

# 2019 Moda Health PPO

## Annual Notice of Changes

January 1 – December 31, 2019

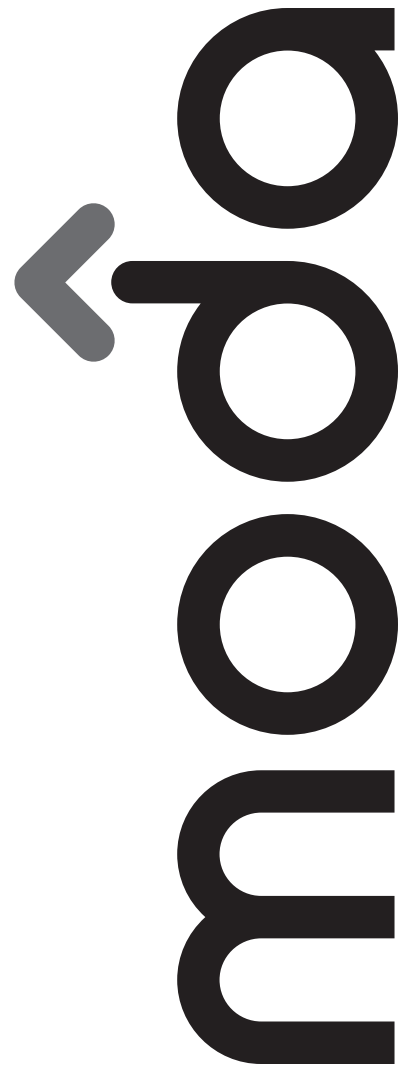
### Your Medicare Health Benefits and Services as a Member of Moda Health PPO

This booklet gives you the details about the changes to your Medicare health care coverage from January 1 to December 31, 2019. **This is an important legal document. Please keep it in a safe place.**

Moda Health PPO is a PPO plan with a Medicare contract. Enrollment in Moda Health PPO depends on contract renewal.

This information may be available in a different format, including large print. Please call Member Services if you need plan information in another format or language. (Phone numbers for Member Services are printed on the back cover of this booklet.)

H3813-001







# Next year, 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) require that we send you important plan documents every year.

The Annual Notice of Changes (ANOC) contains information specific to your health plan.

That's a lot of paper to clutter your home. Luckily, this document is also available electronically through your myModa account.

To receive an email from Moda Health when new materials are available, simply log in to your myModa account by visiting [www.modahealth.com](http://www.modahealth.com). The myModa log in is on the right side of your screen. You can also create an account on this page. Once logged in, select the "Account" tab. Next, click on "Change account 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 document in the mail.

**Questions?** Call us at 877-299-9062.

[www.modahealth.com](http://www.modahealth.com)



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Now you can pay your premium online with eBill. Using eBill, you can view invoices online and set up your preferred payment methods (debit card, checking or savings) and set a recurring payment using our AutoPay feature. To access eBill, log in to myModa and click on the eBill tab.

# Moda Health nondiscrimination notice

**Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.**

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

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## **If you need any of the services listed above, contact:**

Medicare Customer Service,  
877-299-9062 (TDD/TTY 711)

## **If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:**

Moda, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## **If you need assistance filing a grievance, 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](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone to:

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).

Office for Civil Rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

## **Moda's efforts to assure nondiscrimination are coordinated by:**

Tom Bikales, VP Legal Affairs  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. 15019019 (8/16)



Delta Dental of Oregon & Alaska



ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیریید. (TTY: 711) 1-877-605-3229

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

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229(TTY:711) tiin bilbilaa.



## Your Medicare Advantage resources for 2019

Thank you for being a Moda Health member. Below are the resources you need to understand your 2019 coverage.

### Evidence of Coverage (EOC)

The EOC shows all of your benefit details. Use it to find out what is covered and how your plan works. Your EOC will be available online at [modahealth.com/medicare](http://modahealth.com/medicare) by Oct. 15, 2018.

If you would like an EOC mailed to you, you may call Member Services at 1-877-299-9062 or email [MedicalMedicare@modahealth.com](mailto:MedicalMedicare@modahealth.com).

### Provider and Pharmacy Directories

If you need help finding a network provider and/or pharmacy, please call Member Services at 1-877-299-9062 or visit [www.modahealth.com/medicare](http://www.modahealth.com/medicare) to access our online searchable directory. This can be accessed by clicking on the “**Find Care**” link on our website.

If you would like a Provider Directory or Pharmacy Directory mailed to you, you may call the number above, request one at the website link provided above, or email [MedicalMedicare@modahealth.com](mailto:MedicalMedicare@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 Customer Service at 1-888-786-7509 or visit [www.modahealth.com/medicare](http://www.modahealth.com/medicare) to access the online formulary.

If you would like a formulary mailed to you, you may call the number above, or email [PharmacyMedicare@modahealth.com](mailto:PharmacyMedicare@modahealth.com).

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

This information is available for free in other languages. Customer Service 1-888-786-7509 (TTY users call 711) and Member Services 1-877-299-9062 (TTY users call 711) are available from 7 a.m. to 8 p.m. Pacific Time, seven days a week.



[modahealth.com](http://modahealth.com)

PO Box 40384 Portland, Oregon 97240 | 800-852-5195

Moda Health Plan, Inc. is a PPO, HMO, 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 Member Services Team

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## Moda Health PPO offered by Moda Health Plan, Inc.

# Annual Notice of Changes for 2019

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

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**
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### 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 for information about benefit and cost changes for our plan.
- Check to see if your doctors and other providers will be in our network next year.
  - Are your doctors in our network?
  - What about the hospitals or other providers you use?
  - Look in Section 1.3 for information about our Provider Directory.
- 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 <https://www.medicare.gov> website. Click "Find health & drug plans."
  - Review the list in the back of your Medicare & You 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** Moda Health PPO, you don't need to do anything. You will stay in Moda Health PPO.
- To change to a **different plan** that may better meet your needs, you can switch plans between October 15 and December 7.

**4. ENROLL:** To change plans, join a plan between **October 15** and **December 7, 2018**

- If you **don't join another plan by December 7, 2018**, you will stay in Moda Health PPO.
- If you join another plan by December 7, 2018, your new coverage will start on January 1, 2019.

**Additional Resources**

- Please contact our Member Services number at 1-877-299-9062 for additional information. (TTY users should call 711.) Hours are from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays and holidays.)
- This information is available in a different format, including large print. Please call Member Services if you need plan information in another format or language.
- Coverage **under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at <https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families> for more information.

**About Moda Health PPO**

- Moda Health PPO is a PPO plan with a Medicare contract. Enrollment in Moda Health PPO (PPO) 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 PPO.

## Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Moda Health PPO in several important areas. **Please note this is only a summary of changes. It is important to read the rest of this *Annual Notice of Changes*** and review the *Evidence of Coverage* to see if other benefit or cost changes affect you.

Cost	2018 (this year)	2019 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$16	\$24
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$3,400 From in-network and out-of-network providers combined: \$3,400	From network providers: \$3,900 From in-network and out-of-network providers combined: \$3,900
<b>Doctor office visits</b>	Primary care visits: \$20 per visit Specialist visits: \$35 per visit	Primary care visits: \$20 per visit Specialist visits: \$35 per visit
<b>Inpatient hospital stays</b> Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you are formally admitted to the hospital with a doctor’s order. The day before you are discharged is your last inpatient day.	<u>In-network:</u> Days 1-5: \$250 per day Days 6 and beyond: \$0 per day  <u>Out-of-network:</u> Days 1-5: \$350 per day Days 6 and beyond: \$0 per day	<u>In-network:</u> Days 1-5 \$350: per day Days 6 and beyond: \$0 per day  <u>Out-of-network:</u> Days 1-5: \$450 per day Days 6 and beyond: \$0 per day

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**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2018 (this year)	2019 (next year)
<p><b>Monthly premium</b></p> <p>(You must also continue to pay your Medicare Part B premium.)</p>	\$16	\$24
<p><b>Moda Health Extra Care monthly premium</b></p> <p>(Moda Health Extra Care is an optional supplemental benefit.)</p> <p>(You must also continue to pay your Medicare Part B premium and your Moda Health PPO premium.)</p>	\$12	\$6

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts**

To protect you, Medicare requires all health plans to limit how much you pay “out-of-pocket” during the year. These limits are called the “maximum out-of-pocket amounts.” Once you reach this amount, you generally pay nothing for covered services for the rest of the year.

Cost	2018 (this year)	2019 (next year)
<p><b>In-network maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	\$3,400	<p>\$3,900</p> <p>Once you have paid \$3,900 out-of-pocket for covered services, you will pay nothing for your covered services from network providers for the rest of the calendar year.</p>

Cost	2018 (this year)	2019 (next year)
<p><b>Combined maximum out-of-pocket amount</b></p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.</p>	<p>\$3,400</p>	<p style="text-align: center;">\$3,900</p> <p>Once you have paid \$3,900 out-of-pocket for covered services, you will pay nothing for your covered services from in-network or out-of-network providers for the rest of the calendar year.</p>

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### Section 1.3 – Changes to the Provider Network

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There are changes to our network of providers for next year. An updated Provider Directory is located on our website at [www.modahealth.com/medicare](http://www.modahealth.com/medicare). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory. **Please review the 2019 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. There are a number of reasons why your provider might leave your plan but if your doctor or specialist does leave your plan you have certain rights and protections summarized below:

- Even though our network of providers may change during the year, Medicare requires that we furnish you with uninterrupted access to qualified doctors and specialists.
- We will make a good faith effort to provide you with at least 30 days’ notice that your provider is leaving our plan so that you have time to select a new provider.
- We will assist you in selecting a new qualified provider to continue managing your health care needs.
- If you are undergoing medical treatment you have the right to request, and we will work with you to ensure, that the medically necessary treatment you are receiving is not interrupted.
- If you believe we have not furnished you with a qualified provider to replace your previous provider or that your care is not being appropriately managed, you have the right to file an appeal of our decision.
- If you find out your doctor or specialist is leaving your plan, please contact us so we can assist you in finding a new provider and managing your care.

## Section 1.4 – Changes to Benefits and Costs for Medical Services

We are changing our coverage for certain medical services next year. The information below describes these changes. For details about the coverage and costs for these services, see Chapter 4, *Medical Benefits Chart (what is covered and what you pay)*, in your *2019 Evidence of Coverage*.

Cost	2018 (this year)	2019 (next year)
<b>Annual routine physical</b>	Annual routine physical is <u>not</u> covered.	In-network: You pay a \$0 copay for each Medicare-covered visit.  Out-of-network: You pay 30% of the total cost for each Medicare-covered visit.
<b>Cardiac rehabilitation</b>	In-network: \$35 copay for each Medicare-covered visit.	In-network: You pay a \$30 copay for each Medicare-covered visit.
<b>Dental services</b>	Preventive dental is <u>not</u> covered.	In- and out-of-network: \$500 combined maximum benefit for non-Medicare covered dental services.
<b>Diabetes self-management training, diabetic services and supplies</b>	There is no coinsurance, copay, or deductible for beneficiaries eligible for the diabetes self-management training benefit.  Out-of-network: You pay 20% of the total cost for Medicare-covered therapeutic custom molded shoes and inserts for custom molded shoes.	Out-of-network: You pay 30% of the total cost for diabetes self-management training.  Out-of-network: You pay 25% of the total cost for Medicare-covered therapeutic custom molded shoes and inserts for custom molded shoes.
<b>Durable medical equipment (DME) and related supplies</b>	Out-of-network: You pay 20% of the total cost for Medicare-covered durable medical equipment and related supplies.	Out-of-network: You pay 25% of the total cost for Medicare-covered durable medical equipment and related supplies.

Cost	2018 (this year)	2019 (next year)
<b>Hearing services</b>	Hearing aids are <u>not</u> covered.	<p>You pay a \$699 or \$999 copay per hearing aid.</p> <p>You pay a \$45 copay for one non-Medicare covered hearing exam.</p> <p>Services for hearing aids and exams must be received from TruHearing providers.</p>
<b>Home health agency care</b>	Out-of-network: You pay 20% of the total cost for Medicare-covered durable medical equipment and related supplies.	Out-of-network: You pay 25% of the total cost for Medicare-covered durable medical equipment and related supplies.
<b>Inpatient hospital care</b>	<p>In-network: You pay \$250 copay each day for days 1-5. Day 6 and beyond \$0 copay each day.</p> <p>Out-of-network: You pay \$350 copay each day for days 1-5. Day 6 and beyond \$0 copay each day.</p>	<p>In-network: You pay \$350 copay each day for days 1-5. Day 6 and beyond \$0 copay each day.</p> <p>Out-of-network: You pay \$450 copay each day for days 1-5. Day 6 and beyond \$0 copay each day.</p>
<b>Medicare Part B prescription drugs</b>	Out-of-network: You pay 20% of the total cost for Medicare Part B covered drugs and chemotherapy drugs.	<p>Out-of-network: You pay 25% of the total cost for Medicare Part B covered drugs and chemotherapy drugs.</p> <p>Part B drugs may be subject to Step Therapy.</p>



Cost	2018 (this year)	2019 (next year)
<p><b>Outpatient diagnostic tests and therapeutic services and supplies</b></p>	<p>Out-of-network: You pay 20% of the total cost for X-rays.</p> <p>Out-of-network: You pay 20% of the total cost for diagnostic radiology, MRI/CT/CAT/SPECT/PET, Nuclear Cardiology and radiation therapy.</p>	<p>Out-of-network: You pay 30% of the total cost for X-rays.</p> <p>Out-of-network: You pay 30% of the total cost for diagnostic radiology, MRI/CT/CAT/SPECT/PET, Nuclear Cardiology and radiation therapy.</p>
<p><b>Preventive services</b>                      Abdominal aortic aneurysm, annual wellness visit (advance care planning), bone mass measurement, breast cancer screening (mammograms), cardiovascular disease risk reduction visit / testing, cervical and vaginal cancer screening, colorectal cancer screening, depression screening, diabetes screening, HIV screening, prostate cancer screening, immunizations, lung cancer screening (with low dose computed tomography), medical nutrition therapy, obesity screening / therapy to promote sustained weight loss, screening / counseling to reduce alcohol misuse, screenings for sexually transmitted infections (STIs) and counseling to prevent STIs, smoking / tobacco cessation, Welcome to Medicare preventive visit.</p>	<p>In- and out-of-network: There is no coinsurance, copay or deductible for members eligible for these Medicare-covered preventive services.</p>	<p>Out-of-network: You pay 30% of the total cost for these Medicare-covered preventive services.</p>
<p><b>Prosthetic devices and related supplies</b></p>	<p>Out-of-network: You pay 20% of the total cost for Medicare-covered prosthetic devices and related supplies.</p>	<p>Out-of-network: You pay 25% of the total cost for Medicare-covered prosthetic devices and related supplies.</p>

Cost	2018 (this year)	2019 (next year)
<b>Pulmonary rehabilitation services</b>	In-network: \$35 copay for each Medicare-covered visit.	In-network: You pay a \$30 copay for each Medicare-covered visit.
<b>Services to treat kidney disease and conditions</b>	Out-of-network: You pay a \$0 copay for kidney disease education services.	Out-of-network: You pay 30% of the total cost for kidney disease education services.
<b>Skilled nursing facility (SNF) care</b>	In- and out-of-network: You pay \$0 per day, days 1-20; \$100 per day, days 21-100.	In- and out-of-network: You pay \$0 per day, days 1-20; \$150 per day, days 21-100.
<b>Vision care</b>	In- and out-of-network: You pay a \$35 copay for one non-Medicare-covered routine eye exam, including eye refractions, every two calendar years.	<p>In- and out-of-network: You pay a \$0 copay for one non-Medicare-covered routine eye exam, including eye refractions, every calendar year.</p> <p>You pay \$0 copay for one set of lenses and frames every two calendar years.</p> <p>Prescription contact lens materials and services (fitting and evaluation) are covered in full up to the retail allowance of \$100 (in lieu of frame &amp; lenses) every two calendar years.</p> <p>Services for routine vision care and hardware must be received from Vision Service Plan (VSP) providers.</p>

## SECTION 2 Deciding Which Plan to Choose

### Section 2.1 – If you want to stay in Moda Health PPO

**To stay in our plan you don't need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2019.

### Section 2.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change for 2019 follow these steps:

#### **Step 1: Learn about and compare your choices**

- You can join a different Medicare health plan,
- -- 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.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2019*, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 5.2).

You can also find information about plans in your area by using the Medicare Plan Finder on the Medicare website. Go to <https://www.medicare.gov> and click “Find health & drug plans.” **Here, you can find information about costs, coverage, and quality ratings for Medicare plans.**

As a reminder, Moda Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

#### **Step 2: Change your coverage**

- To change **to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Moda Health PPO.
  - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Moda Health PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do this (phone numbers are in Section 5.1 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 plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2019.

#### 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 2.3 of the *Evidence of Coverage*.

If you enrolled in a Medicare Advantage plan for January 1, 2019, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2019. 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. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

SHIBA is 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. SHIBA 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 call SHIBA at 1-800-722-4134. You can learn more about SHIBA by visiting their website ([www.oregonshiba.org](http://www.oregonshiba.org)).

### SECTION 5 Questions?

#### Section 5.1 – Getting Help from Moda Health PPO

Questions? We're here to help. Please call Member Services at 1-877-299-9062. (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 call will be handled by our automated phone system, Saturdays, Sundays and holidays.) Calls to these numbers are free.

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**Read your 2019 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 2019. For details, look in the 2019 *Evidence of Coverage* for Moda Health PPO. 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 provided electronically.

**Visit our Website**

You can also visit our website at [www.modahealth.com/medicare](http://www.modahealth.com/medicare). As a reminder, our website has the most up-to-date information about our provider network (Provider Directory).

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**Section 5.2 – Getting Help from Medicare**

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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 (<https://www.medicare.gov>). It has information about cost, coverage, and quality ratings to help you compare Medicare health 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 <https://www.medicare.gov> and click on “Find health & drug plans.”)

**Read Medicare & You 2019**

You can read *Medicare & You 2019* 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 (<https://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.



## Moda Health PPO Member Services - Contact Information

<b>Call</b>	<b>1-877-299-9062</b> Calls to this number are free. Member Services is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays and holidays.) Member Services also has free language interpreter services available for non-English speakers.
<b>TTY</b>	<b>711</b> 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.
<b>Fax</b>	<b>503-948-5577</b> Attn: Moda Health PPO
<b>Write</b>	Moda Health Plan, Inc. Attn: Moda Health PPO P.O. Box 40384 Portland OR 97240-0384 MedicalMedicare@modahealth.com
<b>Website</b>	<a href="http://www.modahealth.com/medicare">www.modahealth.com/medicare</a>

## Senior Health Insurance Benefits Assistance (SHIBA) (Oregon's SHIP) - Contact Information

Senior Health Insurance Benefits Assistance (SHIBA) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.

<b>Call</b>	<b>1-800-722-4134</b>
<b>TTY</b>	<b>711</b>
<b>Write</b>	SHIBA P.O. Box 14480 Salem OR 97309-0405
<b>Website</b>	<a href="http://www.oregonshiba.org">www.oregonshiba.org</a>

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



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Important Moda Health Plan, Inc. information