

2025

Annual Notice of Changes (ANOC)

Moda Health Rx (PDP)



S5975-801

Moda Health Rx (PDP), an Oregon Public Employees Retirement System (PERS) employer group plan, offered by Moda Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Moda Health Rx (PDP). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 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/pers. (You may also call Pharmacy Customer Service to ask us to mail you an *Evidence of Coverage*.)

- **The PERS Health Insurance Program (PHIP) Annual Plan Change period is October 1 to November 15. These changes will be effective January 1, 2025.**
- **Medicare plans not offered by PHIP have an annual enrollment period from October 15 until December 7 to make changes to your 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 our drug coverage, coverage restrictions and cost sharing.
 - Think about how much you will spend on premiums, deductibles, and cost sharing
 - Check the changes in the 2025 Drug List to make sure the drugs you currently take are still covered.
 - Compare the 2024 and 2025 plan information to see if any of the drugs you take move to a different cost-sharing tier or will be subject to different restrictions, such as prior authorization, step therapy, or a quantity limit for 2025.
- Check if you qualify for help paying for prescription drugs. People with limited incomes may qualify for "Extra Help" from Medicare.

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- 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 the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
 - 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 want to keep your **Moda Health Rx (PDP)** plan, you don't need to do anything. You will stay enrolled in the **Moda Health Rx (PDP)** plan.
 - If you decide a different PHIP plan will better meet your needs, you can switch to another PHIP plan between October 1 and November 15. If you enroll in a new PHIP plan, your coverage will begin on January 1, 2025.
 - The information below is for general Medicare enrollment; contact the PERS Health Insurance Program for details regarding their enrollment and Plan Change guidelines.
 - To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Moda Health Rx (PDP).
- 4. ENROLL:** To change to a different PHIP plan during the PHIP Plan Change period of October 1 through November 15, 2024 contact the PHIP program or go online at www.pershealth.com for more information. The following information is for general Medicare enrollment; contact PHIP for details regarding their enrollment and Plan Change guidelines.
- To change to a plan outside of PHIP, join a plan between **October 15** and **December 7, 2024**.
 - If you don't join another plan by **December 7, 2024**, you will stay in **Moda Health Rx (PDP)** plan with PHIP.
 - If you join another plan by December 7, 2024, your new coverage will start on January 1, 2025.

Additional Resources

- This plan, **Moda Health Rx (PDP)** is a PHIP employer group plan. Disenrolling from the **Moda Health Rx (PDP)** will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave PHIP you may not be able to rejoin at a later date.
- Please contact our Pharmacy Customer Service number at 888-786-7509 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 Pharmacy Customer Service if you need plan information in another format or language.

About Moda Health Rx (PDP)

- Moda Health Rx (PDP) is a stand-alone prescription drug plan with a Medicare contract. Enrollment in Moda Health Rx (PDP) 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 Rx (PDP).

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Annual Notice of Changes for 2025

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Moda Health Rx (PDP) in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (See Section 1.3 for details.)</p>	<p>Copayment or coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: You pay up to an \$8 copay per prescription for each prescription filled. • Drug Tier 2: You pay up to a \$15 copay per prescription for each prescription filled. • Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled. You pay \$35 per month supply of each covered insulin product on this tier. 	<p>Copayment or coinsurance during the Initial Coverage Stage:</p> <ul style="list-style-type: none"> • Drug Tier 1: You pay up to an \$8 copay per prescription for each prescription filled. • Drug Tier 2: You pay up to a \$15 copay per prescription for each prescription filled. • Drug Tier 3: 40% of the total cost up to a maximum of \$250 for each prescription filled. You pay \$35 per month supply of each covered insulin product on this tier. • Drug Tier 4: 40% of the total cost up to a maximum of \$250 for each prescription filled. You pay \$35 per month supply of each covered insulin product on this tier.

Cost	2024 (this year)	2025 (next year)
<p>Part D prescription drug coverage (continued)</p>	<ul style="list-style-type: none"> • Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 6: You pay a \$0 copay per prescription for each prescription filled. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, the plan pays the full cost for your covered Part D drugs. 	<ul style="list-style-type: none"> • Drug Tier 5: 40% of the total cost up to a maximum of \$250 for each prescription filled. • Drug Tier 6: You pay a \$0 copay per prescription for each prescription filled. <p>Catastrophic Coverage:</p> <ul style="list-style-type: none"> • During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<p>Monthly premium (You must also continue to pay your Medicare Part B premium.)</p>	<p>Your premium is set by PHIP. Please contact PHIP for premium amounts for 2024.</p>	<p>Premium amounts are changing starting January 1, 2025. Your total premium is set by PHIP. Please contact PHIP for premium amounts for 2025.</p>

- 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 the Pharmacy Network

Amounts you pay for your prescription drugs may depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

There are changes to our network of pharmacies for next year. An updated *Pharmacy Directory* is located on our website at www.modahealth.com/pers/pharmacy. You may also call Pharmacy Customer Service for updated provider information or to ask us to mail you a Pharmacy Directory. **Please review the 2025 Pharmacy Directory, located at www.modahealth.com/pers/pharmacy to see which pharmacies are in our network.**

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

Section 1.3 – 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, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during

the plan year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you are taking, we will send you a notice about the change.

If you are affected by a change in drug coverage at the beginning of the year or during the year, please review Chapter 7 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 Pharmacy Customer Service for more information.

We can immediately remove a brand name drug on our Drug List if we replace it with a new generic drug version on the same or a lower cost-sharing tier and with the same or fewer restrictions as the brand name drug it replaces. Also, when adding a new generic, we may also decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions or both.

Starting in 2025, we may immediately remove brand name drugs or original biological products on our Drug List if we replace them with new generics or certain biosimilar versions of the brand name drug or original biological product on the same or lower cost-sharing tier and with the same or fewer restrictions. Also, when adding a new version, we may decide to keep the brand name drug or original biological product on our Drug List, but immediately move it to a higher cost-sharing tier or add new restrictions or both. This means, for instance, if you are taking a brand name drug or biological product that is being replaced by a generic or biosimilar version, you may not get notice of the change 30 days before we make it or get a month's supply of your brand name drug or biological product at a network pharmacy. If you are taking the brand name drug or biological product at the time we make the change, you will still get information on the specific change we made, but it may arrive after we make the change.

Some of these drug types may be new to you. For definitions of the drug types that are discussed throughout this section, please see Chapter 10 of your Evidence of Coverage. The Food and Drug Administration (FDA) also provides consumer information on drugs. See FDA website: <https://www.fda.gov/drugs/biosimilars/multimedia-education-materials-biosimilars#For%20Patients>. You may also contact Pharmacy Customer Service or ask your health care provider, prescriber, or pharmacist for more information.

Changes to Prescription Drug Benefits and Costs

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*.

Beginning in 2025, there are three **drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program will no longer exist in the Part D benefit.

The Coverage Gap Discount Program will also be replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

Changes to the Deductible Stage

Stage	2024 (this year)	2025 (next year)
Stage 1: Yearly Deductible Stage	Because we have no deductible, this payment stage does not apply to you.	Because we have no deductible, this payment stage does not apply to you.

Changes to Your Cost Sharing in the Initial Coverage Stage

Stage	2024 (this year)	2025 (next year)
<p>Stage 2: 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.</p> <p>The costs in this row are for a one-month (31-day) supply when you fill your prescription at a network pharmacy. For information about the costs for a long-term supply look in Chapter 4, Section 5 of your <i>Evidence of Coverage</i>.</p> <p>All adult Part D vaccines are covered at no cost to you.</p>	<p>Tier 1 - Preferred Generic Drugs:</p> <p>You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$16 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$24 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$16 copay for up to a 93-day supply from a mail order pharmacy.</p>	<p>Tier 1 - Preferred Generic Drugs:</p> <p>You pay up to an \$8 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$16 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.</p> <p>You pay up to a \$24 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$16 copay for up to a 93-day supply from a mail order pharmacy.</p>

**Stage 2: Initial Coverage Stage
(continued)**

Tier 2 - Generic Drugs:

You pay up to a \$15 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.

You pay up to a \$30 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.

You pay up to a \$45 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$30 copay for up to a 93-day supply from a mail order pharmacy.

Tier 2 - Generic Drugs:

You pay up to a \$15 copay for each prescription filled up to a 31-day supply from a retail or mail order pharmacy.

You pay up to a \$30 copay for each prescription filled up to a 62-day supply from a retail or mail order pharmacy.

You pay up to a \$45 copay for each prescription filled up to a 93-day supply from a retail pharmacy and a \$30 copay for up to a 93-day supply from a mail order pharmacy.

**Stage 2: Initial Coverage Stage
(continued)****Tier 3 - Preferred Brand
Drugs:**

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy. You pay \$70 per two month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy. You pay \$105 per three month supply of each covered insulin product on this tier.

**Tier 3 - Preferred Brand
Drugs:**

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy. You pay \$70 per two month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy. You pay \$105 per three month supply of each covered insulin product on this tier.

**Stage 2: Initial Coverage Stage
(continued)**

**Tier 4 - Non-Preferred
Brand Drugs:**

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy. You pay \$70 per two month supply of each covered insulin product on this tier

You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy. You pay \$105 per three month supply of each covered insulin product on this tier.

**Tier 4 - Non-Preferred
Drugs:**

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. You pay \$35 per month supply of each covered insulin product on this tier.

You pay 40% of the total cost up to a maximum of \$500 for each prescription filled up to a 62-day supply from a retail or mail order pharmacy. You pay \$70 per two month supply of each covered insulin product on this tier

You pay 40% of the total cost up to a maximum of \$750 for each prescription filled up to a 93-day supply from a retail or mail order pharmacy. You pay \$105 per three month supply of each covered insulin product on this tier.

**Stage 2: Initial Coverage Stage
(continued)**

Tier 5 - Specialty Tier:

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.

Tier 5 - Specialty Tier:

You pay 40% of the total cost up to a maximum of \$250 for each prescription filled up to a 31-day supply from a retail or mail order pharmacy. A long-term supply is not available for Tier 5 Specialty Tier.

Tier 6 - Part D Vaccines:

You pay \$0 copay for each prescription filled up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.

Tier 6 - Part D Vaccines:

You pay \$0 copay for each prescription filled up to a 31-day supply. A long-term supply is not available for Tier 6 Part D Vaccines.

Once you have paid \$5,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Once you have paid \$2,000 out-of-pocket for Part D drugs, you will move to the next stage (the Catastrophic Coverage Stage).

Changes to the Catastrophic Coverage Stage

The Catastrophic Coverage Stage is the third and final stage. Beginning in 2025, drug manufacturers pay a portion of the plan’s full cost for covered Part D brand name drugs and biologics during the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program do not count toward out-of-pocket costs.

For specific information about your costs in the Catastrophic Coverage Stage, look at Chapter 4, Section 6, in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Medicare Prescription Payment Plan	Not applicable	<p>The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage, and it can help you manage your drug costs by spreading them across monthly payments that vary throughout the year (January – December).</p> <p>To learn more about this payment option, please contact us at 888-786-7509 or visit Medicare.gov.</p>

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If You Want to Stay in Moda Health Rx (PDP)

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan offered by the PERS Health Insurance Program by November 15 or change to a Medicare Plan not offered by PHIP or to Original Medicare by December 7, you will automatically stay enrolled as a member of our plan for 2025.

Section 3.2 – If You Want to Change Plans

The Moda Health Rx (PDP) plan is sponsored by PHIP. Disenrolling from the Moda Health Rx (PDP) plan will disenroll you from PHIP. If you would like to make a change, you may call PHIP to discuss your options at 1-800-768-7377 or local 503-224-7377 (TTY users call 711) from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. If you leave the PERS Health Insurance Plan, you may not be able to return to PHIP at a later date.

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can change to a different PHIP plan.
- --OR-- 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

Step 2: Change your coverage

- You can change to a different PHIP plan offered by another PHIP health plan. You will need to decide between October 1 and November 15.
- To **change to a different Medicare prescription drug plan**, enroll in the new plan. You will automatically be disenrolled from PHIP and Moda Health Rx (PDP).

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Moda Health Rx (PDP).
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll. Contact PHIP 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 PHIP health plan for next year, you can do it from October 1 through November 15. The change will take effect on January 1, 2025. Please see above if you would like to change to a Medicare plan not offered by PHIP or to Original Medicare.

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 recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

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.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. SHIP 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 find your state specific State Health

Insurance Assistance Program (SHIP) in Appendix 4 of the *Evidence of Coverage*. You can learn more about SHIPs in your state by visiting their website.

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“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, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a 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.
- **Help from your state’s pharmaceutical assistance program.** Some states have a program called State Pharmaceutical Assistance Program that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **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 ADAP in your state. For information on eligibility criteria, covered drugs, or how to enroll in the program, please refer to Appendix 2 at the back of the *Evidence of Coverage* document which contains contact information for AIDS Drug Assistance Programs (ADAP) listed by state.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a new payment option to help you manage your out-of-pocket drug costs, starting in 2025. This new payment option works with your current drug coverage, and it can help you manage your drug costs by spreading them across **monthly payments that vary throughout the year** (January – December). **This payment option might help**

you manage your expenses, but it doesn't save you money or lower your drug costs.

“Extra Help” from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in this payment option, regardless of income level, and all Medicare drug plans and Medicare health plans with drug coverage must offer this payment option. To learn more about this payment option, please contact us at 888-786-7509 or visit Medicare.gov.

SECTION 7 Questions?

Section 7.1 – Getting Help from Moda Health Rx (PDP)

Questions? We're here to help. Please call Pharmacy Customer Service at 888-786-7509. (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 2025 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 2025. For details, look in the *2025 Evidence of Coverage* for Moda Health Rx (PDP). 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/pers. You may also call Pharmacy 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/pers. As a reminder, our website has the most up-to-date information about our pharmacy network (*Pharmacy 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 prescription drug plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* 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 Part D prescription drug plan

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



Evidence of Coverage (EOC)

The EOC shows all of your prescription drug coverage details. Use it to find out how to get coverage for the prescriptions you need. Every year, we post the following year's EOC online at modahealth.com/pers by October 1st.



Pharmacy Directory

The directory lists in-network pharmacies available to you. Visit modahealth.com/pers to access our online searchable directory. PDF versions are also available online.



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.

Visit modahealth.com/pers to access the online formulary.



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

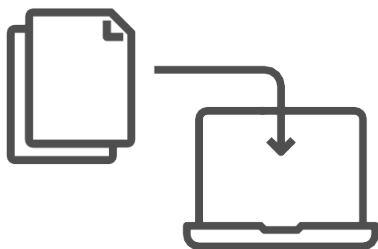
If you have a question or would like any of these documents mailed to you, call Pharmacy Customer Service at **888-786-7509** or email PharmacyMedicare@modahealth.com

Moda Health Plan, Inc. is a 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/pers. The log in is on the 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 888-786-7509.

www.modahealth.com/pers

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Consider Managing Your Monthly Drug Costs with the Medicare Prescription Payment Plan

You might benefit from participating in the Medicare Prescription Payment Plan because you have high drug costs.

What's the Medicare Prescription Payment Plan?

The Medicare Prescription Payment Plan is a new payment option that works with your current drug coverage to help you manage your out-of-pocket Medicare Part D drug costs by spreading them across the calendar year (January– December). Starting in 2025, anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage Plan with drug coverage) can use this payment option for drugs covered by Part D. **All plans offer this payment option and participation is voluntary.**

If you select this payment option, each month you'll continue to pay your plan premium (if you have one), and you'll get a bill from your health or drug plan to pay for your prescription drugs (instead of paying the pharmacy). There's no cost to participate in the Medicare Prescription Payment Plan, and you won't pay any interest or fees on the amount you owe, even if your payment is late.

Will this payment option help me?

It depends on your situation. If you have high out-of-pocket drug costs earlier in the calendar year, this payment option spreads out what you'll pay each month across the calendar year (Jan – Dec), so you don't have to pay out-of-pocket costs to the pharmacy. **This payment option might help you manage your monthly expenses, but it doesn't save you money or lower your drug costs.** Visit [Medicare.gov/basics/costs/help/drug-costs](https://www.medicare.gov/basics/costs/help/drug-costs) to learn about programs that can help lower your drug costs.

How will my costs work?

The prescription drug law caps your out-of-pocket costs at \$2,000 in 2025. This means you'll never pay more than \$2,000 in out-of-pocket drug costs in 2025. **This is true for everyone with Medicare drug coverage, even if you don't join the Medicare Prescription Payment Plan.**

When you fill a prescription for a drug covered by Part D, you won't pay your pharmacy (including mail order and specialty pharmacies). Instead, you'll get a bill each month from your health or drug plan. Your monthly bill is based on what you would have paid for any prescriptions you get, plus your previous month's balance, divided by the number of months left in the year.

Even though you won't pay for your drugs at the pharmacy, you're still responsible for the costs. If you want to know what your drug will cost before you take it home, call your plan or ask the pharmacist.

Note: Your payments might change every month, so you might not know what your exact bill will be ahead of time. Future payments might increase when you fill a new prescription (or refill an existing prescription) because as new out-of-pocket drug costs get added to your monthly payment, there are fewer months left in the year to spread out your remaining payments.

How do I know if this payment option might not be the best choice for me?

This payment option might not be the best choice for you if:

- Your yearly drug costs are low.
- Your drug costs are the same each month.

- You're considering signing up for the payment option late in the calendar year (after September).
- You don't want to change how you pay for your drugs.
- You get or are eligible for Extra Help from Medicare.
- You get or are eligible for a Medicare Savings Program.
- You get help paying for your drugs from other organizations, like a State Pharmaceutical Assistance Program (SPAP), a coupon program, or other health coverage.

Who can help me decide if I should participate?

- **Your health or drug plan:** Visit your plan's website, or call your plan to get more information. If you need to pick up a prescription urgently, call your plan to discuss your options.
- **Medicare:** Visit [Medicare.gov/prescription-payment-plan](https://www.medicare.gov/prescription-payment-plan) to learn more about this payment option and if it might be a good fit for you.
- **State Health Insurance Assistance Program (SHIP):** Visit shiphelp.org to get the phone number for your local SHIP and get free, personalized health insurance counseling.

How do I sign up?

Visit your health or drug plan's website, or call your plan to start participating in this payment option at any time during the plan year.

Need this information in another format or language?

To get this material in other formats like large print, braille, or another language, contact your Medicare drug plan at the phone number on the back of your membership card. If you need help contacting your plan, call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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 888-786-7509. 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 888-786-7509. 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 888-786-7509。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 888-786-7509。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 888-786-7509. 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 888-786-7509. 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 888-786-7509 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 888-786-7509. 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 888-786-7509 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 888-786-7509. 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 888-786-7509. 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 888-786-7509 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 888-786-7509. 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 888-786-7509. 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 888-786-7509. 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 888-786-7509. 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、888-786-7509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。



Pharmacy Customer Service - Contact Information	
Call	<p>888-786-7509 Pharmacy Customer Service</p> <p>Calls to these numbers are free. Office 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.</p> <p>Pharmacy Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>This number is available 24 hours a day, seven days a week. This number requires special telephone equipment and is only for people who have difficulties with hearing and speaking. Calls to this number are free.</p>
Write	<p>Moda Health Plan, Inc.</p> <p>Attn: Moda Health Rx (PDP)</p> <p>P.O. Box 40327</p> <p>Portland, OR 97240-0327</p> <p>Email: phipquestions@modahealth.com</p>
Fax	<p>800-207-8235</p> <p>Attn: Moda Health Rx (PDP)</p>
Website	<p>www.modahealth.com/pers</p>

PERS Health Insurance Program (PHIP) Customer Service – Contact Information	
Call	<p>1-800-768-7377</p> <p>Calls to this number are free. PHIP Customer Service is available from 7:30 a.m. to 5:30 p.m., Pacific Time, Monday through Friday. PHIP Customer Service also has free language interpreter services available for non-English speakers.</p>
TTY	<p>711</p> <p>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.</p>
Write	<p>PERS Health Insurance Program (PHIP)</p> <p>P.O. Box 40187</p> <p>Portland, OR 97240-0187</p> <p>persinfo@pershealth.com</p>
Fax	<p>503-765-3452 or 1-888-393-2943</p>
Website	<p>www.pershealth.com</p>



601 S.W. Second Ave.
Portland, OR 97204-3154

Important Moda Health Plan, Inc. information