

2022 Moda Health Rx (PDP)

Annual Notice of Changes

January 1 – December 31, 2022



Your Medicare Prescription Drug Coverage as a Member of Moda Health Rx (PDP)

This booklet gives you the details about the changes to your Medicare prescription drug coverage from January 1 to December 31, 2022. **This is an important legal document. Please keep it in a safe place.**

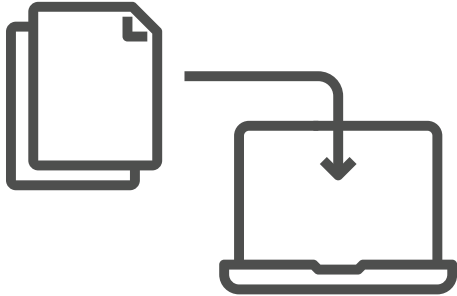
Moda Health Plan, Inc. is a PPO and PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

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. (Phone numbers for Customer Service are printed on the back cover of this booklet.)

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Now you can get plan documents delivered to you online



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

The Centers for Medicare and Medicaid Services (CMS) requires that your important plan documents are made available to you electronically. You can find your important plan documents on modahealth.com/pers and in Member Dashboard.

To receive an email from Moda Health when new materials are available, simply log in to your Member Dashboard by visiting 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.

www.modahealth.com/pers



Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, 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 the following numbers (depending on the coverage you have):

Medicare Customer Service,
800-962-1533

Pharmacy Customer Service,
888-786-7509

Dental Customer Service,
844-827-7379

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

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-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.

Moda Health Plan, Inc. is a PPO and PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal. 1604 (07/21)



Delta Dental of Oregon & Alaska

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 888-786-7509 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 888-786-7509 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電888-786-7509（聾啞人專用：711）

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PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 888-786-7509 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 888-786-7509

بولتے ہیں تو (URDU) توجہ دیں: اگر آپ اردو سانی اعانت آپ کے لیے بلا معاوضہ دستیاب پر کال کریں 888-786-7509 (TTY: 711) ہے۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 888-786-7509 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 888-786-7509 (TTY : 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با (TTY: 711) 888-786-7509 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 888-786-7509 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 888-786-7509 (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。888-786-7509 (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 (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 888-786-7509 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 888-786-7509 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 888-786-7509 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 888-786-7509 (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 888-786-7509 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 888-786-7509 (TTY: 711)

HUBACHIIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 888-786-7509 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษา ได้ฟรี โทร 888-786-7509 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 888-786-7509 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 888-786-7509 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 888-786-7509 (obsługa TTY: 711)

Your Medicare Part D resources for 2022

Thank you for being a Moda Health member. Below are the resources you need to understand your 2022 coverage.



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. Your EOC will be available online at modahealth.com/pers by October 1, 2021.

If you would like an EOC mailed to you, you may call Pharmacy Customer Service at **888-786-7509** or email PharmacyMedicare@modahealth.com.



Pharmacy Directory

If you need help finding a network pharmacy, please call Pharmacy Customer Service at **888-786-7509** or visit modahealth.com/pers to access our online searchable directory.

If you would like a Pharmacy Directory mailed to you, you may call **888-786-7509** or email PharmacyMedicare@modahealth.com.



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.

If you have a question about covered drugs, please call Pharmacy Customer Service at **888-786-7509** or visit modahealth.com/pers to access the online formulary.

If you would like a formulary mailed to you, you may call **888-786-7509**, or email PharmacyMedicare@modahealth.com.





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

This information is available for free in other languages. Pharmacy Customer Service **888-786-7509** (TTY users call 711) is available from 7 a.m. to 8 p.m. Pacific Time, seven days a week from October 1 through March 31 with the exception of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

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

Thank you again for being a Moda Health member. Please let us know if you have any questions.

Your Moda Health Pharmacy Customer Service Team

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

Annual Notice of Changes for 2022

You are currently enrolled as a member of Moda Health Rx (PDP). Next year, there will be some changes to the plan's costs and benefits. *This booklet tells about the changes.*

- **The PERS Health Insurance Program (PHIP) Annual Plan Change period is October 1 to November 15. These changes will be effective January 1, 2022.**
 - **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.**
-

What to do now

1. ASK: Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
 - It's important to review your coverage now to make sure it will meet your needs next year.
 - Do the changes affect the services you use?
 - Look in Section 1.1 and 1.3 for information about benefit and cost changes for our plan.
- Check the changes in the booklet to our prescription drug coverage to see if they affect you.
 - Will your drugs be covered?
 - Are your drugs in a different tier, with different cost sharing?
 - Do any of your drugs have new restrictions, such as needing approval from us before you fill your prescription?
 - Can you keep using the same pharmacies? Are there changes to the cost of using this pharmacy?
 - Review the 2022 Drug List and look in Section 1.3 for information about changes to our drug coverage.
 - Your drug costs may have risen since last year. Talk to your doctor about lower cost alternatives that may be available for you; this may save you in annual out-of-pocket costs throughout the year. To get additional information on drug prices visit [go.medicare.gov/drugprices](https://www.go.medicare.gov/drugprices), and click the "dashboards" link in the middle of the second

Note toward the bottom of the page. These dashboards highlight which manufacturers have been increasing their prices and also show other year-to-year drug price information. Keep in mind that your plan benefits will determine exactly how much your own drug costs may change.

- Think about your overall health care costs.
 - How much will you spend out-of-pocket for the services and prescription drugs you use regularly?
 - How much will you spend on your premium and deductibles?
 - How do your total plan costs compare to other Medicare coverage options?
- Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area.
 - Use the personalized search feature on the Medicare Plan Finder at www.medicare.gov/plan-compare website.
 - Review the list in the back of your *Medicare & You 2022* handbook.
 - Look in Section 2 to learn more about your choices.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you want to keep your **Moda Health Rx (PDP)** plan, you don't need to do anything. You will stay enrolled in the **Moda Health Rx (PDP)** plan.
- If you decide a different PHIP plan will better meet your needs, you can switch to another PHIP plan between October 1 and November 15. If you enroll in a new PHIP plan, your coverage will begin on January 1, 2022.
- The information below is for general Medicare enrollment; contact the PERS Health Insurance Program for details regarding their enrollment and Plan Change guidelines.
- To change to a different plan that may better meet your needs, you can switch plans between October 15 and December 7.

ENROLL: To change to a different PHIP plan during the PHIP Plan Change period of October 1 through November 15, 2021 contact the PHIP program or go online at pershealth.com for more information. The following information is for general Medicare enrollment; contact PHIP for details regarding their enrollment and Plan Change guidelines.

- To change to a plan outside of PHIP, join a plan between **October 15 and December 7, 2021.**

- If you don't join another plan by **December 7, 2021**, you will stay in **Moda Health Rx (PDP)** plan with PHIP.
- If you join another plan by **December 7, 2021**, your new coverage will start on **January 1, 2022**.

Additional Resources

- This plan, **Moda Health Rx (PDP)** is a PHIP employer group plan. Disenrolling from the **Moda Health Rx (PDP)** will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP you may not be able to rejoin at a later date.
- Please contact our Pharmacy Customer Service number at 1-888-786-7509 for additional information. (TTY users should call 711.) Hours are 7 a.m. to 8 p.m., Pacific Time, seven days a week, from Oct 1 through March 31. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays, and holidays).
- 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 booklet 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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Summary of Important Costs for 2022

The table below compares the 2021 costs and 2022 costs for Moda Health Rx (PDP) in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at www.modahealth.com/pers. You may also call Pharmacy Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2021 (this year)	2022 (next year)
<p>Part D prescription drug coverage (See Section 1.3 for details.)</p>	<p>Copayment or coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: You pay up to an \$8 copay per prescription for each prescription filled. • Drug Tier 2: You pay up to a \$15 copay per prescription for each prescription filled. • Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 6: You pay a \$0 copay per prescription for each prescription filled. 	<p>Copayment or coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: You pay up to an \$8 copay per prescription for each prescription filled. • Drug Tier 2: You pay up to a \$15 copay per prescription for each prescription filled. • Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 6: You pay a \$0 copay per prescription for each prescription filled.

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SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2021 (this year)	2022 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	<p>Your premium is set by PHIP. Please contact PHIP for premium amounts for 2021.</p>	<p>Premium amounts are changing starting January 1, 2022. Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2022.</p>

- Your monthly plan premium will be more if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as “creditable coverage”) for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving “Extra Help” with your prescription drug costs. Please see Section 5 regarding “Extra Help” from Medicare.

Section 1.2 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs may 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.

There are changes to our network of pharmacies for next year. An updated Pharmacy Directory is located on our website at www.modahealth.com/pers. You may also call Pharmacy Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2022 Pharmacy Directory to see which pharmacies are in our network.**

Section 1.3 – Changes to Part D Prescription 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.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

If you are affected by a change in drug coverage, you can:

- **Work with your doctor (or other prescriber) and ask the plan to make an exception** to cover the drug. **We encourage current members** to ask for an exception before next year.
 - To learn what you must do to ask for an exception, see Chapter 7 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Pharmacy Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call Pharmacy Customer Service to ask for a list of covered drugs that treat the same medical condition.

In some situations, we are required to cover a temporary supply of a non-formulary drug in the first 90 days of the plan year or the first 90 days of membership to avoid a gap in therapy. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, Section 5.2 of the *Evidence of Coverage*.) During the time when you are getting a temporary supply of a drug, you should talk with your doctor to decide what to do when your temporary supply runs out. You can either switch to a different drug covered by the plan or ask the plan to make an exception for you and cover your current drug.

If you are receiving a drug that is not included on next year’s Drug List, you will be eligible for a one-time temporary supply. Certain drugs may be excluded from these temporary supplies. These drugs can be drugs that are excluded from coverage, or otherwise restricted under Part D.

If you are currently taking a non-formulary drug and have received a formulary exception approval, this exception will continue to be valid through the current plan year until the next plan year. The dates provided on your exception approval letter indicate the duration of this approval.

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules.

When we make these changes to the Drug List during the year, you can still work with your doctor (or other prescriber) and ask us to make an exception to cover the drug. We will also continue to update our online Drug List as scheduled and provide other required information to

reflect drug changes. (To learn more about changes we may make to the Drug List, see Chapter 3, Section 6 of the *Evidence of Coverage*.)

Changes to Prescription Drug Costs

Note: If you are in a program that helps pay for your drugs (“Extra Help”), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also called the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug costs. Because you receive “Extra Help” and didn’t receive this insert with this packet, please call Pharmacy Customer Service and ask for the “LIS Rider.”

There are four “drug payment stages.” How much you pay for a Part D drug depends on which drug payment stage you are in. (You can look in Chapter 4, Section 2 of your *Evidence of Coverage* for more information about the stages.)

The information below shows the changes for next year to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage. To get information about your costs in these stages, look at Chapter 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at www.modahealth.com/pers. You may also call Pharmacy Customer Service to ask us to mail you an *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2021 (this year)	2022 (next year)
Stage 1: Yearly Deductible Stage	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.

Changes to Your Cost Sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p>	<p>Tier 1 - Preferred Generic Drugs: You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$16 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$24 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$16 copay for up to a 93-day supply from a mail order pharmacy.</p>	<p>Tier 1 - Preferred Generic Drugs: You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$16 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$24 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$16 copay for up to a 93-day supply from a mail order pharmacy.</p>
	<p>Tier 2 - Generic Drugs: You pay up to a \$15 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$30 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p>	<p>Tier 2 - Generic Drugs: You pay up to a \$15 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$30 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p>

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Tier 2 - Generic Drugs (continued): You pay up to a \$45 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$16 copay for up to a 93-day supply from a mail order pharmacy.</p>	<p>Tier 2 - Generic Drugs (continued): You pay up to a \$45 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$30 copay for up to a 93-day supply from a mail order pharmacy.</p>
	<p>Tier 3 – Preferred Brand Drugs: 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.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy.</p>	<p>Tier 3 - Preferred Brand Drugs: 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.</p> <p>You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy.</p>
	<p>Tier 4 – Non-Preferred Brand Drugs: 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.</p>	<p>Tier 4 - Non-Preferred Brand Drugs: 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.</p>

Stage	2021 (this year)	2022 (next year)
<p>Stage 2: Initial Coverage Stage (continued)</p>	<p>Tier 4 - Non-Preferred Brand Drugs (continued): You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy.</p>	<p>Tier 4 - Non-Preferred Brand Drugs (continued): You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy.</p>
	<p>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.</p>	<p>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.</p>
	<p>Tier 6 – Part D Vaccines: You pay \$0 copay for each prescription filled for up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.</p>	<p>Tier 6 - Part D Vaccines: You pay \$0 copay for each prescription filled for up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.</p>
	<p>Once you have paid \$6,550 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$7,050 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If You Want to Stay in Moda Health Rx (PDP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan offered by the PERS Health Insurance Program by November 15 or change to a Medicare Plan not offered by PHIP or to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2022.

Section 2.2 – If You Want to Change Plans

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 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 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.

We hope to keep you as a member next year but, if you want to change for 2022 follow these steps:

Step 1: Learn about and compare your choices

- You can change to a different PHIP plan.
- -- OR-- You can join a different Medicare health plan timely,
- -- 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.

To learn more about Original Medicare and the different types of Medicare plans, read the *Medicare & You 2022* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 6.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to www.medicare.gov/plan-compare. **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

Step 2: Change your coverage

- 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.

- To change to a different Medicare prescription drug plan, enroll in the new plan. You will automatically be disenrolled from PHIP and Moda Health Rx (PDP).
- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Moda Health Rx (PDP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact PHIP Customer Service if you need more information on how to do this (phone numbers are in Section 6.1 of this booklet).
 - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 3 Deadline 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, 2022. Please see above if you would like to change to a Medicare plan not offered by PHIP or to Original Medicare.

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

In certain situations, changes are also allowed at other times of the year. For example, people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area may be allowed to make a change at other times of the year. For more information, see Chapter 8, Section 2.2 of the *Evidence of Coverage*.

SECTION 4 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are independent (not connected with any insurance company or health plan). It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP counselors can help you with your Medicare questions or problems. 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. You can learn more about SHIPs in your state by visiting their website.

SECTION 5 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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 prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. Many people are eligible and don’t even know it. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
 - The Social Security Office at 1-800-772-1213 between 7 am and 7 pm, Monday through Friday. TTY users should call, 1-800-325-0778 (applications); or
 - Your State Medicaid Office (applications).
- **Help from your state’s pharmaceutical assistance program.** 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 (the name and phone numbers for this organization are in Appendix 4 at the back of the *Evidence of Coverage* booklet).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals 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 prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please refer to Appendix 2 at the back of the *Evidence of Coverage* booklet which contains contact information for AIDS Drug Assistance Programs (ADAP) listed by state.

SECTION 6 Questions?

Section 6.1 – Getting Help from Moda Health Rx (PDP)

Questions? We’re here to help. Please call Pharmacy Customer Service at 1-888-786-7509. (TTY only, call 711.) We are available for phone calls 7 a.m. to 8 p.m., Pacific Time, seven days a week, from October 1 through March 31. (After March 31, your calls will be handled by our automated phone system, Saturdays, Sundays, and holidays.) Calls to these numbers are free.

Read your 2022 Evidence of Coverage (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2022. For details, look in the 2022 *Evidence of Coverage* for Moda Health Rx (PDP). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.modahealth.com/pers. You may also call Pharmacy Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.modahealth.com/pers. As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

Section 6.2 – Getting Help from Medicare

To get information directly 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 should call 1-877-486-2048.

Visit the Medicare Website

You can visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality ratings to help you compare Medicare prescription drug plans. You can find information about plans available in your area by using the Medicare Plan Finder on the Medicare website. (To view the information about plans, go to www.medicare.gov/plan-compare.)

Read Medicare & You 2022

You can read the *Medicare & You 2022* handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or 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.



601 S.W. Second Ave.
Portland, OR 97204-3154

Pharmacy Customer Service - Contact Information	
Call	<p>1-888-786-7509 Calls to this number are free. Pharmacy Customer Service is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31 with the exception of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays, and holidays.)</p> <p>Pharmacy Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711 This number requires special telephone equipment and is only 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.</p>
Write	<p>Moda Health Plan, Inc. Attn: Moda Health Rx (PDP) P.O. Box 40327 Portland OR 97240-0327 phipquestions@modahealth.com</p>
Fax	1-800-207-8235 Attn: Moda Health Rx (PDP)
Website	www.modahealth.com/pers

PERS Health Insurance Program (PHIP) Customer Service – Contact Information	
Call	<p>1-800-768-7377 Calls to this number are free. PHIP Customer Service is available from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday.</p> <p>PHIP Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711 This number requires special telephone equipment and is only 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.</p>
Write	<p>PERS Health Insurance Program (PHIP) P.O. Box 40187 Portland, OR 97240-0187 persinfo@pershealth.com</p>
Fax	503-765-3452 or 1-888-393-2943
Website	pershealth.com

Important Moda Health Plan, Inc. information



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