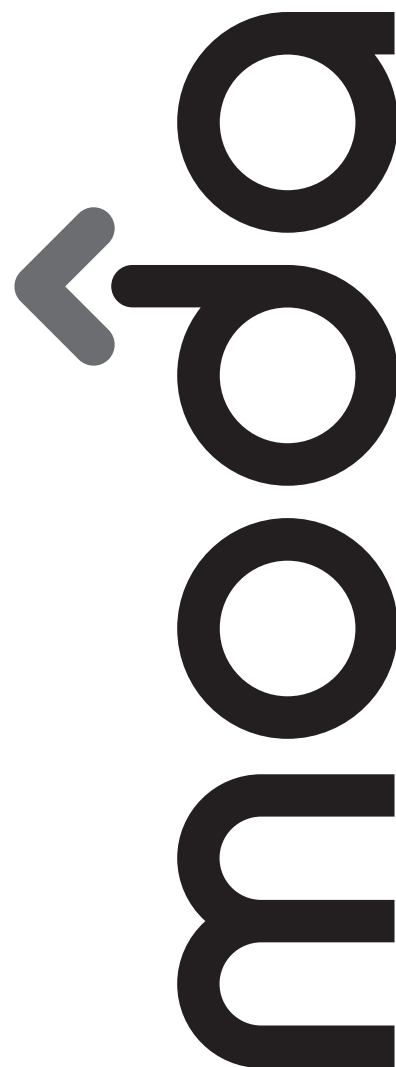


# 2020 PERS Moda Health Rx (PDP)

Annual Notice of Changes

January 1 – December 31, 2020



## Your Medicare Prescription Drug Coverage as a Member of PERS Moda Health Rx (PDP)

This booklet gives you the details about the changes to your Medicare prescription drug coverage from January 1 to December 31, 2020. **This is an important legal document. Please keep it in a safe place.**

Moda Health Plan, Inc. is a PPO and PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.

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

S5975-801



# Now 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) requires that your important plan documents are made available to you electronically. You can find your important plan documents on [modahealth.com/pers](http://modahealth.com/pers) and in myModa.

To receive an email from Moda Health when new materials are available, simply log in to your myModa account by visiting [modahealth.com/pers](http://modahealth.com/pers). The log in is on the right side of your screen. If you don't have an account, you can create one. Once logged in, select the "Account" tab. Next, click on "Manage notification 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 hard copy document in the mail, unless you request it.



Questions? Call us at 888-786-7509.

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

# Moda does not discriminate

**Moda, Inc. follows 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:**

Medicare Customer Service,  
877-299-9061 (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, Inc.  
Attention: Appeal Unit  
601 SW Second Ave.  
Portland, OR 97204  
Fax: 503-412-4003

## **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).

## **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](mailto:compliance@modahealth.com)

Moda Health Plan, Inc. is a PPO, HMO and a PDP plan with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal. 40441424 (8/18)



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 Sprachassistenzen 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)

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 Part D resources for 2020

Thank you for being a Moda Health member. Below are the resources you need to understand your 2020 coverage.

### Evidence of Coverage (EOC)

The EOC shows all of your prescription drug coverage details. Use it to find out how to get coverage for the prescriptions you need. Your EOC will be available online at [modahealth.com/pers](http://modahealth.com/pers) by October 1, 2019.

If you would like an EOC mailed to you, you may call Customer Service at (888)786-7509 or email [PharmacyMedicare@modahealth.com](mailto:PharmacyMedicare@modahealth.com).

### Pharmacy Directory

If you need help finding a network pharmacy, please call Customer Service at (888)786-7509 or visit [modahealth.com/pers](http://modahealth.com/pers) to access our online searchable directory.

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

If you would like a formulary mailed to you, you may call the number above, request one at the website link provided 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 (888)786-7509 (TTY users call 711) 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.)



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

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

Moda Health Plan, Inc. is a PPO 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 Customer Service Team

Y0115\_PERSNOTICE20A\_C

# **PERS Moda Health Rx (PDP), an Employer Group Plan, offered by Moda Health Plan, Inc.**

## **Annual Notice of Changes for 2020**

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

- **The PERS Health Insurance Program (PHIP) annual Plan Change period is from October 1 to November 15. These changes will be effective January 1, 2020.**
  - **Medicare plans not offered by PERS Health Insurance Program (PHIP) have an annual enrollment period from October 15 until December 7.**
- 

### **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 2020 Drug List and look in Section 1.3 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.



- 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 3 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** PERS Moda Health Rx, you don’t need to do anything. You will stay in PERS Moda Health Rx.
- If you decide a different PERS Health Insurance Program (PHIP) plan will better meet your needs, you can switch to another PERS Health Insurance Program (PHIP) plan between October 1 and November 15. If you enroll in a new PERS Health Insurance Program (PHIP) plan, your new coverage will begin on January 1, 2020. Look in Section 3 to learn more about your choices

## 4. **ENROLL:** To change PERS Health Insurance Program (PHIP) plans, join a plan between **October 1** and **November 15, 2019**

- If you don’t join another plan by **November 15, 2019**, you will stay in PERS Moda Health Rx.

### **Additional Resources**

- PERS Moda Health Rx is a PERS Health Insurance Program (PHIP) employer group plan. Disenrolling from PERS Moda Health Rx will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP, you may not be able to return.
- Please contact our Moda Customer Service number at 1-888-786-7509 for additional information. (TTY users should call 711). Calls to this number are free. Customer Service 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 system Saturdays, Sundays, and holidays).

**About PERS Moda Health Rx**

- PERS Moda Health Rx is a stand-alone prescription drug plan with a Medicare contract. Enrollment in PERS Moda Health Rx 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 PERS Moda Health Rx.

Y0115\_1140S597580120A\_M

### Summary of Important Costs for 2020

The table below compares the 2019 costs and 2020 costs for PERS Moda Health Rx in several important areas. **Please note this is only a summary of changes.** A copy of the *Evidence of Coverage* is located on our website at [www.modahealth.com/pers](http://www.modahealth.com/pers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Cost	2019 (this year)	2020 (next year)
<p><b>Part D prescription drug coverage</b> (See Section 1.3 for details.)</p>	<p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 2: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> </ul>	<p>Coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> <li>• Drug Tier 1: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 2: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> <li>• Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled.</li> </ul>

***Annual Notice of Changes for 2020***  
**Table of Contents**

<b>Summary of Important Costs for 2020.....</b>	<b>1</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year .....</b>	<b>3</b>
Section 1.1 – Changes to the Monthly Premium .....	3
Section 1.2 – Changes to the Pharmacy Network.....	3
Section 1.3 – Changes to Part D Prescription Drug Coverage .....	3
<b>SECTION 2 Administrative Changes .....</b>	<b>7</b>
<b>SECTION 3 Deciding Which Plan to Choose .....</b>	<b>7</b>
Section 3.1 – If You Want to Stay in PERS Moda Health Rx.....	7
Section 3.2 – If You Want to Change Plans .....	8
<b>SECTION 4 Deadline for Changing Plans .....</b>	<b>9</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare.....</b>	<b>9</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs.....</b>	<b>9</b>
<b>SECTION 7 Questions? .....</b>	<b>10</b>
Section 7.1 – Getting Help from PERS Moda Health Rx.....	10
Section 7.2 – Getting Help from Medicare .....	11

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

### Section 1.1 – Changes to the Monthly Premium

You must continue to pay your Medicare Part B premium and your monthly PERS Health Insurance Program (PHIP) premiums. If you have questions about your premiums, please contact the PERS Health Insurance Program (PHIP) at 1-800-768-7377 or local 503-224-7377 from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday.

- 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 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/pers](http://www.modahealth.com/pers). You may also call Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2020 Pharmacy Directory to see which pharmacies are in our network.**

### Section 1.3 – 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. **We encourage current members** to ask for an exception before next year.
  - To learn what you must do to ask for an exception, see Chapter 7 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. (To learn more about when you can get a temporary supply and how to ask for one, see Chapter 3, 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 of this approval.

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 2020, we may immediately remove a brand name drug on our Drug List if, at the same time, we replace it with a new generic drug on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions. This means, for instance, if you are taking a brand name drug that is being replaced or moved to a higher cost-sharing tier, you will no longer always get notice of the change 30 days before we make it or get a month's supply of your brand name drug at a network pharmacy. If you are taking the brand name drug, you will still get information on the specific change we made, but it may arrive after the change is made.

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 changes we may make to the Drug List, see Chapter 3, 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 7.1 of this booklet.

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 4, Sections 6 and 7, in the *Evidence of Coverage*, which is located on our website at [www.modahealth.com/pers](http://www.modahealth.com/pers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

### Changes to the Deductible Stage

Stage	2019 (this year)	2020 (next year)
<b>Stage 1: Yearly Deductible Stage</b>	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

### Changes to Your Cost-sharing in the Initial Coverage Stage

To learn how copayments and coinsurance work, look at Chapter 4, Section 1.2, *Types of out-of-pocket costs you may pay for covered drugs* in your *Evidence of Coverage*.

Stage	2019 (this year)	2020 (next year)
<b>Stage 2: Initial Coverage Stage</b>	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:	Your cost for a one-month supply filled at a network pharmacy with standard cost-sharing:
During this stage, the plan pays its share of the cost of your drugs and <b>you pay your share of the cost.</b>		

Stage	2019 (this year)	2020 (next year)
<p><b>The costs in this chart are for a one-month (31-day) supply when you fill your prescription at a network pharmacy that provides standard cost-sharing.</b></p>	<p><b>Tier 1 – Preferred generic drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>	<p><b>Tier 1 – Preferred generic drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>
<p>For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p>	<p><b>Tier 2 – Generic drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>	<p><b>Tier 2 – Generic drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>
<p>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.</p>	<p><b>Tier 3 – Preferred brand drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>	<p><b>Tier 3 – Preferred brand drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>
	<p><b>Tier 4 – Non-preferred brand drugs :</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>	<p><b>Tier 4 – Non-preferred brand drugs :</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>
	<p><b>Tier 5 – Specialty drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>	<p><b>Tier 5 – Specialty drugs:</b> You pay 40% of the total cost up to a maximum of \$250 for each prescription filled.</p>



Stage	2019 (this year)	2020 (next year)
	<p>Once you have paid \$5,100 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>	<p>Once you have paid \$6,350 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).</p>

## SECTION 2 Administrative Changes

We will send new ID cards to all members enrolled in the PERS Moda Health Rx. Members will receive new cards before January 1, 2020. If you have any questions about your new ID card, please call 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 calls will be handled by our automated phone system, Saturdays, Sundays, and holidays.) See what the new ID card will look like:



## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If You Want to Stay in PERS Moda Health Rx

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different PERS Health Insurance Program (PHIP) plan by November 15, or change to a Medicare plan not offered by PHIP or to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2020.

---

## Section 3.2 – If You Want to Change Plans

---

PERS Moda Health Rx is a PERS Health Insurance Program (PHIP) employer group plan. Disenrolling from PERS Moda Health Rx will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP, you may not be able to return.

We hope to keep you as a member next year but if you want to change for 2020 follow these steps:

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

- You can join a different PERS Health Insurance Program (PHIP) Medicare health plan,
- -- OR-- You can change to a Medicare health plan not offered by PHIP. Some Medicare health plans also include Part D prescription drug coverage,
- -- 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 and whether to buy a Medicare Supplement (Medigap) policy.

To learn more about Original Medicare and the different types of Medicare plans, read *Medicare & You 2020*, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

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.**

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

- To change to a **different PERS Health Insurance Program (PHIP) Medicare Health plan**, fill out an Enrollment Request Form for the new plan coverage. You must also fill out a Disenrollment Form to cancel your coverage on the PERS Moda Health Rx plan. Both forms must be submitted during the PHIP Plan Change period, from October 1 to November 15. For copies of the required forms, contact PERS Health Insurance Program (PHIP) at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday.
- To change to a **Medicare health plan outside of the PERS Health Insurance Program (PHIP)**, enroll in the new plan. You must also notify the PHIP in writing prior to the effective date of your new coverage. You will automatically be disenrolled from PERS Moda Health Rx. If you leave PHIP, you may not be able to return.
- To change to **Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Customer Service if you need more information on how to do this (phone numbers are in Section 7.1 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 4 Deadline for Changing Plans

If you want to change to a different PERS Health Insurance Program (PHIP) health plan for next year, you can do it during the Plan Change period from **October 1 until November 15**. The change will take effect on January 1, 2020.

If you want to change to a Medicare plan not offered by PERS Health Insurance Program (PHIP), or to Original Medicare, you can do this from **October 15 until December 7**. The change will take effect on January 1, 2020.

### 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 2.2 of the *Evidence of Coverage*.

## SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is a government program with trained counselors in every state.

SHIPs are 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. SHIP 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 find your state specific State Health Insurance Assistance Program (SHIP) in Appendix 4 of the Evidence of Coverage. You can learn more about SHIPs in your state by visiting their website.

## SECTION 6 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).
- **Help from your state's pharmaceutical assistance program.** Some states have a program called State Pharmaceutical Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program (the name and phone numbers for this organization are in Appendix 4 at the back of the Evidence of Coverage booklet).
  - **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 ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please refer to Appendix 2 at the back of the Evidence of Coverage booklet which contains contact information for AIDS Drug Assistance Programs (ADAP) listed by state.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from PERS Moda Health Rx

Questions? We're here to help. Please call 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 calls will be handled by our automated phone system, Saturdays, Sundays, and holidays.) Calls to these numbers are free.

#### **Read your 2020 *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 2020. For details, look in the 2020 *Evidence of Coverage* for PERS Moda Health Rx. 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 located on our website at [www.modahealth.com/pers](http://www.modahealth.com/pers). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

## Visit our Website

You can also visit our website at [www.modahealth.com/pers](http://www.modahealth.com/pers). As a reminder, our website has the most up-to-date information about our pharmacy network (Pharmacy Directory) and our list of covered drugs (Formulary/Drug List).

---

## Section 7.2 – 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 prescription drug 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 “Review and Compare Your Coverage Options.”)

### Read *Medicare & You 2020*

You can read the *Medicare & You 2020* 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.







601 S.W. Second Ave.  
Portland, OR 97204-3154

<b>PERS Moda Health Rx (PDP) Customer Service - Contact Information</b>	
<b>Call</b>	<b>1-888-786-7509</b> Calls to this number are free. Customer Service is available from 7 a.m. to 8 p.m. Pacific Time, seven days a week, from October 1 to March 31 (After March 31, your call will be handled by our automated phone system Saturdays, Sundays and holidays.)  Customer Service 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>Write</b>	Moda Health Plan, Inc. Attn: PERS Moda Health Rx P.O. Box 40327 Portland OR 97240-0327  PharmacyMedicare@modahealth.com
<b>Fax</b>	<b>1-800-207-8235</b> Attn: PERS Moda Health Rx
<b>Website</b>	<b><a href="http://modahealth.com/pers">modahealth.com/pers</a></b>

Important Moda Health Plan, Inc. information