

# 2023 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: [PPO](#)

[Application](#)

Summary of Benefits: [PPO](#) / [PPO Rx Fred Meyer](#) / [PPO Rx Metro](#) / [PPO Rx NW](#) / [PPO Rx Mid-Valley](#) / [PPO Rx Central](#) / [PPO Rx South](#) / [PPO Rx Value](#)

[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 15<sup>th</sup> to December 7<sup>th</sup>. This will give you a January 1<sup>st</sup> effective date for your new plan.

## Annual Enrollment Period (AEP)

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

## Special Enrollment Period (SEP)

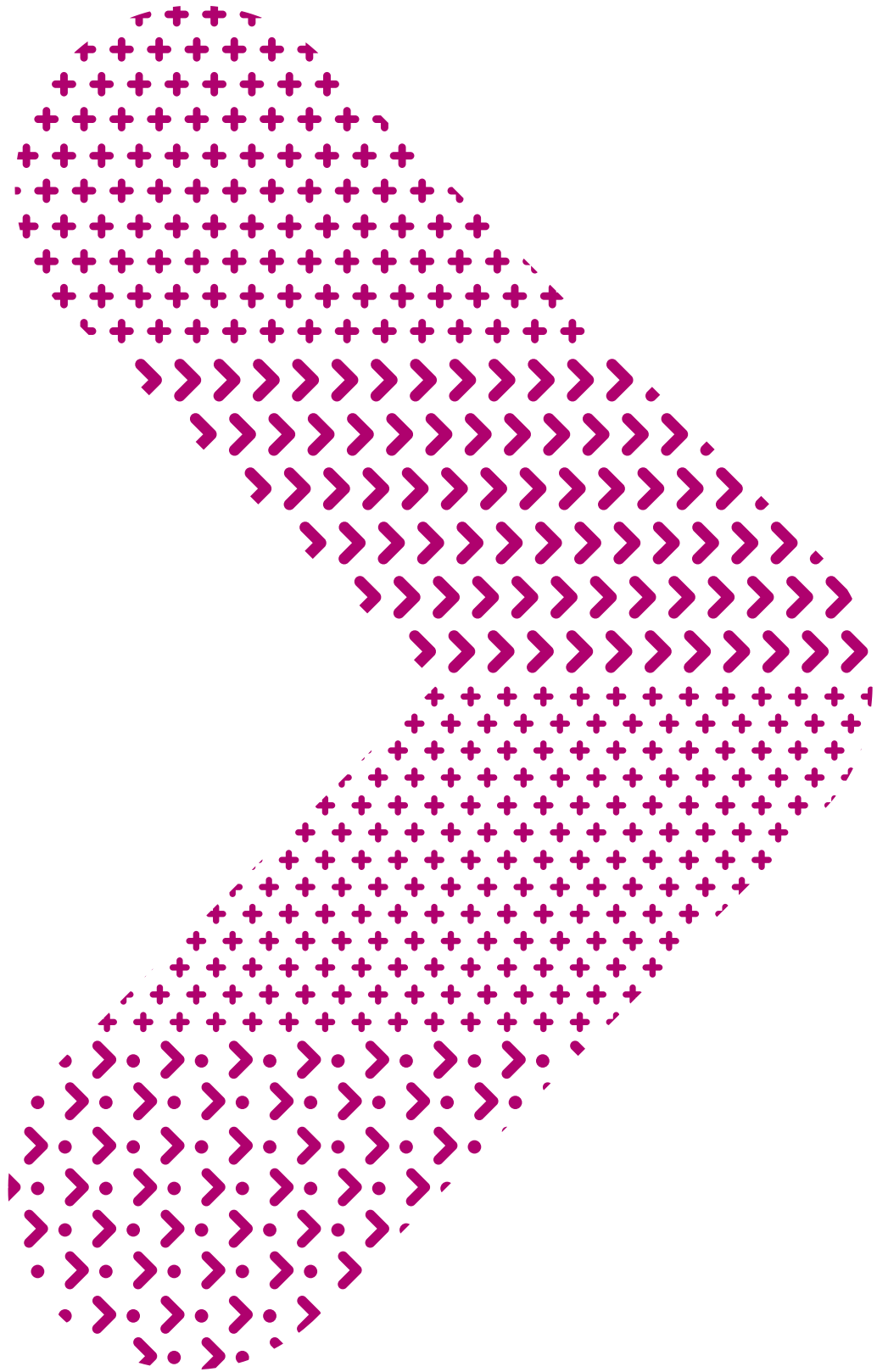
There are a number of reasons for Special Enrollments; Loss of a job that provides benefits, death of a spouse who's plan provided benefits, moving to an area where your old plan is not available, etc...

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](mailto: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/>



This plan is available in  
Benton, Lane, Linn, Marion,  
and Polk counties in Oregon.

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## Medical benefits

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

Moda Health Mid-valley PPORX (PPO) H3813-014		
Monthly premium	\$96	
Medical deductible	\$0	
	<b>In-network</b>	<b>Out-of-network</b>
Maximum out-of-pocket responsibility (Does not include prescription drugs)	\$6,025	\$9,500 Combined In and Out of Network
Inpatient hospital coverage (Copay per day for days 1-4) (Authorization rules may apply)	\$395	50%
Outpatient hospital coverage (Observation) (Authorization rules may apply)	\$395	50%
Ambulatory surgical center/Outpatient surgery (Authorization rules may apply)	\$395	50%
Doctor visits Primary care provider (PCP)	\$0	50%
Specialists	\$35	50%
Preventive care	\$0	50%
Emergency care	\$95	
Urgently needed services	\$35	
<b>Diagnostic services/labs/imaging (Authorization rules may apply)</b>		
Diagnostic radiology services (e.g. MRIs, CT scans)	20%	50%
Lab services	\$15	50%
Outpatient x-rays	\$15	50%
<b>Hearing services</b>		
Exam to diagnose and treat hearing and balance issues (Medicare-covered)	\$35	50%
Routine hearing exam for hearing aids	\$0	Not covered
Hearing aids (Copay per each aid)	\$599-\$899	Not covered
<b>Dental services</b>		
Medicare-covered (Authorization rules may apply)	\$35	50%
Preventive and comprehensive dental (Total \$500 allowance is combined for in and out of network services)	\$0 preventive \$500 allowance 20% comprehensive	50% up to \$500 allowance
<b>Vision services</b>		
Medical vision services (Medicare-covered)	\$35	50%
Routine vision services (Annual exam & glasses every 2 years)	\$0	50%

## Medical benefits (continued)

Moda Health Mid-valley PPORX (PPO) H3813-014		
<b>Alternative care</b>		
Acupuncture for chronic low back pain (Medicare-covered)	\$0 (by a PCP) \$35 (by Specialist)	
Chiropractic services (Medicare-covered) (For manipulation of the spine to correct a vertebral subluxation)	\$20	50%
Alternative services (Embedded Supplemental benefit includes Chiropractic, Acupuncture, Naturopathic Services up to a combined \$500 allowance)	50%	50%
<b>Additional services</b>		
Mental health services	\$35	50%
Skilled nursing facility (SNF) (Copay per day 21-100) (Authorization rules may apply)	\$186	50%
Physical therapy	\$35	50%
Ambulance (Authorization rules may apply)	\$325	
Transportation	Not covered	
Medicare Part B Drugs (Authorization rules may apply)	20%	50%
Durable medical equipment (DME) (Authorization rules may apply)	20%	50%
Diabetes monitoring supplies	\$0 - 20%	50%
<b>Outpatient prescription drugs</b>		
Prescription drug deductible*	\$285 *(waived on Tier 1, Tier 2, & Tier 7)	
Initial coverage stage	30-day supply	90-day supply
Tier 1 (Preferred generic)	\$5	\$13
Tier 2 (Generic)	\$15	\$38
Tier 3 (Preferred brand)	\$47	\$118
Tier 4 (Non-preferred brand)	\$100	\$250
Tier 5 (Preferred specialty tier)	23%	N/A
Tier 6 (Specialty tier)	28%	N/A
Tier 7 (Vaccine)	\$0	N/A

**Important message about what you pay for vaccines:**

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Customer Service for more information.

**Important message about what you pay for insulin:**

You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.

**Cost sharing changes when you enter another stage of the Part D benefit**

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 \$285 (waived on Tier 1, Tier 2 and Tier 7) for your drugs.

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.

During the coverage gap stage, you pay 25% of the cost for generic or brand name drugs.

During the catastrophic coverage stage, you pay the greater of 5% or \$4.15 copay for generic drugs and \$10.35 copay for all other drugs.

For more information on the different stages, please access your Evidence of Coverage online at [modahealth.com/medicare](http://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, with the exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

**This plan includes at no additional cost:**

- Access to a 24-hour Nurse Advice Line, 7 days a week, 365 days a year. When you call our Nurse Advice Line, you can speak directly to a registered nurse who will help answer your health-related questions. Your call is always confidential.
- The plan also offers 24/7 on demand diagnosis/treatment visits with board-certified physicians via text/chat functionality with optional interactive video capabilities.

## Additional information

**This information is not a complete description of benefits. Call Customer Service at 877-299-9062 for more information or visit us at [www.modahealth.com/medicare](http://www.modahealth.com/medicare).**

If you are not a member of this plan, call toll-free 855-718-1767.

TTY users, call 711.

From October 1 to March 31, with the exception of Thanksgiving Day and Christmas Day, you can call us 7 days a week from 7:00 a.m. to 8:00 p.m. Pacific Time.

(After March 31, your call will be handled by our automated phone systems, Saturdays, Sundays and holidays.)

**Service area and eligibility requirements:**

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

Moda Health Mid-valley PPORX plan (H3813-014) service area includes the following counties in Oregon: Benton, Lane, Linn, Marion, and Polk.

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 Customer Service 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](http://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](http://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](http://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.*

## Multi-Language Insert Multi-language Interpreter Services



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 877-299-9062. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 877-299-9062. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们免费提供药费翻译服务。如果您有任何疑问，请致电877-299-9062，我们的药剂师将乐意为您提供这项服务。

**Chinese Cantonese:**  
877-299-9062

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 877-299-9062. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 877-299-9062. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chi phí khám và chi phí trình thu của bạn. Nếu quý vị cần thông dịch viên xin gọi 877-299-9062 sẽ có nhân viên nói tiếng Việt giúp quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 877-299-9062. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:**  
877-299-9062

**Russian:**  
877-299-9062.

**Arabic:**  
877-299-9062

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 877-299-9062 पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 877-299-9062. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 877-299-9062. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal ouwa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 877-299-9062. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znaj ciego język polski, należy zadzwonić pod numer 877-299-9062. Ta usługa jest bezpłatna.

**Japanese:**  
877-299-9062

## Important plan information



601 S.W. Second Ave.  
Portland, OR 97204-3154  
[www.modahealth.com/medicare](http://www.modahealth.com/medicare)