We want you to enjoy good health, and we're here to help.

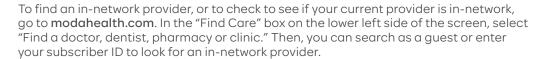




We've put together a checklist to help you track your health needs and make your move to Moda Health as *easy as possible*.









- ☐ Fill out and submit a Transition of Care Request form if you are:
 - Scheduled for a procedure
 - In the middle of treatment
- Pregnant
- Taking specialty medications

If you are scheduled for a service, in the middle of treatment for a medical condition, or pregnant, you may be eligible for a transition of care. Transition of care is when your health plan changes during certain medical treatments. As a result, the medically necessary services become out-of-network. If this is the case for you, please fill out our Transition of Care Request form. You can find it at modahealth.com/members/forms.shtml.

If you are currently working with a case manager, we would like you to work with one from Moda Health. Please call **800-258-2037** to request a case manager.

	Fill your	prescriptions	one more time
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You may want to fill any prescriptions you are taking one more time to make sure you have enough to last you during your transition of care.

☐ See what medications we cover

There will most likely be changes in how your prescription benefits are managed with us. See what medications we cover and get cost estimates for them by visiting modahealth.com/pdl.

If your medication needs authorization, please call us at **866-940-0360**. We will work with you and your provider to get the information we need to complete your medication review.

☐ Show your new Moda Health member identification card to your pharmacist

When you receive your member identification card, please show it to your pharmacy. You will want to do this before you fill your prescription. Also, let your pharmacist know that this card replaces the insurance information you have on file.

☐ Find a participating pharmacy

You can find a participating pharmacy at **modahealth.com**. In the "Find Care" box on the lower left side of the screen, select "Find a doctor, dentist, pharmacy or clinic." Then, you can search as a guest or enter your subscriber ID to look for a pharmacy. If you have any questions, please call Moda Health Pharmacy Customer Service at **866-940-0360**.

☐ Mail-order pharmacies

- Contact your doctor and request a new prescription for up to a 90day supply of each medication. You probably will not need a doctor's visit to get a prescription for a medication you already take.
- 2. Mail the new prescription and completed order form to the Moda Health mail-order partner. Please call Moda Health Pharmacy Customer Service at 866-940-0360 to find out who the mail-order partner is and how to receive an order form. Please do not mail photocopies of prescriptions.



☐ Get credit for deductible costs that you've already paid

Depending on your plan, you may receive a credit for the amount you've already paid toward your deductible*. Please contact your current benefits plan administrator to see if this applies to you.

Most insurers will send us a report of deductible costs so we can credit your account. If your carrier does not provide this report, you will need to fill out and send a copy of your most recent explanation of benefits (EOB) to your employer.

We will credit your account after your employer sends that to us.

*This may not apply to all groups. Please ask your employer if you are eligible for deductible credit.



☐ Create your Member Dashboard account

One of the first things you'll want to do is create your Member Dashboard account. Member Dashboard is your personal website. Within the site, you can find information about your plan, as well as many services, tools and programs created to help keep you healthy. Check it out at modahealth.com/memberdashboard.

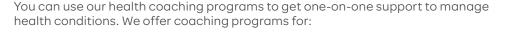
☐ Once you are a member, remember to get your vaccinations

Once your coverage with us begins, make sure to get your vaccinations. Vaccinations are some of the most important tools available for preventing disease. Many vaccinations are now covered at pharmacies such as Albertsons Sav-on, Bi-Mart, Fred Meyer, Rite Aid, Safeway and Walgreens. The following vaccinations are covered at your network pharmacies:

- Influenza
- Meningitis
- Pneumonia

- Hepatitis A
- Hepatitis BTetanus diphth
- Tetanus, diphtheria and pertussis
- Shingles
- Human papillomavirus (HPV)
- Varicella

☐ Connect with health coaching



- Cardiac care
- Dental care
- Depression care
- Diabetes care

- Lifestyle coaching
- Respiratory care
- Spine & joint care
- Women's health & maternity care

To enroll in a health coaching program, please call 877-277-7281 or email careprograms@modahealth.com.

Questions?

Please see the FAQs for members at modahealth.com under "Member overview" and then "Resources." You can also contact Medical Customer Service at 855-522-9807 or Pharmacy Customer Service at 866-940-0360.





Continuity of care (transition of care) request form

☐ Transition of Care – New enrollee transitioning on to a new plan

☐ Continuity of Care – Existing member whose provider network has changed

Transition of Care > Transition of care occurs when your health plan changes during the course of certain medical



your current provider for a period of ti in-network level. If you are scheduled may be eligible for a transition of care after the effective date of your coverce	me to complete the course for a procedure, in the midd . (Form should be submitted	of treatment, or delivery le of treatment for a med	dical condition or are pregnant, you
Continuity of Care > Continuity of continuity of care preventing immediate transfer of care in-network coverage levels for specific days of the network change).	e to an in-network provider.	Continuity of care allows	the member to receive services at
Member name	Date of birth (mm/dd/yyyy)	Subscriber ID	Member phone number
Provider/Physician		Contact name	Provider/Physician phone number
Facility (if applicable)		Facility contact name	Facility phone number
Primary diagnosis (written out)	CPT Codes/Service/Procedu	CPT Codes/Service/Procedure(s)	
Requested date span			
Please include a brief clinical summar attending physician). If request is appinclude the following: CPT Code Diagrantes for further review. Please attack	roved by previous carrier, places, Provider, Facility, Date	lease provide the author e of Service approved. Ce	ization letter or confirmation or
X			
Provider signature			

Ready to submit? Fax request form and supporting clinical documentation to 800-522-7004, or secure email to transitionofcare@modahealth.com

Questions? Contact Moda Health at 888-393-2940 or at medical@modahealth.com

We follow federal civil rights laws. We do not discriminate based on race, 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 Customer Service at:

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

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, 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.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass, Chief Compliance Officer 601 SW Second Ave. Portland, OR 97204 855-232-9111 compliance@modahealth.com ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hổ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意:如果您說中文,可得到免費語言幫助服務。請致電1-877-605-3229(聾啞人專用:711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم 8-277-605-778 (الهاتف النصبي: 711)

(URDU) توجبه دین: اگر آپ اردو بولتے ہیں تو اسانی اعسانت آپ کے لیے 1-87-1 بلا معساوض دستمال ہے۔ پر کال کریں (TTY: 711) 605-3229

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

> توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با -605-877-1 TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzdienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229(TYY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવો) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມືໃຫ້ ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (ТТҮ: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ចោយត្រូវការសេវាកម្មជំនួយផ្នែក ភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ ជនលោកអ្នក។ សូមទូរសព្វទៅកាន់ លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดหราบ: หากคุณพูดภาษาไหย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

