



Annual Notice of Changes (ANOC)

Moda Health PPO

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

Moda Health PPO offered by Moda Health Plan, Inc.

Annual Notice of Changes for 2024

You are currently enrolled as a member of Moda Health PPO. 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).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers 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 2024* 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, 2023, you will stay in Moda Health PPO.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2024**. This will end your enrollment with Moda Health PPO.

- 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 for additional information. (TTY users should call 711.) Hours are 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. This call is free.
- 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 PPO

- Moda Health Plan, Inc. is a PPO 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 PPO.

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Summary of Important Costs for 2024

The table below compares the 2023 costs and 2024 costs for Moda Health PPO in several important areas. **Please note this is only a summary of costs.**

Cost	2023 (this year)	2024 (next year)
Monthly plan premium	\$0	\$0
Maximum out-of-pocket amounts This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$4,500 From in-network and out-of-network providers combined: \$4,500	From network providers: \$4,500 From in-network and out-of-network providers combined: \$4,500
Doctor office visits	<p><u>In-Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit</p> <p><u>Out-of-Network</u> Primary care visits: \$20 copay per visit Specialist visits: \$35 copay per visit</p>	<p><u>In-Network</u> Primary care visits: \$0 copay per visit Specialist visits: \$35 copay per visit</p> <p><u>Out-of-Network</u> Primary care visits: \$20 copay per visit Specialist visits: \$35 copay per visit</p>
Inpatient hospital stays	<p><u>In-Network</u> \$325 copay per day for days 1-5; \$0 copay per day for days 6 & beyond</p> <p><u>Out-of-Network</u> \$425 copay per day for days 1-5; \$0 copay per day for days 6 & beyond</p>	<p><u>In-Network</u> \$325 copay per day for days 1-5; \$0 copay per day for days 6 & beyond</p> <p><u>Out-of-Network</u> \$425 copay per day for days 1-5; \$0 copay per day for days 6 & beyond</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2023 (this year)	2024 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0

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	2023 (this year)	2024 (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.	\$4,500	\$4,500 Once you have paid \$4,500 out-of-pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.

Cost	2023 (this year)	2024 (next year)
<p>Combined maximum out-of-pocket amount</p> <p>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.</p>	<p>\$4,500</p>	<p>\$4,500</p> <p>Once you have paid \$4,500 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.</p>

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.modahealth.com/findcare. You may also call Customer Service for updated provider information or to ask us to mail you a *Provider Directory*, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2024 *Provider Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) 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	2023 (this year)	2024 (next year)
<p>Dental Services Annual Allowance (supplemental)</p>	<p><u>In and Out-of-Network</u> You have up to \$750 annual allowance for all dental services: routine, comprehensive, in-network and out-of-network all combined.</p>	<p><u>In and Out-of-Network</u> You have up to \$1,000 annual allowance for all dental services: routine, comprehensive, in-network and out-of-network all combined.</p>
<p>Fitness benefit (supplemental)</p>	<p><u>In-Network</u> Through ASH Fitness you have access to one participating Silver & Fit fitness center per month. The Silver & Fit program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health (ASH).</p>	<p><u>In-Network</u> Through ASH Standard you have access to more than one participating Silver & Fit fitness center per month. The Silver & Fit program is provided by American Specialty Health Fitness, Inc. (ASH Standard), a subsidiary of American Specialty Health (ASH).</p>
<p>Home Health Agency Care</p>	<p><u>Out-of-Network</u> You pay \$0 copay for Medicare-covered home health services.</p>	<p><u>Out-of-Network</u> You pay 30% of the total allowed amount for Medicare-covered home health services.</p>
<p>Home Infusion Therapy Services</p>	<p><u>In-Network</u> You pay 20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 20% of the total allowed amount for other Medicare Part B drugs.</p>	<p><u>In-Network</u> You pay 0%-20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs. You pay 0%-20% of the total allowed amount for other Medicare Part B drugs.</p>

Cost	2023 (this year)	2024 (next year)
<p>Medicare Part B Prescription Drugs</p>	<p><u>In-Network</u> You pay 20% until July 1, 2023 then you paid 20% up to \$35 per month supply of each covered insulin product.</p> <p>You pay 20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 20% of the total allowed amount for other Medicare Part B drugs.</p>	<p><u>In-Network</u> You pay 0%-20% up to \$35 per month supply of each covered insulin product.</p> <p>You pay 0%-20% of the total allowed amount for Medicare Part B chemotherapy and radiation drugs.</p> <p>You pay 0%-20% of the total allowed amount for other Medicare Part B drugs.</p>
<p>Outpatient Blood Services</p>	<p><u>Out-of-Network</u> You pay \$0 copay for Medicare-covered blood services.</p>	<p><u>Out-of-Network</u> You pay 30% of the total allowed amount for Medicare-covered blood services.</p>
<p>Over-the-counter items</p>	<p><u>In-Network</u> Not covered</p> <p><u>Out-of-Network</u> Not covered.</p>	<p><u>In-Network</u> You receive \$30 for each calendar quarter with \$0 carry over to the next quarter.</p> <p><u>Out-of-Network</u> Not covered.</p>
<p>Pulmonary Rehabilitation Services</p>	<p><u>In-Network</u> You pay a \$20 copay for each Medicare-covered pulmonary rehabilitation services visit.</p>	<p><u>In-Network</u> You pay a \$15 copay for each Medicare-covered pulmonary rehabilitation services visit.</p>
<p>Supervised Exercise Therapy (SET) (Medicare-covered)</p>	<p><u>In-Network</u> You pay a \$30 copay for each Medicare-covered SET visit.</p>	<p><u>In-Network</u> You pay a \$25 copay for each Medicare-covered SET visit.</p>

SECTION 2 Administrative Changes

Description	2023 (this year)	2024 (next year)
Service area	Available in: Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties in the state of Oregon. Must reside in the service area of the plan.	Available in: Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Linn, Marion, Multnomah, Polk, Wasco, Washington, and Yamhill counties in the state of Oregon. Must reside in the service area of the plan.
Change in payment of orthopedic shoes or supportive devices for the feet	Orthopedic shoes or supportive devices may have been covered on your plan in error. While these were covered due to a system error, your plan will not adjust these payments or pursue repayment.	Orthopedic shoes or supportive devices are not covered per Medicare guidelines. Claims for these services will deny. This does not change coverage for diabetic services.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Moda Health PPO

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 PPO.

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 2024 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, there may be 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 2024* 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 PPO.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Moda Health PPO.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. 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, 2024.

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, 2024, 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, 2024.

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).
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the CAREAssist Program, Oregon's AIDS Drug Assistance Program. **Note:** To

be eligible for the ADAP operating in your State, 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.

- If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

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 PPO

Questions? We're here to help. Please call Customer Service at 877-299-9062. (TTY only, call 711.) We are available for phone calls 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours.. Calls to these numbers are free.

Read your 2024 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 2024. For details, look in the 2024 *Evidence of Coverage* for Moda Health PPO. 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*).

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 2024*

Read the *Medicare & You 2024* handbook. Every fall, this document 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.

Important documents for your Medicare Advantage plan

The documents below describe your benefits and coverage rules. Here's how you can **access them online**:



Evidence of Coverage (EOC)

The EOC tells you what is covered, what you pay as a member of the plan, what the plan's rules are and what services are available to you. Every year, we post the following year's EOC online by October 15th at:

modahealth.com/medicarematerials



Provider and Pharmacy Directories

Directories list in-network providers and pharmacies available to you.

Visit modahealth.com/findcare to access the online searchable directory. PDF versions are also available on modahealth.com/medicare.



List of Covered Drugs (Formulary)

The Formulary tells which Part D prescription drugs are covered under the Part D benefit on your plan. The formulary is posted online:

modahealth.com/medicare/covereddrugs

If you have a question about covered drugs, please call **Pharmacy Customer Service (888) 786-7509**.



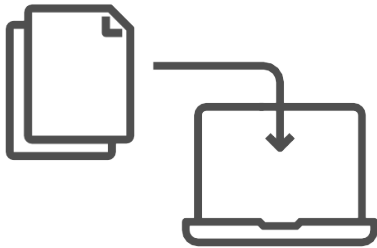
You can also view your plan documents by logging into your Member Dashboard account at modahealth.com/memberdashboard/

If you would like any of these documents mailed to you, contact **Customer Service: (877) 299-9062** or MedicalMedicare@modahealth.com.

Moda Health Plan, Inc. is a PPO and PDP plan with Medicare contracts. Enrollment in Moda Health Plan, Inc. depends on contract renewal.
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Get plan documents delivered to you online



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

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!

Pay your premium online with eBill. Using eBill, you can view invoices online, 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 quý vị cần thông dịch viên xin gọi 877-299-9062 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

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

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 877-299-9062 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

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

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

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

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

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

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

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

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。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。



Customer Service - Contact Information

Call	877-299-9062 Customer Service Calls to these numbers are free. 7 a.m.– 8 p.m. (Pacific Time), seven days a week October 1 – March 31 (closed on Thanksgiving and Christmas), and weekdays April 1 – September 30. Your call will be handled by our automated phone systems outside business hours. Customer Service also has free language interpreter services available for non-English speakers.
TTY	711 This number is available 24 hours a day, seven days a week. This number requires special telephone equipment and is available for people who have difficulties with hearing or speaking.
Fax	Medical Fax Requests 855-801-2989 Attn: Medical Customer Service
Write	Medical Requests Moda Health Plan Attn: Medical Customer Service P.O. Box 40384 Portland, OR 97240-0384 Email: MedicalMedicare@modahealth.com
Website	www.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

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