

Medicare Supplement

Choose a better experience
with your **health insurance**



2026

You may only apply for coverage
if you are age 65 and older.





**Welcome to
Moda Health,**

the place you go when you want more than a health plan – because you know good health is about so much more than just the plan details



**A partnership
you can trust**

For nearly 30 years, Moda Health has been offering the Medicare Supplement plan to our members.



**An Oregon-based
company since 1955**

70 years of offering insurance plans in the Pacific Northwest.



Nationwide coverage

With the Moda Health Medicare Supplement plan, you may see a Medicare provider anywhere in the U.S. and U.S. territories.

Explore Medicare Supplement coverage

Why should I have a supplement plan?

When you choose our Moda Health Medicare Supplement plan, you get more than what Original Medicare covers. Our plans include all services that Original Medicare covers **plus more**.

Original Medicare is your primary insurance:



Part A (hospital insurance)



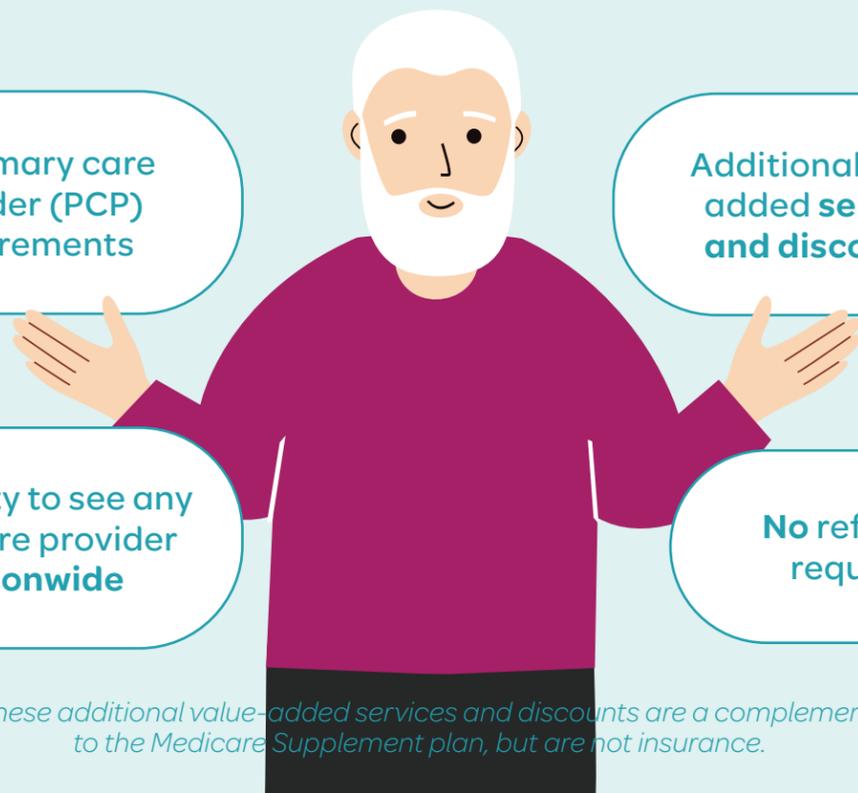
Part B (medical insurance)



Moda Health Medicare Supplement gives you more flexibility and can help lower your out-of-pocket costs.

Medicare generally pays **80%**, Moda Health pays **20%** for Medicare covered services

For full benefit details and limitations, visit modahealth.com/medicare



No primary care provider (PCP) requirements

Additional value-added services and discounts*

Flexibility to see any Medicare provider nationwide

No referrals required

**These additional value-added services and discounts are a complement to the Medicare Supplement plan, but are not insurance.*

Travel with a *peace in mind*

Our **Medicare Supplement plan** ensures your coverage is with you when you travel anywhere in the United States. We allow you to choose any Medicare-approved physician throughout the country. By selecting the Moda Health Medicare Supplement plan, you can feel secure that where Medicare coverage ends, your plan coverage begins.



How do I find a provider?

To find a provider for the Medicare Supplement plan, go to Medicare.gov. There you can see which providers are in your area.



Understand your **plan options**

Explore our Medicare Supplement plans to see which option is right for you. We offer many plans to meet your wellness needs.

The chart on the next page includes an overview of the benefits available with each plan option. Use this chart to determine which plan may best meet your needs. Then review the benefit tables to learn about more plan details.

If you were eligible for Medicare before Jan. 1, 2020

We offer standardized Medicare Supplement Plans A, F, G and N. We also offer Plan F with a \$2,950 deductible option and Plan G with a \$2,950 deductible option.

If you were eligible for Medicare on or after Jan. 1, 2020

We offer standardized Medicare Supplement Plans A, G and N. We also offer Plan G with a \$2,950 deductible option.

Benefits	Plans available to all applicants								Medicare eligible before 2020	
	A	B	D	G ¹	K ²	L ²	M	N ³	C	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ Co-pays apply	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit					\$8,000	\$4,000				

¹ Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,950 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan High-deductible G does not cover the Medicare Part B deductible. However, Plan High-deductible F and Plan High-deductible G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

² Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³ Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Plan A

 Medicare Part A		Medicare pays	Plan pays	 You pay
Hospitalization*		<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,736	\$0		\$1,736 (Part A deductible)
61st through 90th day	All but \$434 per day	\$434 per day		\$0
91st day and after: While using 60 lifetime reserve days	All but \$868 per day	\$868 per day		\$0
Once lifetime reserve days are used:				
Additional 365 days	\$0	100% of Medicare-eligible expenses		\$0**
Beyond the additional 365 days	\$0	\$0		All costs
Skilled nursing facility care*		<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
First 20 days	All approved amounts	\$0		\$0
21st through 100th day	All but \$217 per day	\$0		Up to \$217 per day
101st day and after	\$0	\$0		All costs
Blood				
First three pints	\$0	3 pints		\$0
Additional amounts	100%	\$0		\$0
Hospice care		<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay		\$0

* A benefit period begins on the first day you receive services as a patient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan A (continued)

 Medicare Part B		Medicare pays	Plan pays	 You pay
Medical expenses		<i>In or out of the hospital patient treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$283 of Medicare-approved amounts#	\$0	\$0		\$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%		\$0
Part B excess charges (above Medicare approved amounts)	\$0	\$0		All costs
Blood				
First three pints	\$0	All costs		\$0
Next \$283 of Medicare-approved amounts#	\$0	\$0		\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%		\$0
Clinical laboratory services – blood tests				
For diagnostic services	100%	\$0		\$0

 Medicare Parts A and B			Medicare pays	Plan pays	 You pay
Home healthcare Medicare-approved services					
Medically necessary skilled-care services and medical supplies	100%	\$0			\$0
Durable medical equipment:					
First \$283 of Medicare-approved amounts#	\$0	\$0			\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%			\$0

Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.



Plan F – or Plan High-deductible F

 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,950 deductible[^]</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,950 deductible[^]</i>
Hospitalization* <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 per day	\$434 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care* <i>You must meet Medicare's requirements, including hospitalization for at least three days followed by entrance to a Medicare-approved facility within 30 days</i>			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$217 per day	Up to \$217 per day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0

* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[^] This high deductible plan offers the same benefits as Plan F after a \$2,950 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Plan F – or Plan High-deductible F (continued)

 Medicare Part A		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,950 deductible^</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,950 deductible^</i>
Hospice care		<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay		\$0
 Medicare Part B		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,950 deductible^</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,950 deductible^</i>
Medical expenses		<i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$283 of Medicare-approved amounts [#]	\$0	\$283 (Part B deductible)		\$0
Remainder of Medicare-approved amounts	Generally 80%	20%		\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%		\$0
Blood				
First three pints	\$0	All costs		\$0
Next \$283 of Medicare-approved amounts [#]	\$0	\$283 (Part B deductible)		\$0
Remainder of Medicare-approved amounts	80%	20%		\$0
Clinical laboratory services – blood tests				
For diagnostic services	100%	\$0		\$0

Plan F – or Plan High-deductible F (continued)

 Medicare Part A and B		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,950 deductible^</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,950 deductible^</i>
Home healthcare Medicare-approved services				
Medically necessary skilled-care services and medical supplies	100%	\$0		\$0
Durable medical equipment:				
First \$283 of Medicare-approved amounts [#]	\$0	\$283 (Part B deductible)		\$0
Remainder of Medicare-approved amounts	80%	20%		\$0
 Other benefits – not covered by Medicare		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,950 deductible^</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,950 deductible^</i>
Foreign travel		<i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>		
First \$250 each calendar year	\$0	\$0		\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000		20% and amounts over \$50,000 lifetime maximum

[#] Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

[^] This high deductible plan offers the same benefits as Plan F after a \$2,950 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

Plan G – or Plan High-deductible G

 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,950 deductible[^]</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,950 deductible[^]</i>
Hospitalization*	<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 per day	\$434 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care*	<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$217 per day	Up to \$217 per day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care	<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

Plan G – or Plan High-deductible G (continued)

 Medicare Part B	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,950 deductible[^]</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,950 deductible[^]</i>
Medical expenses	<i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$283 of Medicare-approved amounts [#]	\$0	\$0	\$283 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts [#]	\$0	\$0	\$283 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

[^] This high deductible plan offers the same benefits as Plan G after a \$2,950 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

[#] Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

Plan G – or Plan High-deductible G (continued)

 Medicare Part A and B	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,950 deductible ^</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,950 deductible ^</i>
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$283 of Medicare-approved amounts #	\$0	\$0	\$283 (Unless Part B deductible has been met)
Remainder of Medicare-approved amounts	80%	20%	\$0

 Other benefits – not covered by Medicare	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,950 deductible ^</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,950 deductible ^</i>
Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

^ This high deductible plan offers the same benefits as Plan G after a \$2,950 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,950. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.



Plan N

 Medicare Part A	Medicare pays	Plan pays	 You pay
Hospitalization*	<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,736	\$1,736 (Part A deductible)	\$0
61st through 90th day	All but \$434 per day	\$434 per day	\$0
91st day and after: While using 60 lifetime reserve days	All but \$868 per day	\$868 per day	\$0
Once lifetime reserve days are used:			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
Skilled nursing facility care*	<i>You must meet Medicare's requirements, including hospitalization for at least three days followed by entrance to a Medicare-approved facility within 30 days</i>		
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$217 per day	Up to \$217 per day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice care	<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

Plan N (continued)

 Medicare Part B	Medicare pays	Plan pays	 You pay
Medical expenses	<i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$283 of Medicare-approved amounts#	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs
Blood			
First three pints	\$0	All costs	\$0
Next \$283 of Medicare-approved amounts#	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	\$0	\$0

* A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

** Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the plan's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

Plan N *(continued)*

 Medicare Part A and B	Medicare pays	Plan pays	 You pay
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
Durable medical equipment:			
First \$283 of Medicare-approved amounts [#]	\$0	\$0	\$283 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

 Other benefits – not covered by Medicare	Medicare pays	Plan pays	 You pay
Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

[#] Once you have been billed \$283 for Medicare-approved amounts of covered services that are noted with a #, your Part B deductible will have been met for the calendar year.

With enrollment in a Medicare supplement plan, you are provided with additional value added discounts including access to discounts on select items and services. You can learn more about these discounts by visiting www.modahealth.com.

These additional services are a complement to the Medicare Supplement plan, but are not insurance.



What supplement plans cost



If you're looking for pricing for plans starting in **March 1st, 2026** or later, go to next page.

Take a look at our Medicare Supplement monthly premiums below. These rates are effective **March 1, 2025 through February 28, 2026**.

Female Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$121.00	\$151.00	\$185.00	\$201.00	\$212.00
Plan F	\$182.00	\$227.00	\$279.00	\$303.00	\$320.00
Plan F with \$2,950 deductible	\$53.00	\$66.00	\$81.00	\$88.00	\$94.00
Plan G	\$155.00	\$194.00	\$237.00	\$258.00	\$273.00
Plan G with \$2,950 deductible	\$45.00	\$57.00	\$70.00	\$76.00	\$80.00
Plan N	\$127.00	\$159.00	\$195.00	\$212.00	\$224.00

Male Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$129.00	\$162.00	\$200.00	\$220.00	\$236.00
Plan F	\$195.00	\$244.00	\$302.00	\$331.00	\$356.00
Plan F with \$2,950 deductible	\$57.00	\$71.00	\$88.00	\$97.00	\$104.00
Plan G	\$166.00	\$208.00	\$257.00	\$282.00	\$303.00
Plan G with \$2,950 deductible	\$49.00	\$61.00	\$75.00	\$83.00	\$89.00
Plan N	\$136.00	\$170.00	\$211.00	\$232.00	\$249.00

Female Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$139.15	\$173.65	\$212.75	\$231.15	\$243.80
Plan F	\$209.30	\$261.05	\$320.85	\$348.45	\$368.00
Plan F with \$2,950 deductible	\$60.95	\$75.60	\$93.15	\$101.20	\$108.10
Plan G	\$178.25	\$223.10	\$272.55	\$296.70	\$313.95
Plan G with \$2,950 deductible	\$51.75	\$65.55	\$80.50	\$87.40	\$92.00
Plan N	\$146.05	\$182.85	\$224.25	\$243.80	\$257.60

Male Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$148.35	\$186.30	\$230.00	\$253.00	\$271.40
Plan F	\$224.25	\$280.60	\$347.30	\$380.65	\$409.40
Plan F with \$2,950 deductible	\$65.55	\$81.65	\$101.20	\$111.55	\$119.60
Plan G	\$190.90	\$239.20	\$295.55	\$324.30	\$348.45
Plan G with \$2,950 deductible	\$56.35	\$70.15	\$86.25	\$95.45	\$102.35
Plan N	\$156.40	\$195.50	\$242.65	\$266.80	\$286.35

What supplement plans cost

Take a look at our Medicare Supplement monthly premiums below. These rates are effective **March 1, 2026 through February 28, 2027**.

Female Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$136.00	\$170.00	\$208.00	\$226.00	\$239.00
Plan F	\$205.00	\$256.00	\$314.00	\$341.00	\$360.00
Plan F with \$2,950 deductible	\$60.00	\$75.00	\$92.00	\$100.00	\$105.00
Plan G	\$175.00	\$218.00	\$267.00	\$290.00	\$307.00
Plan G with \$2,950 deductible	\$51.00	\$64.00	\$78.00	\$85.00	\$90.00
Plan N	\$143.00	\$179.00	\$219.00	\$238.00	\$252.00

Male Non-Tobacco/Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$146.00	\$182.00	\$225.00	\$247.00	\$266.00
Plan F	\$220.00	\$274.00	\$340.00	\$373.00	\$400.00
Plan F with \$2,950 deductible	\$64.00	\$80.00	\$99.00	\$109.00	\$117.00
Plan G	\$187.00	\$234.00	\$289.00	\$318.00	\$341.00
Plan G with \$2,950 deductible	\$55.00	\$69.00	\$85.00	\$93.00	\$100.00
Plan N	\$153.00	\$192.00	\$237.00	\$261.00	\$280.00

Female Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$156.40	\$195.50	\$239.20	\$259.90	\$274.85
Plan F	\$235.75	\$294.40	\$361.10	\$392.15	\$414.00
Plan F with \$2,950 deductible	\$69.00	\$86.25	\$105.80	\$115.00	\$120.75
Plan G	\$201.25	\$250.70	\$307.05	\$333.50	\$353.05
Plan G with \$2,950 deductible	\$58.65	\$73.60	\$89.70	\$97.75	\$103.50
Plan N	\$164.45	\$205.85	\$251.85	\$273.70	\$289.80

Male Tobacco/Non-Preferred

Age	65 – 69	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
Plan A	\$167.90	\$209.30	\$258.75	\$284.05	\$305.90
Plan F	\$253.00	\$315.10	\$391.00	\$428.95	\$460.00
Plan F with \$2,950 deductible	\$73.60	\$92.00	\$113.85	\$125.35	\$134.55
Plan G	\$215.05	\$269.10	\$332.35	\$365.70	\$392.15
Plan G with \$2,950 deductible	\$63.25	\$79.35	\$97.75	\$106.95	\$115.00
Plan N	\$175.95	\$220.80	\$272.55	\$300.15	\$322.00

Value-added services and **discounts**



Travel Assist*

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Learn more at assistamerica.com. Or call us at 800-872-1414.



Health and wellness services from ChooseHealthy™*

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, physical therapy, therapeutic massage, occupational therapy, nutrition and podiatry. You will need to see providers who are in the ChooseHealthy network.
- Access to no-cost online health classes



These additional services are a complement to the Medicare Supplement plan, but are not insurance. They may not be available in all areas and may be changed or discontinued with 30 days advance notice.



Tools for your *health journey*

All of our plans come with **programs, care teams, tools and resources** designed to help you manage your well-being. Using your personal Member Dashboard at modahealth.com, you can get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.



Care coordination and case management*

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Nurse line*

Need quick advice? The friendly nurses on our Nurse Advisory Line are available 24 hours a day, 365 days a year at 800-501-5046. The Nurse Advisory Line is available at no additional cost to members.

Call for guidance on non-critical medical issues:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Health coaching*

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



Individual Assistance Program (IAP)*

Powered by Canopy, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Grieving a loss
- Stress management
- Family relationships
- Financial/legal/consumer concerns

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Once you are an active member, use these care resources to help you be your healthy best! Simply log in to our Member Dashboard to get started.

**These additional tools and resources are a complement to the Medicare Supplement plan, but are not insurance.*





Healthcare lingo explained

We realize that health plans can be confusing, so we've made a **glossary** to help you understand some healthcare lingo.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, Medicare pays 80% for a Medicare covered service and Moda Health Medicare Supplement pays 20%.

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$20 for a doctor visit.

Deductible

The amount members may pay in a calendar year for care that requires a deductible before the plan starts paying.

Medicare Part A deductible

The amount normally due from a member upon first admission to a hospital in each benefit period, before benefits are available under Part A of Medicare.

Medicare Part B deductible

The amount a member must pay each calendar year before Part B of Medicare pays benefits for Medicare Part B expenses.

Member Handbook

Describes what is covered and how your plan works.

Out-of-pocket costs

What members pay in a calendar year for care after their plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Things you need *to know*

At Moda Health, we design our benefits and member services with you in mind. Here are a few additional details you may need to know.

Am I eligible?

You may apply for coverage if you are age 65 and older, live in Alaska and are enrolled in Medicare Parts A and B.

When does coverage begin?

If you apply during an open enrollment period (within six months of becoming eligible for Part B), your coverage will start the first of the month following the date we receive your application. If you do not apply during an open enrollment period, we will notify you of the date your coverage will begin after your application is approved.

Premium Information

We, Moda Health, can only raise your premium if we raise the premium for all policies like yours in this state. The required premium for the plan is subject to change. Any change in premiums will occur once in a 12-month period, and will apply to all subscribers insured under the plan who reside in the state of Alaska.

Benefit and information updates

Your Moda Health Medicare Supplement policy will automatically coordinate with changes in Medicare each year. We'll keep you informed about any changes.

No claim forms

If you have a claim, just mail a copy of the Medicare Summary Notice (MSN) form you receive from Medicare to us. We'll do the rest.

Electronic claims filing

Electronic claims filing is now available at no extra cost. Medicare Part B claims will be forwarded directly to Moda Health Medicare Supplement after Medicare pays its share. You will know that a bill was submitted directly to Moda Health Medicare Supplement because it will have the following statement printed on the bottom: "This claim has been forwarded to your secondary Medicare payor."

Moda Health Medicare Supplement will send you an Explanation of Benefits indicating the amount paid and payment, if you are being reimbursed.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read your policy very carefully

This brochure is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself

to understand all of the rights and duties of both you and Moda Health.

Complete answers are very important

Review the Moda Health Medicare Supplement application carefully before you sign it. Be certain that all information has been properly recorded. When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Moda Health may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Notice

This policy may not fully cover all of your medical costs. Neither Moda Health nor its agents are connected with Medicare. This outline of coverage does not give all of the details about Medicare coverage. For a complete description of Medicare benefits, contact your local Social Security office, or refer to the "Medicare & You 2026" handbook online at medicare.gov or by calling 800-633-4227.

Guaranteed renewability

We will never cancel your policy because of your age or claims experience.

Right to return policy

If you find that you are not satisfied with your policy, you may return it to Moda Health, Attention: Medicare Membership Accounting, 601 S.W. Second Ave., Portland, OR 97204. If you send back the policy within 30 days of receiving it, we will treat the policy as if it had never been issued and return all of your premium.

Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.

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 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

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 (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

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 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

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をご利用いただけます。1-877-605-3229 (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。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፡- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

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 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

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（文本电话：1-877-605-3229 (TTY: 711)）或咨询您的服务提供商。

ລື່ນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دین: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - 1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔"

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. അക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ദാതാവിനോട് സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రావైడర్‌తో మాట్లాడండి.

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 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba so Yorùbá, awon isẹ iranlọwọ ede ofẹ wa fun ọ. Awon iranlọwọ iranlọwọ ti o ye ati awon isẹ lati pese alaye ni awon ọna kika wiwole tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.

Individual & family



Medicare

Small group

Large group

Questions? *We're here to help.*

Contact a Moda Health agent or call us at 855-718-1767. TTY users, please call 711.

Portland Office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156

modahealth.com



Health plans provided by Moda Health Plan, Inc.
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