

2020 Moda Health Medicare Advantage Plan

Thank you for your interest in applying for the Moda Health Medicare Advantage plan. Below are links to the items which are part of the Enrollment Packet you would receive if we were to mail it to you. Please take note and make sure to review the information. You will be receiving an “Enrollment Verification Call” from Moda Health within 7 days of the application receipt.

Enrollment Packet – click links below to download and save documents

Star Rating: [HMO](#) / [PPO](#)

[Application Instructions](#)

Summary of Benefits: [PPO](#) / [PPO Rx Metro](#) / [PPO Rx Central](#) / [PPO Rx NW](#) / [PPO Rx East](#) / [PPO Rx South](#) / [PPO Rx Enhanced North](#) / [PPO Rx Enhanced South](#)

[Provider Search](#)

[Pharmacy Directory](#)

[Formulary](#)

Initial Enrollment Period (IEP)

If you are new to Medicare, you can enroll during your Initial Enrollment Period (IEP); the three months before, the month of, and the three months after your Part B effective date. Once you have been enrolled in a Medicare Plan, you can only make changes during the Annual Enrollment Period (AEP). Please be aware of the AEP dates are now October 15th to December 7th. This will give you a January 1st effective date for your new plan.

Annual Enrollment Period (AEP)

Applications must be signed and dated on, or between October 15th and December 7th. ***If they are signed prior to October 15th they will be returned to you with a new application.*** If they are received after December 7th, you will not be able to change plans until the next AEP for January of the following year.

Special Enrollment Period (SEP)

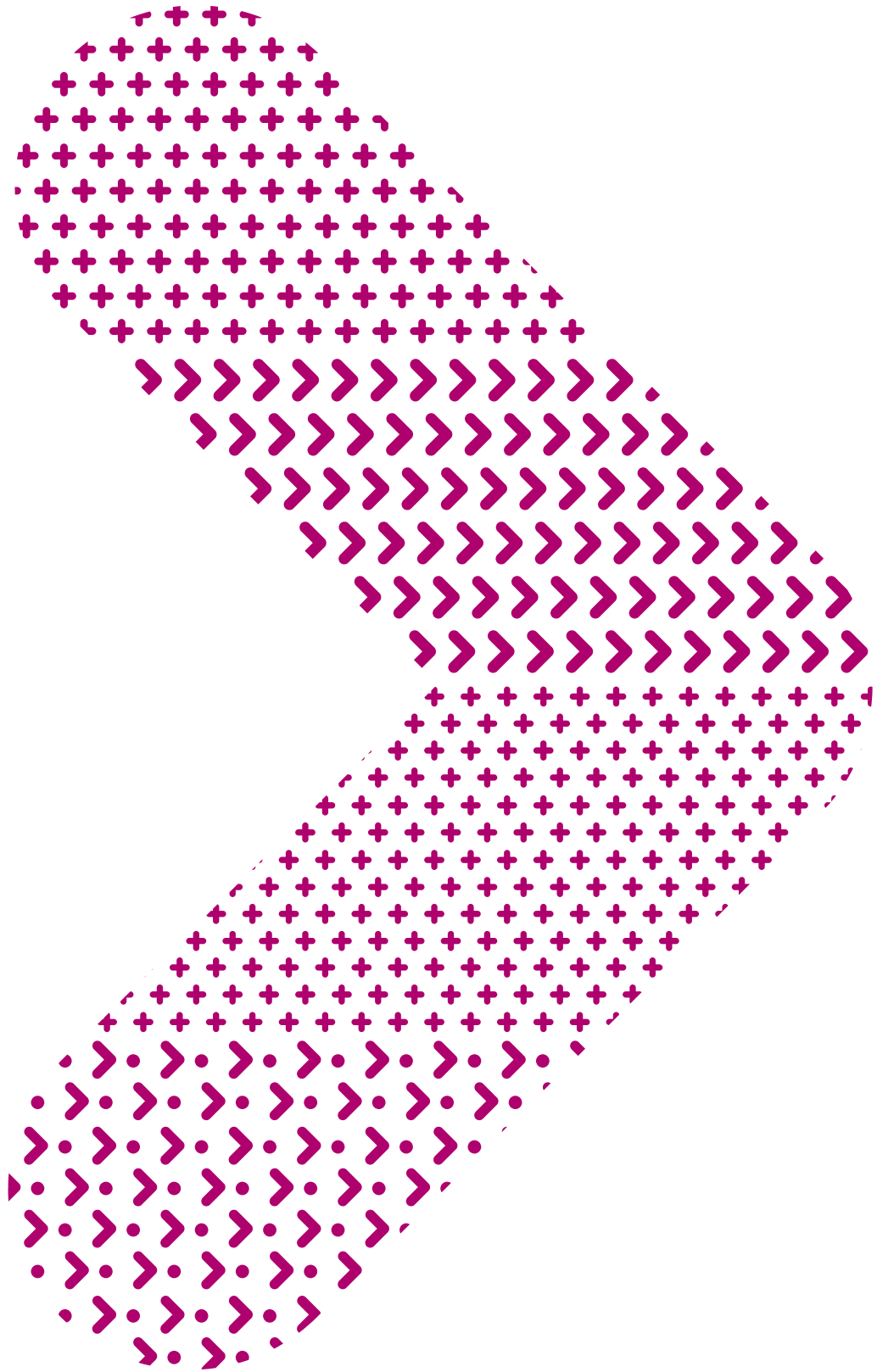
There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

Once you submit your application to us, we will review your application for completeness and accuracy before we submit it to the company. You may fax, upload, email or mail your application in to CDA Insurance:


CDA Insurance LLC
PO Box 26540
Eugene, Oregon 97402

Fax: 1.541.284.2994 or 888.632.5470
Secure File Upload: [Click here](#)
Email: cs@cda-insurance.com

If you should have any questions on the application, please call a licensed insurance agent at 1.800.884.2343 or 1.541.434.9613. Our website: <https://medicare-oregon.com/>







In this booklet, you'll find:

Medical benefits *page 4*

- › Part D prescription drugs *page 9*
- › Optional supplemental benefits (Extra Care) *page 9*

Additional information *page 10*

Low Income Subsidy premium *page 12*

Pre-enrollment checklist *page 13*

Nondiscrimination statement *page 14*

Medical benefits

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

| | Moda Health Metro PPORX (PPO) H3813-013 Clackamas, Multnomah, and Washington counties in Oregon | | What you should know |
|---|--|--------------------------|---|
| | In-network | Out-of-network | |
| Monthly plan premium | You pay \$99 per month. | | You must continue to pay your Medicare Part B premium. |
| Deductibles | This plan does not have a deductible. | | |
| Maximum out-of-pocket responsibility <i>Does not include prescription drugs</i> | Your yearly limit(s) in this plan: \$4,500 for in-network/\$6,700 for combined in-network and out-of-network. | | If you reach the limit on your out-of-pocket costs, we will pay the full cost for your covered hospital and medical services for the rest of the calendar year. Please note you will still need to pay your monthly plan premiums and cost sharing for your Part D prescription drugs. |
| Inpatient hospital coverage | You pay a \$325 copay per day for days 1 through 5. You pay nothing per day for days 6 and beyond. | You pay 40% of the cost. | Prior authorization is required. |
| Outpatient hospital coverage | | | |
| Ambulatory surgical center | You pay a \$325 copay per visit. | You pay 40% of the cost. | Prior authorization is required. |
| Outpatient surgery | You pay a \$325 copay per visit. | You pay 40% of the cost. | Prior authorization is required. |
| Doctor visits | | | |
| Primary care provider (PCP) | You pay a \$15 copay per visit. | You pay 40% of the cost. | |
| Specialists | You pay a \$30 copay per visit. | You pay 40% of the cost. | |

Medical benefits (continued)

| | Moda Health Metro PPORX (PPO) H3813-013 Clackamas, Multnomah, and Washington counties in Oregon | | What you should know |
|---|--|--------------------------|--|
| | In-network | Out-of-network | |
| Preventive care | You pay nothing. | You pay 40% of the cost. | Any additional preventive services approved by Medicare during the contract year will be covered. |
| Emergency care | You pay a \$90 copay per visit. | | If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care and your copay is waived. See the “Inpatient Hospital Coverage” section of this booklet for other costs. |
| Urgently needed services | You pay a \$60 copay per visit. | | If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgently needed services. See the “Inpatient Hospital Coverage” section of this booklet for other costs. |
| Diagnostic services/labs/imaging | | | Prior authorization is required. |
| Diagnostic radiology services (e.g. MRIs, CT scans) | You pay 20% of the cost. | You pay 40% of the cost. | |
| Diagnostic tests and procedures | You pay 20% of the cost. | You pay 40% of the cost. | |
| Lab services | You pay a \$15 copay per visit. | You pay 40% of the cost. | |
| Outpatient x-rays | You pay a \$15 copay per visit. | You pay 40% of the cost. | |

Medical benefits (continued)

| | Moda Health Metro PPORX (PPO) H3813-013 Clackamas, Multnomah, and Washington counties in Oregon | | What you should know |
|---|--|--------------------------|---|
| | In-network | Out-of-network | |
| Hearing services <i>Exam to diagnose and treat hearing and balance issues</i> | You pay a \$30 copay per visit. | You pay 40% of the cost. | |
| Routine hearing exam for hearing aids | You pay a \$45 copay per visit. | N/A | Routine hearing exam and hearing aids are through TruHearing. Please note this cost sharing does not count toward your out-of-pocket maximum. |
| Hearing aids | You pay \$699 or \$999 for each hearing aid. | N/A | |
| Dental services <i>Medicare-covered only</i> | You pay a \$30 copay per visit. | You pay 40% of the cost. | Prior authorization is required. |
| Preventive and comprehensive dental | \$500 combined maximum benefit each plan year | | |
| Vision Services Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening) | You pay a \$0 or \$30 copay per visit. | You pay 40% of the cost. | This benefit does not cover refraction services. |
| Eyeglasses or contact lenses after cataract surgery | You pay nothing. | You pay 40% of the cost. | |
| Routine eye exam (1 per year) | You pay nothing. | N/A | This benefit is through VSP Advantage network providers only. Please note this cost sharing does not count toward your out-of-pocket maximum. |
| Vision hardware (every 2 years) | You pay nothing. | N/A | |

Medical benefits (continued)

| | Moda Health Metro PPORX (PPO) H3813-013 Clackamas, Multnomah, and Washington counties in Oregon | | What you should know |
|---|--|--------------------------|---|
| | In-network | Out-of-network | |
| Mental health services | | | |
| Outpatient group therapy visit | You pay a \$30 copay per visit. | You pay 40% of the cost. | |
| Outpatient individual therapy visit | You pay a \$30 copay per visit. | You pay 40% of the cost. | |
| Skilled nursing facility (SNF) | You pay nothing per day for days 1 through 20. You pay a \$165 copay per day for days 21 through 100. | You pay 40% of the cost. | Your plan covers up to 100 days in a skilled nursing facility. Prior authorization is required. |
| Physical therapy | You pay a \$30 copay per visit. | You pay 40% of the cost. | Prior authorization is required. |
| Ambulance | You pay a \$275 copay. | You pay a \$275 copay. | Copay applies for each one-way trip. |
| Transportation | Not covered. | Not covered. | |
| Medicare Part B drugs | You pay 20% of the cost. | You pay 40% of the cost. | Prior authorization is required. |
| Podiatry services | You pay a \$30 copay per visit. | You pay 40% of the cost. | |
| Medical equipment/supplies | | | |
| Durable medical equipment (wheelchairs, oxygen, etc.) | You pay 20% of the cost. | You pay 40% of the cost. | Prior authorization is required. |
| Diabetes monitoring supplies | You pay nothing. | You pay 40% of the cost. | |

Medical benefits (continued)

| | Moda Health Metro PPORX (PPO) H3813-013 Clackamas, Multnomah, and Washington counties in Oregon | | What you should know |
|---|--|--------------------------|--|
| | In-network | Out-of-network | |
| Diabetes self-management training | You pay nothing. | You pay 40% of the cost. | |
| Therapeutic shoes or inserts | You pay 20% of the cost. | You pay 40% of the cost. | Prior authorization is required. This benefit only covers Medicare-covered therapeutic shoes and inserts. |
| Prosthetic devices (braces, artificial limbs, etc.) and related medical supplies | You pay 20% of the cost. | You pay 40% of the cost. | Prior authorization is required. |
| Wellness program | You pay nothing. | N/A | With the Silver&Fit® program you may choose to work out in a fitness facility or in the comfort of your own home with access to home fitness kits (up to 2 kits per benefit year). |
| Chiropractic services <i>We only cover manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position).</i> | You pay a \$20 copay per visit. | You pay 40% of the cost. | |
| Home health care | You pay nothing. | You pay 40% of the cost. | Prior authorization is required. |
| Dialysis services | You pay 20% of the cost. | You pay 20% of the cost. | Prior authorization is required. |

Part D prescription drugs

| | Moda Health Metro PPORX (PPO) H3813-013 | | What you should know |
|---------------------------------|---|---------------|---|
| Deductible* | \$250 *(waived on Tier 1, Tier 2, & Tier 6) | | You begin in the deductible stage when you fill your first prescription of the year. During this stage, you pay the full cost of your drugs until you have paid \$250 (waived on Tier 1, Tier 2 and Tier 6) for your drugs. |
| Initial coverage stage | 30-day supply | 90-day supply | <p>Cost sharing amounts are the same when received from network retail, mail-order, and home infusion pharmacies as well as if you reside in a long-term care facility. You may get up to a 31-day supply of drugs from an out-of-network pharmacy, but you will pay more than you pay at a network pharmacy.</p> <p>Cost sharing changes when you enter another stage of the Part D benefit.</p> <p>During the coverage gap phase, you pay 25% of the cost for generic or brand name drugs.</p> <p>During the catastrophic coverage stage, you pay the greater of 5% or \$3.60 copay for generic drugs and \$8.95 copay for all other drugs</p> <p>For more information on the different stages, please access your Evidence of Coverage online at modahealth.com/medicare or contact Pharmacy Customer Service at 888-786-7509, 7 am to 8 pm 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.)</p> |
| Tier 1 (Preferred generic) | \$5 copay | \$15 copay | |
| Tier 2 (Generic) | \$15 copay | \$45 copay | |
| Tier 3 (Preferred brand) | \$45 copay | \$135 copay | |
| Tier 4 (Non-preferred brand) | \$100 copay | \$300 copay | |
| Tier 5 (Specialty tier) | 28% of the cost | Not offered | |
| Tier 6 (Vaccine) | \$0 copay | Not offered | |

Optional supplemental benefits

You must pay an extra premium each month for these benefits

| | Moda Health Extra Care |
|---|---|
| How much is the monthly premium? | Additional \$6 per month. You must keep paying your Medicare Part B premium and your monthly plan premium. You can find your monthly plan premium on pages four and five. |
| What benefits are included? | Benefits include naturopathic services, chiropractic services and acupuncture. |
| How much is the deductible? | This benefit does not have a deductible. |
| Is there a limit on how much the plan will pay? | Our plan pays up to \$500 every year. You pay 50% of the allowed cost for these services until the plan maximum of \$500 for all services combined is met, then you pay 100% of the cost. |

Additional information

This information is not a complete description of benefits. Call Member Services at 1-877-299-9062 for more information or visit us at www.modahealth.com/medicare.

If you are not a member of this plan, call toll-free 1-888-217-2375.

TTY users, call 711.

From October 1 to March 31, you can call us 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific Time.

From April 1 to September 30, you can call us Monday through Friday from 7:00 a.m. to 8:00 p.m. Pacific Time.

Service area and eligibility requirements:

Moda Health Medicare Advantage plans are PPO plans with a Medicare contract. To join a Moda Health PPORX Enhanced (PPO) plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Moda Health Metro PPORX plan (H3813-013) service area includes the following counties in Oregon: Clackamas, Multnomah, and Washington

Out-of-network/non-contracted Medicare providers are under no obligation to treat Moda Health Medicare Advantage members, except in emergency situations. Please call our Member Services number or see your Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.

How to obtain additional materials

You can search our plans' online provider and pharmacy directory by clicking on the "Find Care" link on our website, www.modahealth.com/medicare. Or, call us and we will send you a copy of the provider and pharmacy directories.

To view the drugs covered by Moda Health Medicare Advantage plans, you can find our formulary on our website at www.modahealth.com/medicare. Or call us and we will send you a copy of the formulary.

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, visit our website at www.modahealth.com/medicare or call us and ask for the "Evidence of Coverage."

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at <http://www.medicare.gov> or get a copy 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.

This document is available in large print.

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



Low Income Subsidy premium

Moda Health Metro PPORX (PPO) H3813-013

Monthly plan premium for people who get Extra Help from Medicare to help pay for their prescription drug costs.

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

| Your level of extra help | Monthly Premium for Moda Health Metro PPORX (PPO) H3813-013 |
|--------------------------|---|
| 100% | \$66.40 |
| 75% | \$74.60 |
| 50% | \$82.70 |
| 25% | \$90.90 |

*This does not include any Medicare Part B premium you may have to pay.

Moda Health Metro PPORX (PPO) premium includes coverage for both medical services and prescription drug coverage.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-MEDICARE (1-800-633-4227), TTY users should call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Customer Service at 1-888-786-7509 from 7:00 am to 8:00 pm, 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.). TTY users, please call 711.

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

Pre-enrollment checklist

Moda Health Medicare Advantage plans

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member services representative at 1-877-299-9062.

Understanding the benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit modahealth.com/medicare or call 1-877-299-9062 to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher copayment for services received by non-contracted providers.

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,
877-299-9062 (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, 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Important plan information



601 S.W. Second Ave.
Portland, OR 97204-3154
www.modahealth.com/medicare

Health plans in Oregon and Alaska provided by Moda Health Plan, Inc.