2023 Moda Health NW PPORX (PPO)

Annual Notice of Changes

January 1 - December 31, 2023

Your Medicare Health Benefits and Services and Prescription Drug Coverage as a Member of Moda Health NW PPORX (PPO)

This document gives you the details about the changes to your Medicare health care and prescription drug coverage from January 1 to December 31, 2023. **This is an important legal document. Please keep it in a safe place.**

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

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

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Dear [First Name/Last Name],

Thank you for being a valued Moda Health Medicare Advantage member. Every year, we work to offer the best benefits and services to help you meet your health goals. Your benefits and premiums may change slightly from year to year to make this possible. These yearly changes are listed in this enclosed Annual Notice of Change (ANOC) document. We send this packet to our members shortly before the annual enrollment period (AEP), which is Oct. 15 - Dec. 7 each year. Please take a moment to review this packet of important changes.

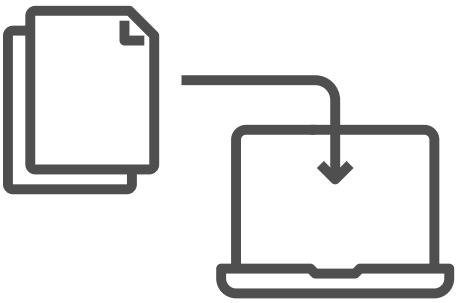
If you are satisfied with your plan and do not wish to make any changes, no further action is needed from you. You will automatically renew this coming new year.

If you have questions about your benefits or plan changes, our Customer Service team is here to help you. You can reach us, toll-free, at 877-299-9062. (TTY call 711.) We are available for phone calls from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct. 1- March 31, with the exception of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone system on Saturdays, Sundays and holidays.)

We look forward to continuing to serve you as our member.

Sean Jessup
VP of Medicare Programs at Moda Health

Now you can get plan documents delivered to you online



Online documents give you easy access to all your Medicare information.

The Centers for Medicare and Medicaid Services (CMS) requires that your important plan documents are made available to you electronically. You can find your important plan documents on modahealth.com and in Member Dashboard.

To receive an email from Moda Health when new materials are available, simply log in to your Member Dashboard by visiting modahealth.com/medicare. The sign in button is on the top right side of your screen. If you don't have an account, you can create one. Once logged in, select the "Account" tab. Next, click on "Manage notification settings." From here, you can update your email and make your electronic delivery preference.

Once you request electronic delivery, you will no longer receive this hard copy document in the mail, unless you request it.

Questions? Call us at 877-299-9062.

www.modahealth.com/medicare

Cut down on more paper — sign up for eBill today!

Now you can pay your premium online with eBill. Using eBill, you can view invoices online and set up your preferred payment methods (debit card, checking or savings) and set a recurring payment using our AutoPay feature. To access eBill, log in to Member Dashboard and click on the eBill tab.

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 quí vị cần thông dịch viên xin gọi 877-299-9062 sẽ có nhân viên nói tiếng Việt giúp đỡ quí 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. سيقوم شخص ما يتحدث العربية 877-299-9062للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 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.

Portugués: 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。

Your Medicare Advantage resources for 2023

Thank you for being a Moda Health member. Below are the resources you need to understand your 2023 coverage.

Evidence of Coverage (EOC)

The EOC shows all of your benefit details. Use it to find out what is covered and how your plan works. Your EOC will be available online at modahealth.com/medicare by Oct. 15, 2022.

If you would like an EOC mailed to you, you may call Customer Service at **(877) 299-9062** or email MedicalMedicare@modahealth.com.

Provider and Pharmacy Directories

If you need help finding a network provider and/or pharmacy, please call Customer Service at **(877) 299-9062** or visit modahealth.com/medicare to access our online searchable directory. This can be accessed by clicking on the "**Find Care**" link on our website.

If you would like a Provider Directory or Pharmacy Directory mailed to you, you may call the number above, request one at the website link provided above, or email MedicalMedicare@modahealth.com.

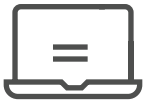
List of Covered Drugs (Formulary)

Your plan has a List of Covered Drugs (Formulary) which represents the prescription therapies believed to be a necessary part of a quality treatment program.

If you have a question about covered drugs, please call Pharmacy Customer Service at **(888) 786-7509** or visit modahealth.com/medicare to access the online formulary.

If you would like a formulary mailed to you, you may call the number above, or email PharmacyMedicare@modahealth.com.

moda HEALTH



You can also log into your Member Dashboard account to view your plan documents.

This information is available for free in other languages. Pharmacy Customer Service (888) 786-7509 (TTY users call 711) and Customer Service (877) 299-9062 (TTY users call 711) are available from 7 a.m. to 8 p.m. Pacific Time, seven days a week from October 1 through March 31 with the exceptions of Thanksgiving Day and Christmas Day. (After March 31, your call will be handled by our automated phone systems Saturdays, Sundays, and holidays.)

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

Thank you again for being a Moda Health member. Please let us know if you have any questions.

Your Moda Health Customer Service Team

Moda Health NW PPORX (PPO) offered by Moda Health Plan, Inc.

Annual Notice of Changes for 2023

You are currently enrolled as a member of Moda Health NW PPORX. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.modahealth.com/medicare. (You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.)

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you:

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to Medical care costs (doctor, hospital).
- Review the changes to our drug coverage, including authorization requirements and costs.
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check the changes in the 2023 Drug List to make sure the drugs you currently take are still covered.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers, including pharmacies will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2023* handbook.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. **CHOOSE:** Decide whether you want to change your plan
    - If you don't join another plan by December 7, 2022, you will stay in Moda Health NW PPORX.
    - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023.** This will end your enrollment with Moda Health NW PPORX.
    - If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

Additional Resources

- Please contact our Customer Service number at 877-299-9062 or Pharmacy Customer Service at 888-786-7509 for additional information. (TTY users should call 711.) Hours are 7 a.m. to 8 p.m., 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 system Saturdays, Sundays, and holidays.)
- This information may be available in a different format, including large print. Please call Customer Service if you need plan information in another format or language.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Moda Health NW PPORX

- Moda Health Plan, Inc. is a PPO and a PDP with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.
- When this document says "we," "us," or "our", it means Moda Health Plan, Inc. When it says "plan" or "our plan," it means Moda Health NW PPORX.

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Annual Notice of Changes for 2023
Table of Contents

Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Moda Health NW PPORX in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
Monthly plan premium* * Your premium may be higher or lower than this amount. See Section 1.1 for details.	$90	$89
Maximum out-of-pocket amounts This is the most you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: $6,000 From in-network and out-of-network providers combined: $9,500	From network providers: $5,990 From in-network and out-of-network providers combined: $8,950
Doctor office visits	**In-Network** Primary care visits: $10 copay per visit Specialist visits: $35 copay per visit **Out-of-Network** Primary care visits: 50% of the total allowed amount per visit Specialist visits: 50% of the total allowed amount per visit	**In-Network** Primary care visits: $0 copay per visit Specialist visits: $35 copay per visit **Out-of-Network** Primary care visits: 45% of the total allowed amount per visit Specialist visits: 45% of the total allowed amount per visit
Inpatient hospital stays	**In-Network** $370 copay per day for days 1-5; $0 copay per day for days 6 & beyond **Out-of-Network** 50% of the total allowed amount	**In-Network** $374 copay per day for days 1-5; $0 copay per day for days 6 & beyond **Out-of-Network** 45% of the total allowed amount

Cost	2022 (this year)	2023 (next year)
Part D prescription drug coverage (See Section 1.5 for details.)	Deductible: $250 (for Tier 3, Tier 4, Tier 5, and Tier 6) Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 copay per prescription • Drug Tier 2: $10 copay per prescription • Drug Tier 3: $45 copay per prescription • Drug Tier 4: $100 copay per prescription • Drug Tier 5: 23% of the total cost per prescription • Drug Tier 6: 28% of the total cost per prescription • Drug Tier 7: $0 copay per prescription	Deductible: $225 (for Tier 3, Tier 4, Tier 5, and Tier 6) Copayment/Coinsurance during the Initial Coverage Stage: • Drug Tier 1: $4 copay per prescription • Drug Tier 2: $10 copay per prescription • Drug Tier 3: $45 copay per prescription • Drug Tier 4: $100 copay per prescription • Drug Tier 5: 24% of the total cost per prescription • Drug Tier 6: 29% of the total cost per prescription • Drug Tier 7: $0 copay per prescription

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2022 (this year)	2023 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$90	$89
Moda Health Extra Care monthly premium	$5 (Moda Health Extra Care is an optional supplemental benefit.)	$0 Covered as part of a combined supplemental benefit including routine chiropractic services, acupuncture, and naturopathic services with a 50% coinsurance up to a combined $500 benefit maximum for all covered services. Coinsurance applied to allowed amount/billed charges as applicable.

- Your monthly plan premium will be *more* if you are required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that is at least as good as Medicare drug coverage (also referred to as "creditable coverage") for 63 days or more.
- If you have a higher income, you may have to pay an additional amount each month directly to the government for your Medicare prescription drug coverage.
- Your monthly premium will be *less* if you are receiving "Extra Help" with your prescription drug costs. Please see Section 6 regarding "Extra Help" from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay "out-of-pocket" for the year. These limits are called the "maximum out-of-pocket amounts." Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2022 (this year)	2023 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	$6,000	$5,990 Once you have paid $5,990 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your plan premium and costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	$9,500	$8,950 Once you have paid $8,950 out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network and out-of-network providers for the rest of the calendar year.

Section 1.3 – Changes to the Provider and Pharmacy Networks

Updated directories are located on our website at www.modahealth.com/medicare You may also call Customer Service for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network**.

There are changes to our network of pharmacies for next year. **Please review the 2023 *Pharmacy Directory* to see which pharmacies are in our network**.

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers), and pharmacies that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
Acupuncture (supplemental)	Covered under the optional Extra Care supplemental benefit.	Covered as part of a combined supplemental benefit including routine chiropractic services, acupuncture, and naturopathic services with a 50% coinsurance up to a combined $500 benefit maximum for all covered services. Coinsurance applied to allowed amount/billed charges as applicable.
Ambulatory Surgical Center Services	**In-Network** You pay a $300 copay for Medicare-covered surgery services at an ambulatory surgical center. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered surgery services at an ambulatory surgical center.	**In-Network** You pay a $370 copay for Medicare-covered surgery services at an ambulatory surgical center. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered surgery services at an ambulatory surgical center.
Annual Physical Exam	**Out-of-Network** You pay 50% of the total allowed amount for an annual physical exam.	**Out-of-Network** You pay 45% of the total allowed amount for an annual physical exam.

Cost	2022 (this year)	2023 (next year)
Cardiac Rehabilitation Services (Medicare-covered)	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered cardiac rehabilitation services visit. You pay 50% of the total allowed amount for each Medicare-covered intensive-cardiac rehabilitation services visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered cardiac rehabilitation services visit. You pay 45% of the total allowed amount for each Medicare-covered intensive-cardiac rehabilitation services visit.
Chiropractic Services (Medicare-covered)	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered chiropractic visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered chiropractic visit.
Chiropractic Services (supplemental)	Covered under the Extra Care optional supplemental benefit.	Covered as part of a combined supplemental benefit including routine chiropractic services, acupuncture, and naturopathic services with a 50% coinsurance up to a combined $500 benefit maximum for all covered services. Coinsurance applied to allowed amount/billed charges as applicable.
Dental Services (Medicare-covered)	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered dental services visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered dental services visit.

Cost	2022 (this year)	2023 (next year)
Dental Services (supplemental)	**In-Network** You pay $0 copay for comprehensive dental services. You have up to $500 combined annual allowance for other routine & comprehensive dental services. Preventive services do not apply to the combined benefit maximum. Services must be received from dental providers that have not opted out of or are precluded from Medicare.	**In-Network** You pay 20% of the total allowed amount for comprehensive dental services. You have up to $1,000 combined annual allowance for all routine (preventive & comprehensive) dental services. All services apply to the combined benefit maximum. Services received from opted out dental providers are covered under supplemental dental. Precluded providers are still prohibited from plan payment
Dental Services (supplemental) (continued)	**Out-of-Network** You pay $0 copay of the total allowed amount for all routine (preventive & comprehensive) dental services. You have a combined benefit maximum of up to $500 per calendar year for preventive, diagnostic, and comprehensive dental services. Services must be received from dental providers that have not opted out of or are precluded from Medicare.	**Out-of-Network** You pay 50% of the total allowed amount for all routine (preventive & comprehensive) dental services. You have up to $1,000 combined annual allowance for all routine (preventive & comprehensive) dental services. Services received from opted out dental providers are covered under supplemental dental. Precluded providers are still prohibited from plan payment.

Cost	2022 (this year)	2023 (next year)
Diabetic Services and Supplies	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered diabetic monitoring supplies. You pay 50% of the total allowed amount for Medicare-covered diabetic therapeutic shoes or inserts.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered diabetic monitoring supplies. You pay 45% of the total allowed amount for Medicare-covered diabetic therapeutic shoes or inserts.
Durable Medical Equipment (DME) and Related Supplies	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered DME.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered DME.
EKG Following Welcome Visit	**Out-of-Network** You pay 50% of the total allowed amount for an EKG following the Medicare-covered "Welcome to Medicare" visit.	**Out-of-Network** You pay 45% of the total allowed amount for an EKG following the Medicare-covered "Welcome to Medicare" visit.
Emergency Services	**In- and Out-of-Network** You pay a $90 copay for each visit for Medicare-covered emergency services.	**In- and Out-of-Network** You pay a $95 copay for each visit for Medicare-covered emergency services.

Cost	2022 (this year)	2023 (next year)
Fitness benefit (supplemental)	**In-Network** You pay $0 copay for a Fitbit (health and activity tracker) and Premium Digital Programs.	**In-Network** **The Silver&Fit® Healthy Aging and Exercise Program and the Silver&Fit® Connected™ tool** Members have access to the following fitness services at no cost: • On-demand videos through the website and mobile app digital library, including the Silver&Fit Signature Series Classes®. • Participating Fitness Center Membership, including some classes such as low impact classes focused on improving and increasing muscular strength and endurance, mobility, flexibility, range of motion, balance, agility, and coordination. • One home fitness kit per benefit year from a variety of fitness categories. • Healthy Aging Coaching sessions by telephone with a trained coach to discuss topics like exercise, nutrition, social isolation, and brain health. • Silver&Fit Connected!™ tool to assist with tracking activity. Silver&Fit is a registered trademark of ASH and used with permission herein. Not all programs and services may be available in all areas.

Cost	2022 (this year)	2023 (next year)
Hearing Aids (supplemental)	**In-Network** You pay a $699 copay per aid for Flyte Advanced Hearing Aid Products offered by TruHearing $999 copay per aid for Flyte Premium Hearing Aid Products offered by TruHearing.	**In-Network** You pay a $599 copay per aid for Advanced Hearing Aid Products offered by TruHearing $899 copay per aid for Premium Hearing Aid Products offered by TruHearing.
Hearing Exams (Medicare-covered)	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered hearing exam.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered hearing exam.
Home Health Agency Care	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered home health services.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered home health services.
Home Infusion Therapy Services	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered home infusion therapy services. You pay 50% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 50% of the total allowed amount for other Medicare Part B drugs.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered home infusion therapy services. You pay 45% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 45% of the total allowed amount for other Medicare Part B drugs.

Cost	2022 (this year)	2023 (next year)
Inpatient Hospital Care	**In-Network** You pay a $370 copay per day for days 1-5; $0 copay per day for days 6 & beyond for Medicare-covered inpatient hospital stays. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered inpatient hospital stays. You pay 50% of the total allowed amount for non-Medicare-covered additional days at an inpatient hospital.	**In-Network** You pay a $374 copay per day for days 1-5; $0 copay per day for days 6 & beyond for Medicare-covered inpatient hospital stays. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered inpatient hospital stays. You pay 45% of the total allowed amount for non-Medicare-covered additional days at an inpatient hospital.
Inpatient Services in a Psychiatric Hospital	**In-Network** You pay a $370 copay per day for days 1-5; $0 copay per day for days 6-90 for Medicare-covered inpatient mental health stays. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered inpatient mental health stays.	**In-Network** You pay a $374 copay per day for days 1-5; $0 copay per day for days 6-90 for Medicare-covered inpatient mental health stays. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered inpatient mental health stays.
Kidney Disease Education Services	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered kidney disease education services.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered kidney disease education services.
Prosthetics and Medical Supplies	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered medical supplies.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered medical supplies.

Cost	2022 (this year)	2023 (next year)
Medicare Part B Prescription Drugs	**Out-of-Network** You pay 50% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 50% of the total allowed amount for other Medicare Part B drugs.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 45% of the total allowed amount for other Medicare Part B drugs.
Naturopathic Services (supplemental)	Covered under the optional Extra Care supplemental benefit.	Covered as part of a combined supplemental benefit including routine chiropractic services, acupuncture, and naturopathic services with a 50% coinsurance up to a combined $500 benefit maximum for all covered services. Coinsurance applied to allowed amount/billed charges as applicable.
Occupational Therapy Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered occupational therapy visit. Prior authorization is required.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered occupational therapy visit. Prior authorization is required.
Opioid Treatment Program Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered opioid treatment program services visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered opioid treatment program services visit.

Cost	2022 (this year)	2023 (next year)
Other Health Care Professionals (e.g. nurse practitioner; physician assistant)	**In-Network** You pay a $10 copay for services received in a PCP setting; $35 copay for services received in a Specialist setting for each Medicare covered visit. **Out-of-Network** You pay 50% of the total allowed amount for services received in a PCP or Specialist setting for each Medicare-covered visit.	**In-Network** You pay a $0 copay for services received in a PCP setting; $35 copay for services received in a Specialist setting for each Medicare covered visit. **Out-of-Network** You pay 45% of the total allowed amount for services received in a PCP or Specialist setting for each Medicare-covered visit.
Outpatient Blood Services	**In-Network** Coverage of whole blood and packed red cells begins only with the fourth pint of blood that you need - you must either pay the costs for the first 3 pints of blood you get in a calendar year or have the blood donated by you or someone else. All other components of blood, including storage and administration, are covered beginning with the first pint used. The 3 pint deductible only applies to the blood itself, not the storage and administration. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered blood services.	**In-Network** Three (3) pint deductible is waived. Coverage of whole blood and packed red cells (as well as other components of blood) begins with the first pint of blood that you need. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered blood services.

Cost	2022 (this year)	2023 (next year)
Outpatient Diagnostic Lab Services	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered outpatient lab services.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered outpatient lab services.
Outpatient Diagnostic Procedures and Tests	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered diagnostic procedures and tests.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered diagnostic procedures and tests.
Outpatient Diagnostic and Therapeutic Radiology Services	**In-Network** You pay a $15 copay per provider per day for Medicare-covered outpatient X-rays. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered outpatient X-rays.	**In-Network** You pay a $12 copay per provider per day for Medicare-covered outpatient X-rays. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered outpatient X-rays.
Outpatient Mental Health Specialty Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered individual therapy visit. You pay 50% of the total allowed amount for each Medicare-covered group therapy visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered individual therapy visit. You pay 45% of the total allowed amount for each Medicare-covered group therapy visit.

Cost	2022 (this year)	2023 (next year)
Outpatient Psychiatrist Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered individual therapy visit with a psychiatrist. You pay 50% of the total allowed amount for each Medicare-covered group therapy visit with a psychiatrist.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered individual therapy visit with a psychiatrist. You pay 45% of the total allowed amount for each Medicare-covered group therapy visit with a psychiatrist.
Outpatient Substance Use Disorder Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered individual therapy visit. You pay 50% of the total allowed amount for each Medicare-covered group therapy visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered individual therapy visit. You pay 45% of the total allowed amount for each Medicare-covered group therapy visit.
Outpatient Surgery & Observation Services (at an Outpatient Facility)	**In-Network** You pay a $300 copay for Medicare-covered outpatient hospital surgical services. You pay a $300 copay per stay for Medicare-covered observation services. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered outpatient hospital surgical services. You pay 50% of the total allowed amount for Medicare-covered observation services.	**In-Network** You pay a $370 copay for Medicare-covered outpatient hospital surgical services. You pay a $370 copay per stay for Medicare-covered observation services. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered outpatient hospital surgical services. You pay 45% of the total allowed amount for Medicare-covered observation services.

Cost	2022 (this year)	2023 (next year)
Partial Hospitalization Services	**In-Network** You pay a $55 copay for Medicare-covered partial hospitalization services. **Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered partial hospitalization services.	**In-Network** You pay 20% of the total allowed amount for Medicare-covered partial hospitalization services. **Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered partial hospitalization services.
Physical & Speech Therapy Services	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered physical therapy or speech therapy visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered physical therapy or speech therapy visit.
Podiatry Services (Medicare-covered)	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered podiatry visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered podiatry visit.

Cost	2022 (this year)	2023 (next year)
Preventive Services (Medicare-covered) • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training • HIV screening • Immunizations • Medical nutrition therapy • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered zero cost-sharing preventive services.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered zero cost-sharing preventive services.

Cost	2022 (this year)	2023 (next year)
Preventive Services (Medicare-covered) (continued) • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation • Welcome to Medicare preventive visit		
Primary Care Physician Visits	**In-Network** You pay a $10 copay for each Medicare-covered primary care doctor visit. **Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered primary care doctor visit.	**In-Network** You pay a $0 copay for each Medicare-covered primary care doctor visit. **Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered primary care doctor visit.
Prosthetic Devices	**Out-of-Network** You pay 50% of the total allowed amount for Medicare-covered prosthetics.	**Out-of-Network** You pay 45% of the total allowed amount for Medicare-covered prosthetics.

Cost	2022 (this year)	2023 (next year)
Pulmonary Rehabilitation Services	**In-Network** You pay a $30 copay for each Medicare-covered pulmonary rehabilitation services visit. **Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered pulmonary rehabilitation services visit.	**In-Network** You pay a $20 copay for each Medicare-covered pulmonary rehabilitation services visit. **Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered pulmonary rehabilitation services visit.
Skilled Nursing Facility (SNF) Care	**In-Network** You pay a $0 copay per day for days 1-20 $165 copay per day for days 21-100 For days 101 and beyond: all costs beyond day 100 do not count toward your plan maximum out-of-pocket amount. **Out-of-Network** You pay 20% of the total allowed amount for each Medicare-covered SNF stay.	**In-Network** You pay a $0 copay per day for days 1-20 $150 copay per day for days 21-100 For days 101 and beyond: all costs beyond day 100 do not count toward your plan maximum out-of-pocket amount. **Out-of-Network** You pay 40% of the total allowed amount for each Medicare-covered SNF stay.
Specialist Visits	**Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered specialist visit.	**Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered specialist visit.
Supervised Exercise Therapy (SET) (Medicare-covered)	**In-Network** You pay a $30 copay for each Medicare-covered SET visit. **Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered SET visit.	**In-Network** You pay a $25 copay for each Medicare-covered SET visit. **Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered SET visit.

Cost	2022 (this year)	2023 (next year)
Urgently Needed Services	**In- and Out-of-Network** You pay a $40 copay for each Medicare-covered urgent care visit.	**In- and Out-of-Network** You pay a $35 copay for each Medicare-covered urgent care visit.
Vision Care (Medicare-covered Eye Exams)	**In-Network** You pay a $35 copay for each Medicare-covered eye exam. **Out-of-Network** You pay 50% of the total allowed amount for each Medicare-covered eye exam. You pay 50% of the total allowed amount for an annual Medicare-covered glaucoma screening.	**In-Network** You pay a $35 copay for each Medicare-covered eye exam. **Out-of-Network** You pay 45% of the total allowed amount for each Medicare-covered eye exam. You pay 45% of the total allowed amount for an annual Medicare-covered glaucoma screening.
Vision Care (Medicare-covered Eyewear)	**Out-of-Network** You pay 50% of total allowed amount for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.	**Out-of-Network** You pay 45% of total allowed amount for one pair of Medicare-covered eyeglasses or contact lenses after cataract surgery.
Worldwide Emergency/Urgent Services	You pay a $90 copay for each emergency care visit worldwide. You pay a $40 copay for each urgent care visit worldwide.	You pay a $95 copay for each emergency care visit worldwide. You pay a $35 copay for each urgent care visit worldwide.

Section 1.5 – Changes to Part D Prescription Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a Formulary or “Drug List.” A copy of our Drug List is provided electronically.

We made changes to our Drug List, including changes to the drugs we cover and changes to the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, during the year, we might make other changes that are allowed by Medicare rules. For instance, we can immediately remove drugs considered unsafe by the FDA or withdrawn from the market by a product manufacturer. We update our online Drug List to provide the most up to date list of drugs.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 9 of your Evidence of Coverage and talk to your doctor to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. You can also contact Customer Service for more information.

Changes to Prescription Drug Costs

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.

Note: If you are in a program that helps pay for your drugs ("Extra Help"), **the information about costs for Part D prescription drugs may not apply to you.** We have included a separate insert, called the "Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs" (also called the "Low Income Subsidy Rider" or the "LIS Rider"), which tells you about your drug costs. If you receive "Extra Help" and didn't receive this insert with this packet, please call Pharmacy Customer Service and ask for the "LIS Rider."

There are four "drug payment stages".

The information below shows the changes to the first two stages – the Yearly Deductible Stage and the Initial Coverage Stage. (Most members do not reach the other two stages – the Coverage Gap Stage or the Catastrophic Coverage Stage.)

Changes to the Deductible Stage

Stage	2022 (this year)	2023 (next year)
Stage 1: Yearly Deductible Stage During this stage, **you pay the full cost** of your Tier 3 Preferred Brand, Tier 4 Non-Preferred Brand, Tier 5 Preferred Specialty Tier, and Tier 6 Specialty Tier drugs until you have reached the yearly deductible.	The deductible is $250. During this stage, you pay: Tier 1 Preferred Generic - $4 copay per prescription Tier 2 Generic - $10 copay per prescription Tier 7 Vaccines - $0 copay per prescription You pay the full cost for drugs on these tiers: Tier 3 Preferred Brand Tier 4 Non-Preferred Brand Tier 5 Preferred Specialty Tier Tier 6 Specialty Tier until you have reached the yearly deductible.	The deductible is $225. During this stage, you pay: Tier 1 Preferred Generic - $4 copay per prescription Tier 2 Generic - $10 copay per prescription Tier 7 Vaccines - $0 copay per prescription You pay the full cost for drugs on these tiers: Tier 3 Preferred Brand Tier 4 Non-Preferred Brand Tier 5 Preferred Specialty Tier Tier 6 Specialty Tier until you have reached the yearly deductible.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage Once you pay the yearly deductible, you move to the Initial Coverage Stage. During this stage, the plan pays its share of the cost of your drugs, and **you pay your share of the cost.** The costs in this row are for a one-month (30-day) supply when you fill your prescription at a network pharmacy that provides standard cost sharing. For information about the costs for a long-term supply or for mail-order prescriptions, look in Chapter 6, Section 5 of your *Evidence of Coverage*. We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 – Preferred Generic:** You pay a $4 copay per prescription. **Tier 2 – Generic:** You pay a $10 copay per prescription. **Tier 3 – Preferred Brand:** You pay a $45 copay per prescription. **Tier 4 – Non-Preferred Brand:** You pay a $100 copay per prescription. **Tier 5 – Preferred Specialty Tier:** You pay 23% of the total cost per prescription. **Tier 6 – Specialty Tier:** You pay 28% of the total cost per prescription.	Your cost for a one-month supply filled at a network pharmacy with standard cost sharing: **Tier 1 – Preferred Generic:** You pay a $4 copay per prescription. **Tier 2 – Generic:** You pay a $10 copay per prescription. **Tier 3 – Preferred Brand:** You pay a $45 copay per prescription. **Tier 4 – Non-Preferred Brand:** You pay a $100 copay per prescription. **Tier 5 – Preferred Specialty Tier:** You pay 24% of the total cost per prescription. **Tier 6 – Specialty Tier:** You pay 29% of the total cost per prescription.

Stage	2022 (this year)	2023 (next year)
Stage 2: Initial Coverage Stage (continued)	**Tier 7 – Vaccines:** You pay a $0 copay per prescription. Once your total drug costs have reached $4,430, you will move to the next stage (the Coverage Gap Stage).	**Tier 7 – Vaccines:** You pay a $0 copay per prescription. Once your total drug costs have reached $4,660, you will move to the next stage (the Coverage Gap Stage).

SECTION 2 Administrative Changes

Description	2022 (this year)	2023 (next year)
Dental Services (supplemental)	Dental providers who have opted-out of Medicare are not eligible for payment under this plan.	Dental providers who have opted-out of Medicare are eligible for payment for supplemental dental benefits under this plan.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Moda Health NW PPORX

To stay in our plan you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Moda Health NW PPORX.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR*– You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Moda Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Moda Health NW PPORX.
- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Moda Health NW PPORX.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to. Contact Customer Service if you need more information on how to do so.
  - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2023.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage Plan for January 1, 2023, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Oregon, the SHIP is called Senior Health Insurance Benefits Assistance (SHIBA).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIBA counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call SHIBA at 800-722-4134. You can learn more about SHIBA by visiting their website (shiba.oregon.gov).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs.

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a coverage gap or late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1-800-325-0778; or
    - Your State Medicaid Office (applications).
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREAssist Program. For information on eligibility criteria, covered drugs, or how to enroll in the program, please call CAREAssist Program at 800-805-2313.

SECTION 7 Questions?

Section 7.1 – Getting Help from Moda Health NW PPORX

Questions? We're here to help. Please call Customer Service at 877-299-9062 or Pharmacy Customer Service at 888-786-7509. (TTY only, call 711.) We are available for phone calls from 7 a.m. to 8 p.m., 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 system Saturdays, Sundays, and holidays.) Calls to these numbers are free.

Read your *2023 Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Moda Health NW PPORX. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.modahealth.com/medicare. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at www.modahealth.com/medicare. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2023*

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Customer Service - Contact Information		
Call	**877-299-9062 Customer Service** **888-786-7509 Pharmacy Customer Service** Calls to these numbers are free. Customer Service is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31 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.) Customer Service also has free language interpreter services available for non-English speakers.	
TTY	**711** This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free. This number is available 24 hours a day, seven days a week.	
Fax	**Medical Fax Requests 503-948-5577** Attn: Moda Health Medicare Advantage	**Pharmacy Fax Requests 800-207-8235** Attn: Moda Health Medicare Advantage
Write	**Medical Requests** Moda Health Plan, Inc. Attn: Medicare Advantage P.O. Box 40384 Portland OR 97240-0384 MedicalMedicare@modahealth.com	**Pharmacy Requests** Moda Health Plan, Inc. Attn: Medicare Advantage P.O. Box 40327 Portland OR 97240-0327 PharmacyMedicare@modahealth.com
Website	**modahealth.com/medicare**	

Senior Health Insurance Benefits Assistance (SHIBA) (Oregon's SHIP) - Contact Information	
Senior Health Insurance Benefits Assistance (SHIBA) is a state program that gets money from the Federal government to give free local health insurance counseling to people with Medicare.	
Call	**800-722-4134**
TTY	**711**
Write	SHIBA P.O. Box 14480 Salem OR 97309-0405
Website	**shiba.oregon.gov**

PRA Disclosure Statement
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1051. If you have comments or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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