



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

Y0115_1099H381301323A_M



Medical benefits

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

Moda Health Metro PPORX (PPO) H3813-013		
Monthly premium	\$88	
Medical deductible	\$0	
	In-network	Out-of-network
Maximum out-of-pocket responsibility <i>(Does not include prescription drugs)</i>	\$5,090	\$8,500 Combined In and Out of Network
Inpatient hospital coverage <i>(Copay per day for days 1-6) (Authorization rules may apply)</i>	\$325	40%
Outpatient hospital coverage (Observation) <i>(Authorization rules may apply)</i>	\$325	40%
Ambulatory surgical center/Outpatient surgery <i>(Authorization rules may apply)</i>	\$325	40%
Doctor visits Primary care provider (PCP)	\$0	40%
Specialists	\$30	40%
Preventive care	\$0	40%
Emergency care	\$95	
Urgently needed services	\$30	
Diagnostic services/labs/imaging <i>(Authorization rules may apply)</i>		
Diagnostic radiology services (e.g. MRIs, CT scans)	20%	40%
Lab services	\$5	40%
Outpatient x-rays	\$10	40%
Hearing services		
Exam to diagnose and treat hearing and balance issues <i>(Medicare-covered)</i>	\$30	40%
Routine hearing exam for hearing aids	\$0	Not covered
Hearing aids <i>(Copay per each aid)</i>	\$599-\$899	Not covered
Dental services		
Medicare-covered <i>(Authorization rules may apply)</i>	\$30	40%
Preventive and comprehensive dental <i>(Total \$1,000 allowance is combined for in and out of network services)</i>	\$0 preventive \$1,000 allowance 20% comprehensive	50% up to \$1,000 allowance
Vision services		
Medical vision services <i>(Medicare-covered)</i>	\$30	40%
Routine vision services <i>(Annual exam & glasses every 2 years)</i>	\$0	50%

Medical benefits (continued)

Moda Health Metro PPORX (PPO) H3813-013		
Mental Health services		
Outpatient Mental health services (Outpatient individual or group therapy visit)	\$30	40%
Inpatient Mental Health (Copay per day 1-6) (Authorization rules may apply)	\$325	40%
Additional services		
Skilled nursing facility (SNF) (Copay per day 21-100) (Authorization rules may apply)	\$170	40%
Physical therapy	\$30	40%
Ambulance (Authorization rules may apply)	\$275	
Transportation	Not covered	
Medicare Part B Drugs (Authorization rules may apply)	20%	40%
Durable medical equipment (DME) (Authorization rules may apply)	20%	40%
Diabetes monitoring supplies (Authorization rules may apply)	\$0 - 20%	40%
Alternative care		
Acupuncture for chronic low back pain (Medicare-covered)	\$0 (by a PCP) \$30 (by Specialist)	
Chiropractic services (Medicare-covered) (For manipulation of the spine to correct a vertebral subluxation)	\$20	40%
Alternative services (Embedded Supplemental benefit includes Chiropractic, Acupuncture, Naturopathic Services up to a combined \$500 allowance)	50%	50%
Outpatient prescription drugs		
Prescription drug deductible*	\$225 *(waived on Tier 1, 2 & Tier 7)	
Initial coverage stage	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$4	\$10
Tier 2 (Generic)	\$10	\$25
Tier 3 (Preferred brand)	\$45	\$113
Tier 4 (Non-preferred brand)	\$100	\$250
Tier 5 (Preferred specialty tier)	24%	N/A
Tier 6 (Specialty tier)	29%	N/A
Tier 7 (Vaccine)	\$0	N/A

Important message about what you pay for vaccines:

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

Important message about what you pay for insulin:

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

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

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 \$225 (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.

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 \$4.15 copay for generic drugs and \$10.35 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 exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

This plan includes at no additional cost:

- Access to a 24-hour Nurse Advice Line, 7 days a week, 365 days a year. When you call our Nurse Advice Line, you can speak directly to a registered nurse who will help answer your health-related questions. Your call is always confidential.
- The plan also offers 24/7 on demand diagnosis/treatment visits with board-certified physicians via text/chat functionality with optional interactive video capabilities.

Additional information

This information is not a complete description of benefits. Call Customer Service at 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 855-718-1767.

TTY users, call 711.

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

(After March 31, your call will be handled by our automated phone systems, Saturdays, Sundays and holidays.)

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 Metro PPORX plan (H3813-013) service area includes the following counties in Oregon: Clackamas, Multnomah, and Washington.

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.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 877-299-9062. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 877-299-9062. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 877-299-9062。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 877-299-9062。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 877-299-9062. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 877-299-9062. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 877-299-9062 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 877-299-9062. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 877-299-9062 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 877-299-9062. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. سيقوم شخص ما يتحدث العربية 877-299-9062 للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 877-299-9062 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 877-299-9062. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 877-299-9062. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 877-299-9062. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 877-299-9062. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、877-299-9062にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Important plan information



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