibility (Does not include prescription drugs)	\$3,900	
	In-network	Out-of-network
Inpatient hospital coverage (Copay per day for days 1-5) (Authorization rules may apply)	\$175	\$350
Outpatient hospital coverage (Observation) (Authorization rules may apply)	\$160	30%
Ambulatory surgical center (Authorization rules may apply)	\$160	30%
Outpatient surgery (Authorization rules may apply)	\$160	30%
Doctor visits Primary care provider (PCP)	\$0	\$20
Specialists	\$20	\$40
Preventive care	\$0	30%
Emergency care	\$90	
Urgently needed services	\$35	
Diagnostic services/labs/imaging (Authorization rules may apply)		
Diagnostic radiology services (e.g. MRIs, CT scans)	20%	30%
Lab services	\$0	30%
Outpatient x-rays	20%	30%
Hearing services		
Exam to diagnose and treat hearing and balance issues	\$20	\$40
Routine hearing exam for hearing aids	\$0	Not covered
Hearing aids (Copay per each aid)	\$699 - \$999	Not covered
Dental services		
Medicare-covered (Authorization rules may apply)	\$20	\$40
Preventive and comprehensive dental (Total \$500 allowance is combined for in and out of network services)	\$0 preventive \$500 allowance	\$500 allowance

Medical benefits (continued)

Moda Health PPORX Enhanced (PPO) H3813-009		
	In-network	Out-of-network
Vision services		
Medical vision services (Medicare covered)	\$20	\$40
Routine vision services (One annual exam every year & glasses every 2 years)	\$0	50%
Additional services		
Mental health services	\$20	\$40
Skilled nursing facility (SNF) (Copay per day 21-100) (Authorization rules may apply)	\$150	\$150
Physical therapy (Authorization rules may apply)	\$20	\$40
Ambulance (Authorization rules may apply)	\$175	
Transportation	Not covered	
Medicare Part B Drugs (Authorization rules may apply)	20%	30%
Durable medical equipment (Authorization rules may apply)	20%	30%
Diabetes monitoring supplies (Authorization rules may apply)	\$0 - 20%	\$0 - 30%
Outpatient prescription drugs		
Prescription drug deductible*	\$175 *(waived on Tier 1, 2 & Tier 7)	
Initial coverage stage	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$3	\$9
Tier 2 (Generic)	\$15	\$45
Tier 3 (Preferred brand)	\$47	\$141
Tier 4 (Non-preferred brand)	\$100	\$300
Tier 5 (Preferred specialty tier)	25%	N/A
Tier 6 (Specialty tier)	30%	N/A
Tier 7 (Vaccine)	0%	N/A

You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid \$175 (waived on Tier 1, Tier 2 and Tier 7) for your drugs.

Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies as well as if you reside in a long-term care facility. You may get up to a 31-day supply of drugs from an out-of-network pharmacy, but you will pay more than you pay at a network pharmacy.

Cost sharing changes when you enter another stage of the Part D benefit.

During the coverage gap stage, you pay 25% of the cost for generic or brand name drugs.

During the catastrophic coverage stage, you pay the greater of 5% or \$3.95 copay for generic drugs and \$9.85 copay for all other drugs.

For more information on the different stages, please access your Evidence of Coverage online at modahealth.com/medicare or contact Pharmacy Customer Service at 888-786-7509, 7 am to 8 pm Pacific Time, seven days a week from October 1 through March 31, with the exceptions of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

Optional supplemental benefits

You must pay an extra premium each month for these benefits

	Moda Health Extra Care
How much is the monthly premium?	Additional \$5 per month. You must keep paying your Medicare Part B premium and your monthly plan premium. You can find your monthly plan premium on page two.
What benefits are included?	Benefits include naturopathic services, chiropractic services and acupuncture.
How much is the deductible?	This benefit does not have a deductible.
Is there a limit on how much the plan will pay?	Our plan pays up to \$500 every year. You pay 50% of the billed cost for these services until the plan maximum of \$500 for all services combined is met, then you pay 100% of the cost.

Additional information

This information is not a complete description of benefits. Call Customer Service at 1-877-299-9062 for more information or visit us at www.modahealth.com/medicare.

If you are not a member of this plan, call toll-free 1-855-718-1767.

TTY users, call 711.

From October 1 to March 31, with the exceptions of Christmas Day and Thanksgiving Day, you can call us 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific Time.

From April 1 to September 30, you can call us Monday through Friday from 7:00 a.m. to 8:00 p.m. Pacific Time.

Service area and eligibility requirements:

Moda Health Medicare Advantage plans are PPO plans with a Medicare contract. To join a Moda Health Medicare Advantage plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Moda Health PPORX Enhanced plan (H3813-009) service area includes the following counties in Oregon: Clackamas, Multnomah, Columbia, Washington and Yamhill.

Out-of-network/non-contracted Medicare providers are under no obligation to treat Moda Health Medicare Advantage members, except in emergency situations. Please call our Customer Service number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

How to obtain additional materials

You can search our plans' online provider and pharmacy directory by clicking on the "Find Care" link on our website, www.modahealth.com/medicare.

Or, call us and we will send you a copy of the provider and pharmacy directories.

To view the drugs covered by Moda Health Medicare Advantage plans, you can find our formulary on our website at www.modahealth.com/medicare. Or call us and we will send you a copy of the formulary.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at www.modahealth.com/medicare or call us and ask for the "Evidence of Coverage."

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

This document is available in large print.

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

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, 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 Customer Service at:

877-299-9062 (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

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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.

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 hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 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 مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعمانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

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)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (TTY: 711) 1-877-605-3229 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 Sprachassistentendienste 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（TTY、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 (ભાષાનું કોઈ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો.

ໂປດຊາວ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați 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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 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 คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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 totagia. 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)



modahealth.com



Important plan information



601 S.W. Second Ave.
Portland, OR 97204-3154
www.modahealth.com/medicare

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc.