





*Welcome to Moda Health,  
the place you go when  
you want more than a  
health plan – because  
better health is about  
so much more than  
just the plan details.*



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Medical plan

## A partnership you can *trust*

For nearly 30 years, Moda Health has been offering the Medicare Supplement plan to PERS members. An Oregon-based company since 1955, we are proud to provide members with enhanced benefits that go beyond what Original Medicare covers.

Moda Health has a long tradition of flexibility and responsive service. In that spirit, our PERS Moda Health Medicare Supplement plan offers the choice and service you deserve. This plan is affordable, easy to understand, and administered by experienced healthcare professionals.

### Travel with peace of 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](https://www.Medicare.gov). There you can see which providers are in your area.



### Nationwide coverage

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



# Explore Medicare Supplement coverage

## Why should I have a supplement plan?

Medicare is your primary source for medical and hospital insurance. When you choose the PERS Moda Health Medicare Supplement plan, you get enhanced benefits that go beyond what Medicare covers.

Original Medicare is your primary insurance:



Part A (hospital insurance)



Part B (medical insurance)



Moda Health Medicare Supplement gives you **enhanced benefits**:



No copays or coinsurance\*



Medicare pays 80%,  
Moda pays 20%  
for Medicare covered services\*

Flexibility to see any Medicare  
provider nationwide

Includes additional value-  
added services and discounts

No referrals required

No Primary Care Physician  
(PCP) requirements

\*For full benefit details and limitations, visit [modahealth.com/pers](http://modahealth.com/pers)

## PERS Moda Health Medicare Supplement plan

Medicare Part A	Medicare pays	Plan pays	You pay
<b>Hospitalization<sup>1</sup></b> <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,408	\$1,408 (Part A deductible)	\$0
61st through 90th day	All but \$352 per day	\$352 per day	\$0
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$704 per day	\$704 per day	\$0
<b>Once lifetime reserve days are used:</b>			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></b> <i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days of hospital stay</i>			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$176 per day	Up to \$176 per day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	100%	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b> <i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>			
	All but limited coinsurance for outpatient drugs and inpatient respite care	Up to \$5 per outpatient prescription for pain and symptom management. 5% of the Medicare approved amount for inpatient respite care.	\$0

<sup>1</sup> 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.

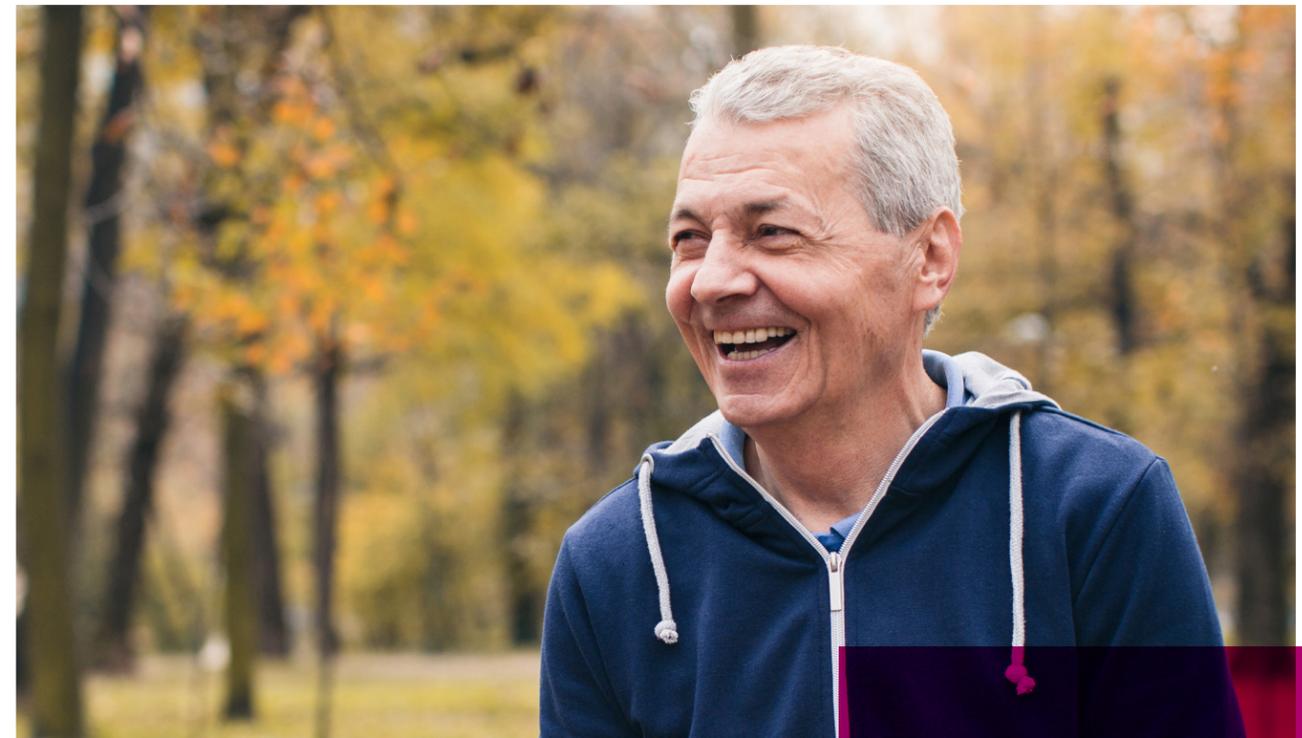
<sup>2</sup> Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PERS Moda Health Medicare Supplement plan (continued)

 Medicare Part B			 You pay
	Medicare pays	Plan pays	
Part B deductible	\$0	\$0	\$198
<b>After Part B deductible has been met</b>			
<b>Medical expenses</b> <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>			
Remainder of Medicare-approved amounts	80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
<b>Blood</b>			
First three pints	\$0	100%	\$0
Additional amounts	80%	20%	\$0
<b>Clinical laboratory services – blood tests</b>			
For diagnostic services	100%	\$0	\$0

PERS Moda Health Medicare Supplement plan (continued)

 Medicare Parts A and B			 You pay
	Medicare pays	Plan pays	
<b>Home healthcare Medicare-approved services</b>			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment:</b>			
Remainder of Medicare-approved amounts	80% after Part B deductible is met	20% after Part B deductible is met	\$0 after Part B deductible is met



PERS Moda Health Medicare Supplement plan (continued)

 Emergency and travel benefits	Medicare pays	Plan pays	 You pay
	After the Part B deductible has been met		
<b>Anywhere in the United States</b>			
Urgent care	80%	20%	\$0
Emergency room	80%	20%	\$0
Ambulance – ground or air	80%	20%	\$0
<b>Outside the United States Coverage limited to \$50,000 per member (lifetime)</b>			
Urgent care	0%	80%	20%
Emergency room	0%	80%	20%
Ambulance – ground or air	0%	80%	20%



**New this year!**

Hearing benefits offered through TruHearing include \$699 and \$999 hearing aid options, and one routine hearing exam from a TruHearing provider (per calendar year) with a \$45 copay. Coverage also includes a worry-free purchase with a 45-day trial and a 3-year warranty. You can find more information in your Member Handbook, or by calling TruHearing at 833-718-5798.

*This policy may not fully cover all of your medical costs. Neither Moda Health nor its agents are connected with Medicare. This 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 2020” handbook online at medicare.gov or by calling 800-633-4227.*

*This is a benefit summary only. For a more detailed description of benefits, please refer to your Member Handbook, which you can access through modahealth.com/pers.*

Value-added benefits

# Value-added services and *discounts*



**Vision**

Get a 20% discount on routine vision exam and eyewear through the VSP Access Discount plan when seeing a VSP provider. All routine vision exams and eyewear claims are administered by VSP. You can learn more about VSP at vsp.com or by calling 800-877-7195.



**Gym membership**

Enjoy gym membership and wellness resources from Silver&Fit®. This benefit includes:

- Access to a fitness center
- Group classes designed for older adults, where offered without an additional fee
- The option to work out at home with up to two fitness kits per year (you have 35 to choose from)
- Healthy Aging classes that you can take four times a year (available on DVD and online)

Your fitness center must be participating in Silver&Fit for this benefit to apply. To learn more, visit silverandfit.com or call 877-427-4788.



**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

To access these services, log in to your myModa account on modahealth.com/pers or call 877-335-2746 to learn more.

# Part D Pharmacy *benefits*

When you choose the PERS Moda Health Medicare Supplement plan, you also get a Part D pharmacy plan. We have over 71,000 participating pharmacies nationwide, giving you a vast number of pharmacies to choose from.

### Questions

We're here to help. Just call our pharmacy customer service team toll-free at 888-786-7509 (TTY 711) during our regular business hours, Monday through Friday from 7 a.m. to 8 p.m., Pacific Time.

 Medications	 You pay		
	Coinsurance	Out of Pocket Max per prescription	Supply
Tier 1 (preferred generic)	40%	\$250	93 days
Tier 2 (generic)	40%	\$250	93 days
All other medications	40%	\$250	31 days

*For 2020, the calendar year out-of-pocket maximum for the Part D prescription drug benefit is \$6,350 per member.*

To learn more, access our formulary at [modahealth.com/pers/pharmacy](https://modahealth.com/pers/pharmacy).





Member care resources

## 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, myModa, you can locate a pharmacy near you, get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.

Once you are an active member, use these care resources to help you be your healthy best! Simply log in to our Member Dashboard at [modahealth.com/mymoda](http://modahealth.com/mymoda) to get started.



### Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

You can also compare pricing estimates from various in-network pharmacies and see generic and lower-cost options to discuss with your doctor.



### 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



### eDoc

Ask questions and get guidance or treatment for any non-urgent illness or health concern. Board-certified physicians, licensed psychologists, pharmacists, dentists, dieticians and fitness experts are available to communicate with you online for free. Use eDoc for:

- Advice about non-critical medical issues
- Guidance about treatment for illnesses
- Answers to behavioral health questions
- Nutrition and fitness counseling



### 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



### Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day at 866-321-7580.

Call for guidance on:

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

# 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 normally pay for a covered healthcare service after they meet their deductible. With the PERS Moda Health Medicare Supplement plan, once your Part B deductible is met, Medicare pays 80% coinsurance for Medicare covered services, and the plan pays the remaining 20% coinsurance.

## **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, there is a \$45 copay for a hearing exam with TruHearing.

## **Deductible**

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

## **Formulary**

A list of covered prescription drugs, including generic and brand-name.

## **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 Medicare pays benefits for Medicare Part B expenses.

## **Member Handbook**

Describes what is covered and how your plan works.



# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call Customer Service at:**

888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint.**

**Please mail or fax it to:**

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

**Dave Nessler-Cass coordinates our nondiscrimination work:**

Dave Nessler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201

800-368-1019, 800-537-7697 (TDD)

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

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).

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)

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）

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)

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

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 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).

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

توجه: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرد. (TTY: 711) 1-877-605-3229

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ លែងមានផ្តល់ជូនលោកអ្នក។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.

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

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 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)

Questions? *We're here to help.*

**Medical questions for the Moda Health  
Medicare Supplement plan:**

Toll-free: 800-962-1533 | (TTY): 711

**Moda Health Pharmacy Program:**

Toll-free: 888-786-7509 | (TTY): 711

**PERS Health Insurance Program (PHIP):**

In Portland: 503-224-7377 | Toll-free: 800-768-7377 | (TTY): 711

Learn more at [modahealth.com/pers](https://modahealth.com/pers)



These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Oregon provided by Moda Health Plan, Inc.