

Oregon 2024



You may only apply for coverage  
if you are age 65 and older.

Choose a better experience  
with your **health insurance**

Medicare Supplement plans

**moda**  
HEALTH



**Welcome to  
Moda Health,**

the place you go when you want more than a health plan – because you know good health is about so much more than just the plan details



**A partnership  
you can trust**

For nearly 30 years, Moda Health has been offering the Medicare Supplement plan to our members.



**An Oregon-based  
company since 1955**

70 years of offering insurance plans in the Pacific Northwest.



**Nationwide coverage**

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

## Explore Medicare Supplement coverage

### Why should I have a supplement plan?

When you choose our Moda Health Medicare Supplement plan, you get more than what Original Medicare covers. Our plans include all services that Original Medicare covers **plus more**.

Original Medicare is your primary insurance:



**Part A** (hospital insurance)



**Part B** (medical insurance)



**Moda Health Medicare Supplement** gives you more flexibility and can help lower your out-of-pocket costs.

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

**No primary care provider (PCP) requirements**

**Additional value-added services and discounts**

**Flexibility to see any Medicare provider nationwide**

**No referrals required**

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

## Travel with a *peace in mind*

Our **Medicare Supplement plan** ensures your coverage is with you when you travel anywhere in the United States. We allow you to choose any Medicare-approved physician throughout the country. By selecting the Moda Health Medicare Supplement plan, you can feel secure that where Medicare coverage ends, your plan coverage begins.



### How do I find a provider?

To find a provider for the Medicare Supplement plan, go to [Medicare.gov](http://Medicare.gov). There you can see which providers are in your area.



Understand  
your **plan**  
options

Explore our Medicare Supplement plans to see which option is right for you. We offer many plans to meet your wellness needs.

**If you were eligible for Medicare before Jan. 1, 2020**

We offer standardized Medicare Supplement Plans A, F, G and N. We also offer Plan F with a \$2,800 deductible option and Plan G with a \$2,800 deductible option.

**If you were eligible for Medicare on or after Jan. 1, 2020**

We offer standardized Medicare Supplement Plans A, G and N. We also offer Plan G with a \$2,800 deductible option.



Plan options	A	B	C	D	F	F <sup>1</sup>	G	G <sup>1</sup>	K <sup>2</sup>	L <sup>2</sup>	M	N <sup>3</sup>
Basic benefits	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Skilled nursing coinsurance			✓	✓	✓		✓		50%	75%	✓	✓
Part A deductible		✓	✓	✓	✓		✓		50%	75%	50%	✓
Part B deductible			✓		✓							
Part B excess (100%)					✓		✓					
Foreign travel emergency			✓	✓	✓		✓				✓	✓

<sup>1</sup> Plans F and G also have a high deductible option which require first paying a calendar-year deductible of \$2,800 before the plan begins to pay. Once the deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan High-deductible G does not cover the Medicare Part B deductible. However, Plan High-deductible F and Plan High-deductible G count your payment of the Medicare Part B deductible toward meeting the calendar-year deductible.

<sup>2</sup> Plan K reimburses these expenses at 50%, up to an out-of-pocket maximum of \$7,060 in a calendar year. Plan L reimburses these expenses at 75%, up to an out-of-pocket maximum of \$3,530 in a calendar year. Once the out-of-pocket maximum is met, covered expenses are reimbursed at 100%.

<sup>3</sup> Plan N requires copayment of up to \$20 for office visits and \$50 for emergency room visits.

# Plan A



 Medicare Part A		Medicare pays	Plan pays	 You pay
<b>Hospitalization<sup>1</sup></b>		<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,632	\$0		\$1,632 (Part A deductible)
61st through 90th day	All but \$408 per day	\$408 per day		\$0
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$816 per day	\$816 per day		\$0
<b>Once lifetime reserve days are used:</b>				
Additional 365 days	\$0	100% of Medicare-eligible expenses		\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0		All costs
<b>Skilled nursing facility care<sup>1</sup></b>		<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
First 20 days	All approved amounts	\$0		\$0
21st through 100th day	All but \$204 per day	\$0		Up to \$204 per day
101st day and after	\$0	\$0		All costs
<b>Blood</b>				
First three pints	\$0	3 pints		\$0
Additional amounts	100%	\$0		\$0
<b>Hospice care</b>		<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay		\$0



<sup>1</sup> A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

(continued)

# Plan A



 Medicare Part B		Medicare pays	Plan pays	 You pay
<b>Medical expenses</b>		<i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$0		\$240 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%		\$0
Part B excess charges (above Medicare approved amounts)	\$0	\$0		All costs
<b>Blood</b>				
First three pints	\$0	All costs		\$0
Next \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$0		\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%		\$0
<b>Clinical laboratory services – blood tests</b>				
For diagnostic services	100%	\$0		\$0

 Medicare Parts A and B		Medicare pays	Plan pays	 You pay
<b>Home healthcare Medicare-approved services</b>				
Medically necessary skilled-care services and medical supplies	100%	\$0		\$0
<b>Durable medical equipment:</b>				
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$0		\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%		\$0

<sup>1</sup> Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>1</sup>, your Part B deductible will have been met for the calendar year.



## Plan F – or Plan High-deductible F



 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Hospitalization<sup>1</sup></b> <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>			
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
<b>Once lifetime reserve days are used:</b>			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>3</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></b> <i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>			
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0



<sup>1</sup> A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

<sup>2</sup> This high deductible plan offers the same benefits as Plan F after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.



<sup>3</sup> Notice: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.



**Plan F** – or Plan High-deductible F (continued)

 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,800 deductible<sup>2</sup></i>
Hospice care	Available as long as your doctor certifies you are terminally ill and you elect to receive these services		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

 Medicare Part B	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Medical expenses</b> <i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>			
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
<b>Blood</b>			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services – blood tests</b>			
For diagnostic services	100%	\$0	\$0

(continued) **Plan F** – or Plan High-deductible F



 Medicare Part A and B	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Home healthcare Medicare-approved services</b>			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment:</b>			
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$240 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0

 Other benefits – not covered by Medicare	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Foreign travel</b> <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

<sup>1</sup> Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>1</sup>, your Part B deductible will have been met for the calendar year.


<sup>2</sup> This high deductible plan offers the same benefits as Plan F after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible F will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

**Plan G** – or Plan High-deductible G

 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Hospitalization<sup>1</sup></b>	<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
<b>Once lifetime reserve days are used:</b>			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>3</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></b>	<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>	<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

(continued)

**Plan G** – or Plan High-deductible G

 Medicare Part B	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Medical expenses</b> <i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>			
First \$240 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0
<b>Blood</b>			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services – blood tests</b>			
For diagnostic services	100%	\$0	\$0

1 A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.



2 This high deductible plan offers the same benefits as Plan G after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.



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

4 Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>4</sup>, your Part B deductible will have been met for the calendar year.



**Plan G** – or Plan High-deductible G (continued)

 Medicare Part A and B	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Home healthcare Medicare-approved services</b>			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment:</b>			
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0



 Other benefits – not covered by Medicare	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,800 deductible<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,800 deductible<sup>2</sup></i>
<b>Foreign travel</b>	<i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>		
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

<sup>1</sup> Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>1</sup>, your Part B deductible will have been met for the calendar year.

<sup>2</sup> This high deductible plan offers the same benefits as Plan G after a \$2,800 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are \$2,800. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.





# Plan N

 Medicare Part A	Medicare pays	Plan pays	 You pay
<b>Hospitalization<sup>1</sup></b>	<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
First 60 days	All but \$1,632	\$1,632 (Part A deductible)	\$0
61st through 90th day	All but \$408 per day	\$408 per day	\$0
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$816 per day	\$816 per day	\$0
<b>Once lifetime reserve days are used:</b>			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></b>	<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
First 20 days	All approved amounts	\$0	\$0
21st through 100th day	All but \$204 per day	Up to \$204 per day	\$0
101st day and after	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b>	<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	\$0

(continued)

# Plan N



 Medicare Part B	Medicare pays	Plan pays	 You pay
<b>Medical expenses</b>	<i>In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment</i>		
First \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare approved amounts)	\$0	\$0	All costs
<b>Blood</b>			
First three pints	\$0	All costs	\$0
Next \$240 of Medicare-approved amounts <sup>3</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services – blood tests</b>			
For diagnostic services	100%	\$0	\$0



<sup>1</sup> A benefit period begins on the first day you receive services as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

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

<sup>3</sup> Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>3</sup>, your Part B deductible will have been met for the calendar year.

# Plan N (continued)

 Medicare Part A and B	Medicare pays	Plan pays	 You pay
<b>Home healthcare Medicare-approved services</b>			
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0
<b>Durable medical equipment:</b>			
First \$240 of Medicare-approved amounts <sup>1</sup>	\$0	\$0	\$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0

 Other benefits – not covered by Medicare	Medicare pays	Plan pays	 You pay
<b>Foreign travel</b>			
<i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over \$50,000 lifetime maximum

<sup>1</sup> Once you have been billed \$240 for Medicare-approved amounts of covered services that are noted with a <sup>1</sup>, your Part B deductible will have been met for the calendar year.

With enrollment in a Medicare supplement plan, you are provided with additional value added discounts including access to discounts on select items and services. You can learn more about these discounts by visiting [www.modahealth.com](http://www.modahealth.com). These additional services are a complement to the Medicare Supplement plan, but are not insurance.



# What supplement plans cost

Take a look at our Medicare Supplement monthly premiums below. These rates are effective through **Dec. 31, 2024**.



You may receive a **premium discount of 5%** if you qualify for our household discount. You qualify if you reside with at least one other Moda Health Medicare supplement member. The discount will be applied to at most three eligible members per household and may include your spouse, dependent or permanent resident of your home. The household discount will only be applicable if a Moda Health Medicare supplement policy is issued to each applicant. The rates below do not reflect the household discount.

Female Non-Tobacco/Preferred					
Age	65 – 69 <sup>1</sup>	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
<b>Plan A</b> ModaORMedSupAbk 1-1-2024	\$121.00	\$143.00	\$170.00	\$191.00	\$209.00
<b>Plan F</b> ModaORMedSupFbk 1-1-2024	\$201.00	\$238.00	\$283.00	\$318.00	\$348.00
<b>Plan F</b> with \$2,800 deductible ModaORMedSupHDFbk 1-1-2024	\$45.00	\$53.00	\$63.00	\$71.00	\$78.00
<b>Plan G</b> ModaORMedSupGbk 1-1-2024	\$159.00	\$187.00	\$223.00	\$251.00	\$275.00
<b>Plan G</b> with \$2,800 deductible ModaORMedSupHDGbk 1-1-2024	\$42.00	\$49.00	\$59.00	\$66.00	\$73.00
<b>Plan N</b> ModaORMedSupNbk 1-1-2024	\$145.00	\$171.00	\$204.00	\$229.00	\$250.00

Male Non-Tobacco/Preferred					
Age	65 – 69 <sup>1</sup>	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
<b>Plan A</b> ModaORMedSupAbk 1-1-2024	\$127.00	\$154.00	\$198.00	\$219.00	\$257.00
<b>Plan F</b> ModaORMedSupFbk 1-1-2024	\$210.00	\$255.00	\$330.00	\$364.00	\$427.00
<b>Plan F</b> with \$2,800 deductible ModaORMedSupHDFbk 1-1-2024	\$47.00	\$57.00	\$74.00	\$81.00	\$95.00
<b>Plan G</b> ModaORMedSupGbk 1-1-2024	\$167.00	\$202.00	\$261.00	\$287.00	\$337.00
<b>Plan G</b> with \$2,800 deductible ModaORMedSupHDGbk 1-1-2024	\$44.00	\$53.00	\$69.00	\$76.00	\$89.00
<b>Plan N</b> ModaORMedSupNbk 1-1-2024	\$152.00	\$184.00	\$238.00	\$262.00	\$307.00

Female Tobacco/Non-Preferred					
Age	65 – 69 <sup>1</sup>	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
<b>Plan A</b> ModaORMedSupAbk 1-1-2024	\$139.15	\$164.45	\$195.50	\$219.65	\$240.35
<b>Plan F</b> ModaORMedSupFbk 1-1-2024	\$231.15	\$273.70	\$325.45	\$365.70	\$400.20
<b>Plan F</b> with \$2,800 deductible ModaORMedSupHDFbk 1-1-2024	\$51.75	\$60.95	\$72.45	\$81.65	\$89.70
<b>Plan G</b> ModaORMedSupGbk 1-1-2024	\$182.85	\$215.05	\$256.45	\$288.65	\$316.25
<b>Plan G</b> with \$2,800 deductible ModaORMedSupHDGbk 1-1-2024	\$48.30	\$56.35	\$67.85	\$75.90	\$83.95
<b>Plan N</b> ModaORMedSupNbk 1-1-2024	\$166.75	\$196.65	\$234.60	\$263.35	\$287.50

Male Tobacco/Non-Preferred					
Age	65 – 69 <sup>1</sup>	70 – 74	75 – 79	80 – 84	85+
Medical Plans					
<b>Plan A</b> ModaORMedSupAbk 1-1-2024	\$146.05	\$177.10	\$227.70	\$251.85	\$295.55
<b>Plan F</b> ModaORMedSupFbk 1-1-2024	\$241.50	\$293.25	\$379.50	\$418.60	\$491.05
<b>Plan F</b> with \$2,800 deductible ModaORMedSupHDFbk 1-1-2024	\$54.05	\$65.55	\$85.10	\$93.15	\$109.25
<b>Plan G</b> ModaORMedSupGbk 1-1-2024	\$192.05	\$232.30	\$300.15	\$330.05	\$387.55
<b>Plan G</b> with \$2,800 deductible ModaORMedSupHDGbk 1-1-2024	\$50.60	\$60.95	\$79.35	\$87.40	\$102.35
<b>Plan N</b> ModaORMedSupNbk 1-1-2024	\$174.80	\$211.60	\$273.70	\$301.30	\$353.05

<sup>1</sup> The 65- to 69-year-old rate applies to persons on Medicare by reason of disability who are under age 65.

Vision and hearing rider

# You've got *options*

If you become a Moda Health Medicare Supplement member, you may add an optional supplemental benefits rider to your plan.



### Vision and hearing benefits rider

For an additional \$5 monthly premium, you can have routine hearing and routine vision services.

### Here's how it works

You will have to pay an additional monthly premium of \$5 along with your Moda Health Medicare Supplement plan premium.

### Your benefits include:

<b>\$0</b> copay for routine hearing exam (per year) through a TruHearing provider	<b>\$699 or \$999</b> for each hearing aid (per year) through a TruHearing provider
<b>\$0</b> copay for routine vision exam (per year) through a VSP Advantage network provider	<b>\$0</b> copay for hardware through a VSP Advantage network provider (every 2 years)
For frames outside the Genesis Eyewear Collection, coverage is limited to a <b>\$50</b> retail allowance (every two years)	Contacts (elective), including fitting and evaluation, are covered up to a <b>\$100</b> maximum (every 2 years) in lieu of lenses and frames
Frames from Genesis Eyewear Collection	

## When can you *enroll*?



When you enroll in a Moda Health Medicare Supplement plan



During the annual plan renewal period every year

### If you would like to enroll:

Call Moda Health Customer Service at **844-235-8012**.  
TTY users, dial 711.

What can I help you with...



*You may disenroll from Moda Health's supplemental vision and hearing benefits rider any time or at the time you disenroll from your Moda Health Medicare Supplement plan.*

# Value-added services and *discounts*



## Prescriptions savings

Members have access to ArrayRx discount card at no cost.

- Up to 80% savings on medications
- No membership fee, age, or income restrictions
- All FDA-approved prescriptions are eligible for discounts

To learn more, visit [www.arrayrxcard.com](http://www.arrayrxcard.com).



## Gym membership through Active&Fit Direct

The Active&Fit Direct program offers membership at a fitness center or fitness studio, including:

- Access to over 16,000 fitness studios and fitness
- The option to change membership to a different fitness studio or fitness center at any time
- Access to over 4,000 digital workout videos and a library of digital resources and classes

To participate in Active&Fit Direct, members are responsible for a one-time enrollment fee of \$25 and a monthly membership fee of \$28, plus applicable taxes based on member location.

The Active&Fit Direct program is offered through American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Fitness centers, available amenities, and classes vary by location. The enrollment fee or monthly membership fee may be changed at any time. If a fee is changed, ASH will provide members with notice at least 30 days prior to the effective date of the change.



## Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more, including:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

There is no additional cost for members to use these services. Members can use the services while traveling more than 100 miles from their permanent home or outside the United States. Services will not be provided for trips exceeding 90 days from the member's legal residence.

Learn more at [assistamerica.com](http://assistamerica.com). Or call Assist America at 800-872-1414.



## Health and wellness services from ChooseHealthy™

Members have access to the following health and wellness services, at no additional cost, through ChooseHealthy:

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, physical therapy, therapeutic massage, occupational therapy, nutrition and podiatry. You will need to see providers who are in the ChooseHealthy network.
- No-cost online health classes

The ChooseHealthy program is provided by ChooseHealthy, Inc., a subsidiary of American Specialty Health Incorporated (ASH).



These additional services are a complement to the Medicare Supplement plan, but are not insurance. They may not be available in all areas and may be changed or discontinued with 30 days advance notice.

# Tools for your *health journey*

All of our plans come with **programs, care teams, tools and resources** designed to help you manage your well-being. Using your personal Member Dashboard at [modahealth.com](https://modahealth.com), you can get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.



## Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



## Nurse line

Need quick advice? The friendly nurses on our Nurse Advisory Line are available 24 hours a day, 365 days a year at 800-501-5046. The Nurse Advisory Line is available at no additional cost to members.

Call for guidance on non-critical medical issues:

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



## Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



## Individual Assistance Program (IAP)

Powered by Canopy, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Grieving a loss
- Stress management
- Family relationships
- Financial/legal/consumer concerns

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



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





## Healthcare lingo explained

We realize that health plans can be confusing, so we've made a glossary to help you understand some healthcare lingo.

### **Coinsurance**

The percentage members pay for a covered healthcare service after they meet their deductible. For example, Medicare pays 80% for a Medicare covered service and Moda Health Medicare Supplement pays 20%.

### **Copay (copayment)**

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$20 for a doctor visit.

### **Deductible**

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

### **Medicare Part A deductible**

The amount normally due from a member upon first admission to a hospital in each benefit period, before benefits are available under Part A of Medicare.

### **Medicare Part B deductible**

The amount a member must pay each calendar year before Part B of Medicare pays benefits for Medicare Part B expenses.

### **Member Handbook**

Describes what is covered and how your plan works.

### **Out-of-pocket costs**

What members pay in a calendar year for care after their plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.



# Things you need *to know*

We've provided a few additional details you may need to know about the Moda Health Medicare Supplement plan.

## Am I eligible?

You may apply for coverage if you live in Oregon and are enrolled in Medicare Parts A and B. This includes individuals who may be under age 65 and are enrolled in Medicare by reason of disability.

## When does coverage begin?

If you apply during an open enrollment period (within six months of becoming eligible for Part B), your coverage will start the first of the month following the date we receive your application. If you do not apply during an open enrollment period, we will notify you of the date your coverage will begin after your application is approved.

## Is there a waiting period?

If you transfer directly to a Moda Health Medicare Supplement plan from a Medicare HMO, a Medicare supplemental policy or other coverage, we will credit day-for-day the amount of time you were enrolled under one of those plans. If you were enrolled for six or more months, you will not have a six-month waiting period.

## Annual open enrollment

Each year, starting 30 days prior to your birthday and ending 30 days after your birthday, you may cancel your

current Medicare Supplement policy and select another guaranteed issue Medicare Supplement policy that has the same or lesser benefits. To find other policies that qualify, contact Moda Health Customer Service.

## Will my premium change?

The required premium for the plan is subject to change. Any change in premiums will occur once in a 12-month period, and will apply to all subscribers insured under the plan who reside in the state of Oregon.

## Benefit and information updates

Your Moda Health Medicare Supplement policy will automatically coordinate with changes in Medicare each year. We'll keep you informed about any changes.

## No claim forms

If you have a claim, just mail a copy of the Medicare Summary Notice (MSN) form you receive from Medicare to us. We'll do the rest.

## Electronic claims filing

Electronic claims filing is now available at no extra cost. Medicare Part B claims will be forwarded directly to Moda Health Medicare Supplement after Medicare pays its share. You will know that a bill was submitted directly to

Moda Health Medicare Supplement because it will have the following statement printed on the bottom: "This claim has been forwarded to your secondary Medicare payor."

Moda Health Medicare Supplement will send you an Explanation of Benefits indicating the amount paid and payment, if you are being reimbursed.

## Disclosures

Use this outline to compare benefits and premiums among policies.

## Read your policy very carefully

This brochure is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and Moda Health.

## Complete answers are very important

Review the Moda Health Medicare Supplement application carefully before you sign it. Be certain that all information has been properly recorded. When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. Moda Health may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

## Notice

This policy may not fully cover all of your medical costs. Neither Moda Health nor its agents are connected with Medicare. This outline of coverage does not give all of the details about Medicare coverage. For a complete description of Medicare benefits, contact your local Social Security office, or refer to the "Medicare & You 2024" handbook online at [medicare.gov](https://www.medicare.gov) or by calling 800-633-4227.

## Guaranteed renewability

We will never cancel your policy because of your age or claims experience.

## Right to return policy

If you find that you are not satisfied with your policy, you may return it to Moda Health, Attention: Medicare Membership Accounting, 601 S.W. Second Ave., Portland, OR 97204. If you send back the policy within 30 days of receiving it, we will treat the policy as if it had never been issued and return all of your premium.

## Policy replacement

If you are replacing another health insurance policy, do NOT cancel it until you actually have received your new policy and are sure you want to keep it.

# Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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:**  
888-217-2363 (TDD/TTY 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

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

**Scott White coordinates our nondiscrimination work:**

Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

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

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

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

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

modahealth.com



Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association. Health plans provided by Moda Health Plan, Inc.

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Fax: 503-412-4003

**Scott White coordinates our nondiscrimination work:**

Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

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

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

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

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

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Individual & family



Medicare

Small group

Large group

**Questions?** *We're here to help.*

Contact a Moda Health agent or call us at 844-274-9122. TTY users, please call 711.

**Portland Office (corporate headquarters)**

601 SW Second Ave.  
Portland, OR 97204-3156

[modahealth.com/medicare](https://modahealth.com/medicare)

