2019 Moda Health PPORX (PPO)

Annual Notice of Changes

January 1 - December 31, 2019

Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of Moda Health PPORX (PPO)

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

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

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Next year, you can get plan documents delivered to you online

moda HEALTH

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. 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

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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, 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.

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

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DELTA DENTAL
Delta Dental of Oregon & Alaska

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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)

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

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

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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 Sprachassistenzdienste 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 1-877-605-3229 (TTY: 711) تماس بگیرید.

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)

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

DELTA DENTAL
Delta Dental of Oregon & Alaska

moda HEALTH

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 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.

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 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.

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 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.

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.

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 PPORX (PPO) offered by Moda Health Plan, Inc.

Annual Notice of Changes for 2019

You are currently enrolled as a member of Moda Health PPORX. 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.**

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 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 2019 Drug List and look in Section 1.6 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 https://go.medicare.gov/drugprices. 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.

☐ 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 PPORX, you don't need to do anything. You will stay in Moda Health PPORX.
- 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 PPORX
- 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 PPORX

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

Summary of Important Costs for 2019

The table below compares the 2018 costs and 2019 costs for Moda Health PPORX 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)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$119	$132
Deductible	$100	$0
Maximum out-of-pocket amounts This is the most 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 network and out-of-network providers combined: $3,400	From network providers: $3,900 From network and out-of-network providers combined: $3,900
Doctor office visits	Primary care visits: $25 per visit in-network Primary care visits: $40 per visit out-of-network Specialist visits: $35 per visit in-network Specialist visits: $50 per visit out-of-network	Primary care visits: $25 per visit in-network Primary care visits: $40 per visit out-of-network Specialist visits: $35 per visit in-network Specialist visits: $50 per visit out-of-network

Cost	2018 (this year)	2019 (next year)
Inpatient hospital stays 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.	In-network: Days 1-5: $295 per day Days 6 and beyond: $0 per day Out-of-network: Days 1-5: $400 per day Days 6 and beyond: $0 per day	In-network: Days 1-5: $295 per day Days 6 and beyond: $0 per day Out-of-network: Days 1-5: $450 per day Days 6 and beyond: $0 per day
Part D prescription drug coverage (See Section 1.6 for details.)	Deductible: $120 Copay/Coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $2 copay • Drug Tier 2: $20 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 30% coinsurance	Deductible: $120 Copay/Coinsurance as applicable during the Initial Coverage Stage: • Drug Tier 1: $2 copay • Drug Tier 2: $20 copay • Drug Tier 3: $45 copay • Drug Tier 4: $100 copay • Drug Tier 5: 30% coinsurance

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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)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$119	$132
Moda Health Extra Care monthly premium (Moda Health Extra Care is an optional supplemental benefit.) (You must also continue to pay your Medicare Part B premium and your Moda Health PPORX premium.)	$12	$6

- 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.

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)
In-network maximum out-of-pocket amount 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 and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$3,400	$3,900 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.
Combined maximum out-of-pocket amount 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.	$3,400	$3,900 Once you have paid $3,900 out-of-pocket for covered services, you will pay nothing for your covered services from network or out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

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. 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 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/medicare. You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2019 Pharmacy Directory to see which pharmacies are in our network**.

Section 1.5 – 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)
Annual routine physical	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.
Cardiac rehabilitation	In-network: $35 copay for each Medicare-covered visit.	In-network: You pay a $30 copay for each Medicare-covered visit.

Cost	2018 (this year)	2019 (next year)
Dental services	Preventive dental is not covered.	In- and out-of-network: $500 combined maximum benefit for non-Medicare-covered dental services.
Hearing services	Hearing aids are not covered.	You pay a $699 or $999 copay per hearing aid. You pay a $45 copay for one non-Medicare covered hearing exam. Services for hearing aids and exams must be received from TruHearing providers.
Inpatient hospital care	Out-of-network: You pay $400 copay each day for days 1-5. Day 6 and beyond $0 copay each day.	Out-of-network: You pay $450 copay each day for days 1-5. Day 6 and beyond $0 copay each day.
Medicare Part B prescription Drugs		Part B drugs may be subject to Step Therapy.
Preventive services Abdominal aortic aneurysm, annual wellness visit (advance care planning), bone mass measurement, breast cancer screening (mammogram), cardiovascular disease risk reduction visit / testing, cervical and vaginal cancer screening, colorectal cancer screening, depression screening, diabetes screening, diabetes self-management training, HIV screening, prostate cancer screening,	In- and out-of-network: There is no coinsurance, copay or deductible for members eligible for these Medicare-covered preventive services.	Out-of-network: You pay 30% of the total cost for these Medicare-covered preventive services.

Cost	2018 (this year)	2019 (next year)
Preventive services (continued) 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.		
Partial hospitalization services	Out-of-network: $50 copay per day for Medicare-covered partial hospitalization.	Out-of-network: $35 copay per day for Medicare-covered partial hospitalization.
Pulmonary rehabilitation services	In-network: You pay a $35 copay for each Medicare-covered visit.	In-network: You pay a $30 copay for each Medicare-covered visit.
Services to treat kidney disease and conditions	In- and out-of-network: $0 copay for kidney disease education services	Out-of-network: You pay 30% of the total cost for kidney disease education services.
Skilled nursing facility (SNF) care	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.
Vision care	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.	In- and out-of-network: You pay a $0 copay for one non-Medicare-covered routine eye exam, including eye refractions, every calendar year. You pay $0 copay for one set of

Cost	2018 (this year)	2019 (next year)
Vision care (continued)		lenses and frames every two calendar years. Prescription contact lens materials and services (fitting and evaluation) are covered in full up to the retail allowance of $100 (in lieu of frame & lenses) every two calendar years. Services for routine vision care and hardware must be received from Vision Service Plan (VSP) providers.

Section 1.6 – 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.
    - To learn what you must do to ask for an exception, see Chapter 9 of your *Evidence of Coverage (What to do if you have a problem or complaint (coverage decisions, appeals, complaints))* or call Customer Service.
- **Work with your doctor (or other prescriber) to find a different drug** that we cover. You can call 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. For 2019, members in long term care (LTC) facilities will now receive a temporary supply that is the same amount of temporary days supply provided in all other cases: up to a 31-day supply of

medication rather than the amount provided in 2018 (up to a 93-day supply of medication). (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 5, 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 this approval is valid through.

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.

Starting in 2019, before we make changes during the year to our Drug List that require us to provide you with advance notice when you are taking a drug, we will provide you with notice of those changes 30, rather than 60, days before they take place. Or we will give you up to a 31-day, rather than a 60-day, refill of your brand name drug at a network pharmacy. We will provide this notice before, for instance, replacing a brand name drug on the Drug List with a generic drug or making changes based on FDA boxed warnings or new clinical guidelines recognized by Medicare.

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 the changes we may make to the Drug List, see Chapter 5, 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. If you receive "Extra Help" and didn't receive this insert with this packet, please call Customer Service and ask for the "LIS Rider." Phone numbers for Customer Service are in Section 6.1 of this booklet.

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 6, 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 6, Sections 6 and 7, in the *Evidence of Coverage*.)

Changes to the Deductible Stage

Stage	2018 (this year)	2019 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Part D drugs until you have reached the yearly deductible.	The deductible is $120.	The deductible is $120.

Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 6, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the 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.** The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Tier 1: Preferred generic drugs:** You pay $2 per prescription. **Tier 2: Generic drugs:** You pay $20 per prescription. **Tier 3: Preferred brand drugs:** You pay $45 per prescription. **Tier 4: Non-preferred brand drugs:** You pay $100 per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing: **Tier 1: Preferred generic drugs:** You pay $2 per prescription. **Tier 2: Generic drugs:** You pay $20 per prescription. **Tier 3: Preferred brand drugs:** You pay $45 per prescription. **Tier 4: Non-preferred brand drugs:** You pay $100 per prescription.

Stage	2018 (this year)	2019 (next year)
Stage 2: Initial Coverage Stage (continued)	**Tier 5: Specialty drugs:** You pay 30% of the total cost. _____ Once your total drug costs have reached $3,750, you will move to the next stage (the Coverage Gap Stage).	**Tier 5: Specialty drugs:** You pay 30% of the total cost. _____ Once your total drug costs have reached $3,820, you will move to the next stage (the Coverage Gap Stage).

Changes to the Coverage Gap and Catastrophic Coverage Stages

The other two drug coverage stages – the Coverage Gap Stage and the Catastrophic Coverage Stage – are for people with high drug costs. **Most members do not reach the Coverage Gap Stage or the Catastrophic Coverage Stage**. For information about your costs in these stages, look at Chapter 6, Sections 6 and 7, in your *Evidence of Coverage*.

SECTION 2 Deciding Which Plan to Choose

Section 2.1 – If you want to stay in Moda Health PPORX

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 6.2).

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 PPORX.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Moda Health PPORX.

- 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 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 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 10, Section 2.3 of the *Evidence of Coverage.*

Note: If you're in a drug management program, you may not be able to change plans.

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 10, 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).

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).
- **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 CAREAssist program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist at 971-673-0144 or 1-800-805-2313.

SECTION 6 Questions?

Section 6.1 – Getting Help from Moda Health PPORX

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

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 PPORX. 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. As a reminder, our website has the most up-to-date information about our provider network (Provider 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 (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 PPORX (PPO) - Contact Information		
Call	**1-877-299-9062 Member Services** **1-888-786-7509 Pharmacy Customer Service** Calls to these numbers are free. Member Services and Customer Service are 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 and Customer Service also have free language interpreter services available for non-English speakers.	
TTY	**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.	
Fax	**503-948-5577** Attn: Moda Health PPORX	**1-800-207-8235** Attn: Moda Health PPORX
Write	**Medical Requests** Moda Health Plan, Inc. Attn: Moda Health PPORX P.O. Box 40384 Portland OR 97240-0384 MedicalMedicare@modahealth.com	**Pharmacy Requests** Moda Health Plan, Inc. Attn: Moda Health PPORX P.O. Box 40327 Portland OR 97240-0327 PharmacyMedicare@modahealth.com
Website	**www.modahealth.com/medicare**	

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.	
Call	**1-800-722-4134**
TTY	**711**
Write	SHIBA P.O. Box 14480 Salem OR 97309-0405
Website	**www.oregonshiba.org**

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