

2024 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: [Metro](#) / [Central](#) / [Mid-Valley](#) / [Southern](#)

[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/>

2024

Moda Health Summary of Benefits

Portland Metro Region Comparison

Medical benefits

*Authorization rules may apply	Moda Health PPO H3813-001		Moda Health Metro PPORX (PPO) H3813-013		Moda Health + Fred Meyer PPORX (PPO) H3813-016		Moda Health Elements PPORX (PPO) H3813-019	
	Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Linn, Marion, Multnomah, Polk, Wasco, Washington, and Yamhill counties in Oregon		Clackamas, Multnomah, and Washington counties in Oregon		Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon		Clackamas, Columbia, Multnomah, Washington and Yamhill counties in Oregon	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Monthly premium (Includes both medical and drugs. You must continue to pay your Medicare Part B premium.)	\$0 This plan does not cover Part D prescription drugs.		\$86		\$39		\$0	
Medical deductible (No deductible for medical. See outpatient prescription drugs section for Part D deductible.)	\$0		\$0		\$0		\$0	
Maximum out-of-pocket responsibility (Does not include Part D prescription drugs)	\$4,500 Combined in and out of network		\$5,090	\$8,500 Includes in-network services	\$6,750	\$10,950 Includes in-network services	\$5,465	\$9,550 Includes in-network services
Inpatient hospital coverage*	\$325 copay per day for days 1-5	\$425 copay per day for days 1-5	\$325 copay per day for days 1-6	30%	\$395 copay per day for days 1-4	40%	\$395 copay per day for days 1-4	50%
Outpatient hospital coverage* (Includes observation services)	\$225	\$325	\$325	30%	\$395	40%	\$395	50%
Ambulatory surgical center (ASC) services*	\$225	\$325	\$325	30%	\$395	40%	\$395	50%
Doctor visits								
Primary care provider (PCP)	\$0	\$20	\$0	30%	\$0	40%	\$0	50%
Specialists	\$35	\$35	\$30	30%	\$40	40%	\$35	50%
Preventive care (e.g., flu vaccine, diabetic screenings. Please note: a separate cost sharing may apply if additional services are provided.)	\$0	30%	\$0	30%	\$0	40%	\$0	50%
Emergency care	\$90		\$95		\$100		\$120	
Urgently needed services	\$35		\$30		\$40		\$35	

Medical benefits (continued)

<i>*Authorization rules may apply</i>	Moda Health PPO H3813-001		Moda Health Metro PPORX (PPO) H3813-013		Moda Health + Fred Meyer PPORX (PPO) H3813-016		Moda Health Elements PPORX (PPO) H3813-019	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Diagnostic services/labs/imaging*								
Diagnostic tests and procedures	20%	30%	20%	30%	20%	40%	20%	50%
Lab services			\$5		\$0		\$0	
MRI, CAT scan			20%		20%		20%	
X-Rays			\$10		\$15		\$15	
Ultrasound			20%		20%		20%	
Hearing services								
Exams to diagnose and treat hearing and balance issues <i>(Medicare-covered)</i>	\$35	\$35	\$30	30%	\$40	40%	\$35	50%
Routine hearing exam	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Hearing aid <i>(Copay per each aid)</i>	\$699 - \$999	Not covered	\$599 - \$899	Not covered	\$699 - \$999	Not covered	\$699 - \$999	Not covered
Dental services								
Medically related dental care required to treat illness or injury* <i>(Medicare-covered)</i>	\$35	\$35	\$30	30%	\$40	40%	\$35	50%
Preventive dental	\$0	50% up to allowance	\$0	50% up to allowance	\$0	50% up to allowance	\$0	50% up to allowance
Comprehensive dental	20%		20%		20%		20%	
Maximum total benefit for all supplemental dental services	\$1,000 allowance		\$1,500 allowance		\$1,500 allowance		\$1,250 allowance	
Vision services								
Medical vision services <i>(Medicare-covered)</i>	\$0	\$35	\$30	30%	\$40	40%	\$35	50%
Routine vision services <i>(Annual exam & glasses every 2 years)</i>	\$0	50%	\$0	50%	\$0	50%	\$0	50%
Mental health services								
Outpatient mental health services <i>(Individual or group therapy visit)</i>	\$35	\$35	\$30	30%	\$40	40%	\$35	50%
Inpatient mental health services*	\$325 copay per day for days 1-5	\$425 copay per day for days 1-5	\$325 copay per day for days 1-6	30%	\$395 copay per day for days 1-4	40%	\$395 copay per day for days 1-4	50%

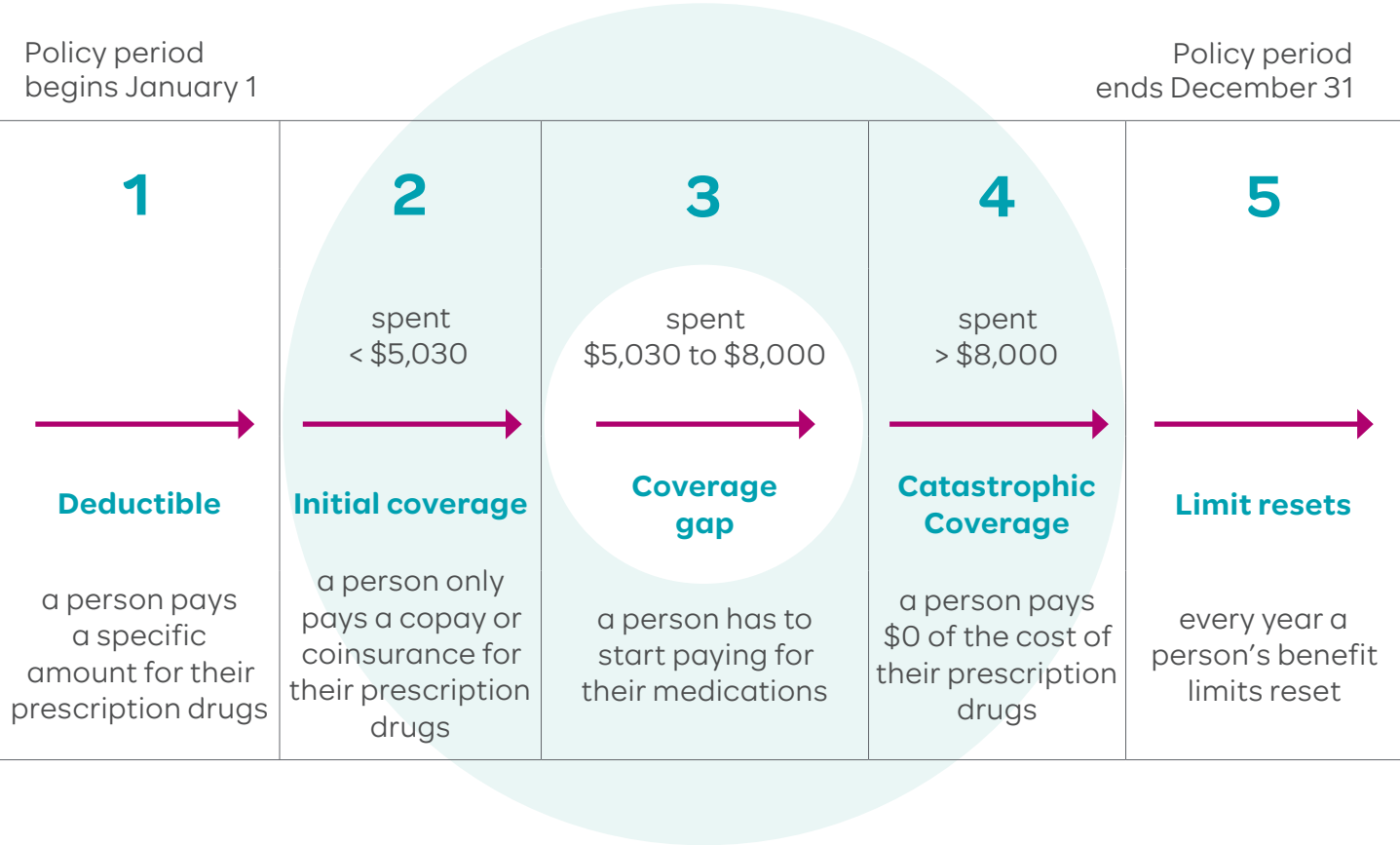
Medical benefits (continued)

*Authorization rules may apply	Moda Health PPO H3813-001		Moda Health Metro PPORX (PPO) H3813-013		Moda Health + Fred Meyer PPORX (PPO) H3813-016		Moda Health Elements PPORX (PPO) H3813-019	
Premiums and benefits	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Additional services								
Skilled nursing facility (SNF)* (Copay per day 21-100)	\$160	\$160	\$170	30%	\$196	40%	\$196	50%
Physical therapy	\$35	\$35	\$30	30%	\$40	40%	\$35	50%
Ambulance*	\$225		\$275		\$325		\$275	
Transportation	Not covered		Not covered		Not covered		Not covered	
Medicare Part B drugs*	0%-20%	30%	0%-20%	30%	0%-20%	40%	0%-20%	50%
Durable medical equipment (DME)* (e.g. CGM, nebulizers, walkers, etc.)	20%	30%	20%	30%	20%	40%	20%	50%
Diabetes monitoring supplies*								
Diabetic supplies	\$0	30%	\$0	30%	\$0	40%	\$0	50%
Diabetic shoes/inserts	20%	30%	20%	30%	20%	40%	20%	50%
Alternative care services								
Acupuncture for chronic low back pain (Medicare-covered)								
Primary care provider (PCP)	\$0		\$0		\$0		\$0	
Specialists	\$35		\$30		\$40		\$35	
Chiropractic services (Medicare-covered) (For manipulation of the spine to correct a vertebral subluxation)	\$20	\$20	\$20	30%	\$15	40%	\$20	50%
Other alternative care (Embedded supplemental benefit)								
Chiropractic, acupuncture, and naturopathic services	50%		50%		50%		50%	
Maximum total benefit for all services	\$500		\$500		\$500		\$500	

Part D prescription drugs

	Moda Health PPO H3813-001	Moda Health Metro PPORX (PPO) H3813-013	Moda Health + Fred Meyer PPORX (PPO) H3813-016	Moda Health Elements PPORX (PPO) H3813-019									
Outpatient prescription drugs													
Deductible++	This plan does not cover Part D prescription drugs	\$150 ++ (waived on Tier 1, Tier 2, & Tier 7)		\$200 ++ (waived on Tier 1, Tier 2, & Tier 7)		\$225 ++ (waived on Tier 1, Tier 2, & Tier 7)							
Initial coverage stage		Preferred retail/ mail order cost sharing 30-day supply	Standard retail cost sharing 30-day supply	Preferred retail/ mail order cost sharing 90-day supply	Standard retail cost sharing 90-day supply	Preferred retail/ mail order cost sharing 30-day supply	Standard retail cost sharing 30-day supply	Preferred retail/ mail order cost sharing 90-day supply	Standard retail cost sharing 90-day supply				
Tier 1 (Preferred generic)		\$0	\$7	\$0	\$17.50	\$0	\$7	\$0	\$17.50	\$0	\$7	\$0	\$17.50
Tier 2 (Generic)		\$7	\$14	\$17.50	\$35	\$7	\$14	\$17.50	\$35	\$7	\$14	\$17.50	\$35
Tier 3 (Preferred brand) <i>You won't pay more than \$35 for a one month supply of each covered insulin product</i>		\$40	\$47	\$100	\$117.50	\$40	\$47	\$100	\$117.50	\$40	\$47	\$100	\$117.50
Tier 4 (Non-preferred brand) <i>You won't pay more than \$35 for a one month supply of each covered insulin product</i>		\$93	\$100	\$232.50	\$250	\$93	\$100	\$232.50	\$250	\$93	\$100	\$232.50	\$250
Tier 5 (Preferred specialty)		25%	25%	N/A	N/A	24%	24%	N/A	N/A	24%	24%	N/A	N/A
Tier 6 (Specialty)		30%	30%	N/A	N/A	29%	29%	N/A	N/A	29%	29%	N/A	N/A
Tier 7 (Vaccine)		\$0	\$0	N/A	N/A	\$0	\$0	N/A	N/A	\$0	\$0	N/A	N/A
Coverage gap		You stay in the Initial Coverage Stage until your total drug costs for the year reach \$5,030. Then you enter the Coverage Gap stage and you pay 25% of the cost (and a portion of the dispensing fee) Once you pay \$8,000, you leave the Coverage Gap Stage and move to the Catastrophic Coverage Stage.											
Catastrophic coverage		Once you are in the Catastrophic Coverage Stage, you will stay in this payment stage until the end of the calendar year. During this payment stage, the plan pays the full cost for your covered Part D drugs. You pay nothing.											
Limit resets		Every year a person's benefit limits are reset											

Part D coverage gap (donut hole)



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.

Embedded supplemental benefits

<i>without additional premium cost</i>	Moda Health PPO H3813-001		Moda Health Metro PPORX (PPO) H3813-013		Moda Health + Fred Meyer PPORX (PPO) H3813-016		Moda Health Elements PPORX (PPO) H3813-019	
Premiums and benefits	In- network	Out- of- network	In- network	Out- of- network	In- network	Out- of- network	In- network	Out- of- network
Over the Counter (OTC) from a preferred retailer list	\$30 for each calendar quarter with \$0 carry over to the next quarter allowed	Not covered	\$30 for each calendar quarter with \$0 carry over to the next quarter allowed	Not covered	\$30 for each calendar quarter with \$0 carry over to the next quarter allowed	Not covered	\$30 for each calendar quarter with \$0 carry over to the next quarter allowed	Not covered
Additional virtual services 24-hour Nurse Advice Line, 7 days a week, 365 days a year	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
24/7 physician visits via text chat/ optional video functionality	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Enhanced diabetes management program in partnership with Livongo, for members that meet medical criteria	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Chronic Kidney Disease Management in partnership with Strive Health, for members that meet medical criteria	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered
Fitness benefit with Silver&Fit	\$0	Not covered	\$0	Not covered	\$0	Not covered	\$0	Not covered

Value-added items and services

These additional services/items are not part of the plan benefit package or the Medicare benefit.

Reimbursement for the annual Fred Meyer Boost subscription (Moda Health + Fred Meyer PPORX ONLY)

Moda Health + Fred Meyer plan members can be reimbursed \$59 for the annual Boost subscription. With Boost, you can get next day free deliveries on fresh favorites for eligible purchases of \$35 or more, 2X fuel points for every dollar spent on groceries and general merchandise, plus exclusive access to over \$100 in one-time savings on specialty brands.

ChooseHealthy Discounts

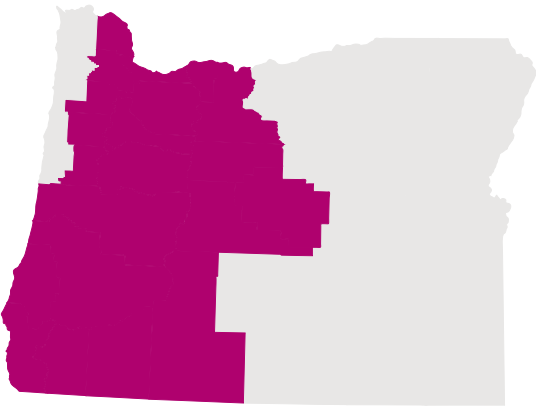
With the ChooseHealthy® program, offered by your Moda Health Medicare Advantage plan, you can save more on wellness products and services including discounts from popular health and fitness brands, services from specialty health care practitioners, and access to evidence-based, online health classes and articles offered at no extra cost.

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.

Out-of-network/non-contracted Medicare providers are under no obligation to treat Moda Health Medicare Advantage members, except in emergency situations.

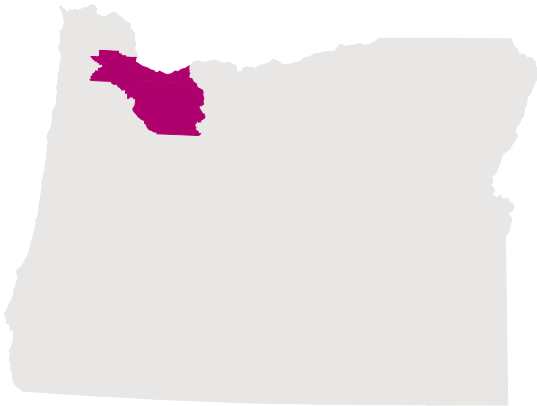
Please call our Customer Service number (see back cover) or see the Evidence of Coverage for more information, including the cost sharing that applies to out-of-network services.



Moda Health PPO H3813-001

- \$0 medical deductible
- You can get both in-network and out-of-network care; in-network care saves you money
- No referral needed for specialist care

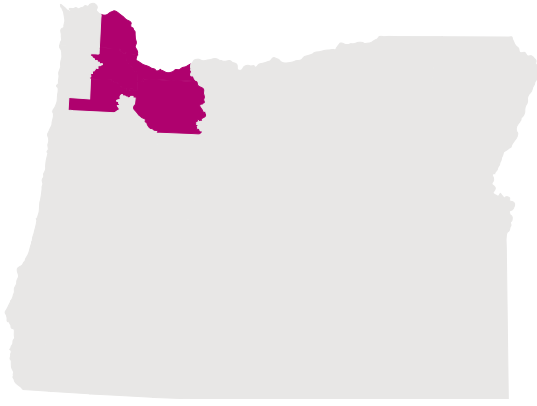
Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Linn, Marion, Multnomah, Polk, Wasco, Washington, and Yamhill counties in Oregon



Moda Health Metro PPORX (PPO) H3813-013

- \$0 medical deductible
- Includes a prescription drug benefit
- You can get both in-network and out-of-network care; in-network care saves you money
- No referral needed for specialist care

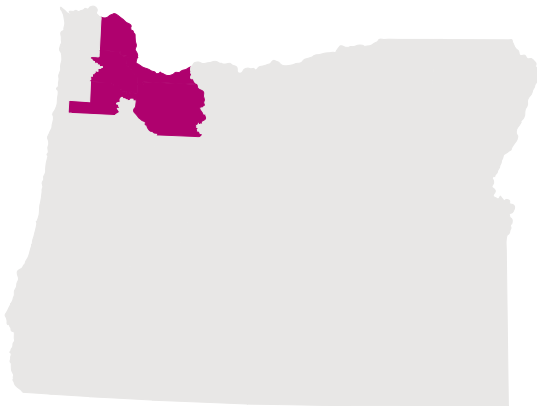
Clackamas, Multnomah, and Washington counties in Oregon



Moda Health + Fred Meyer PPORX (PPO) H3813-016

- \$0 medical deductible
- Includes a prescription drug benefit
- You can get both in-network and out-of-network care; in-network care saves you money
- No referral needed for specialist care

Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon



Moda Health Elements PPORX (PPO) H3813-019

- \$0 medical deductible
- Includes a prescription drug benefit
- You can get both in-network and out-of-network care; in-network care saves you money
- No referral needed for specialist care

Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon

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: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 877-299-9062。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 877-299-9062。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

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 chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 877-299-9062 sẽ có nhân viên nói tiếng Việt giúp đỡ 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: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 877-299-9062 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 877-299-9062. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 877-299-9062. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

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.

Portuguese: 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 oswa 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 znającego język polski, należy zadzwonić pod numer 877-299-9062. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがありますございます。通訳をご用命になるには、877-299-9062 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

Important plan information



This information is not a complete description of benefits. Call Customer Service at 877-299-9062 for more information or visit us at modamedicare.com.

If you are not a member of this plan, call toll-free 844-274-9122. TTY users, call 711.

Customer Service regular business hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours.

This document is available in other formats such as large print.