Idaho 2025

Outline of coverage

Medicare Supplement plans

moda HEALTH

Understand your plan ***options***

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

The chart below includes an overview of the benefits available with each plan option. Use this chart to determine which plan may best meet your needs. Then review the benefit tables to learn about more plan details.

We offer standardized Medicare Supplement Plans A, G and N. We also offer Plan G with a $2,870 deductible option.

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

1 Plans F and G also have a high deductible option which require first paying a calendar-year deductible of $2,870 before the plan begins to pay. Once the deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan High-deductible G does not cover the Medicare Part B deductible. However, Plan High-deductible F and Plan High-deductible G count your payment of the Medicare Part B deductible toward meeting the calendar-year deductible.

2 Plan K reimburses these expenses at 50%, up to an out-of-pocket maximum of $7,220 in a calendar year. Plan L reimburses these expenses at 75%, up to an out-of-pocket maximum of $3,610 in a calendar year. Once the out-of-pocket maximum is met, covered expenses are reimbursed at 100%.

3 Plan N requires copayment of up to $20 for office visits and $50 for emergency room visits.

What supplement ***plans cost***

Take a look at our Medicare Supplement monthly premiums below. These rates are effective through Dec. 31, 2025.

Non-Tobacco		
Age	**Under 65[1]**	**65+**
Medical Plans		
Plan A	$255.48	$170.32
Plan G	$311.15	$207.43
Plan G with $2,870 deductible	$108.03	$72.02
Plan N	$243.70	$162.47

Tobacco		
Age	**Under 65[1]**	**65+**
Medical Plans		
Plan A	$293.80	$195.87
Plan G	$357.82	$238.55
Plan G with $2,870 deductible	$124.24	$82.83
Plan N	$280.26	$186.84

You may receive a **premium discount of 10%** if you qualify for our household discount. You qualify if you reside with at least one other Moda Health Medicare supplement member. The discount will be applied to at most three eligible members per household and may include your spouse, dependent or permanent resident of your home. The household discount will only be applicable if a Moda Health Medicare supplement policy is issued to each applicant. The rates below do not reflect the household discount.

1 The under 65 rate applies to persons on Medicare by reason of disability who are under age 65.

Disclosures

Use this outline to compare benefits and premiums among policies.

Will my premium change?

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

Read your policy very carefully

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

Complete answers are very important

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

Notice

This policy may not fully cover all of your medical costs. Neither Moda Health nor its agents are connected with Medicare. This outline of coverage does not give all of the details about Medicare coverage. For a complete description of Medicare benefits, contact your local Social Security office, or refer to the "Medicare & You 2025" handbook online at medicare.gov or by calling 800-633-4227.

Guaranteed renewability

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

Right to return policy

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

Policy replacement

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

Plan A

Medicare Part A	Medicare pays	Plan pays	You pay
Hospitalization[1]	*Semi-private room and board, general nursing and miscellaneous services and supplies*		
First 60 days	All but $1,676	$0	$1,676 (Part A deductible)
61st through 90th day	All but $419 per day	$419 per day	$0
91st day and after: While using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare-eligible expenses	$0[2]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[1]	*You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days*		
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $209.50 per day	$0	Up to $209.50 per day
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care	*Available as long as your doctor certifies you are terminally ill and you elect to receive these services*		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	$0

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

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

Plan A (continued)

Medicare Part B	Medicare pays	Plan pays	You pay
Medical expenses *In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment*			
First $257 of Medicare-approved amounts[1]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	$0
Part B excess charges (above Medicare approved amounts)	$0	$0	All costs
Blood			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts[1]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	$0	$0

Plan A (continued)

Medicare Parts A and B	Medicare pays	Plan pays	You pay
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	$0	$0
Durable medical equipment:			
First $257 of Medicare-approved amounts[1]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

1 Once you have been billed $257 for Medicare-approved amounts of covered services that are noted with a [1], your Part B deductible will have been met for the calendar year.

Plan G – or Plan High-deductible G

Medicare Part A	Medicare pays	Plan pays *For Plan High-deductible G only, Plan pay amounts are after you pay $2,870 deductible.*[2]	You pay *For Plan High-deductible G only, this is in addition to $2,870 deductible.*[2]
Hospitalization[1]	*Semi-private room and board, general nursing and miscellaneous services and supplies*		
First 60 days	All but $1,676	$1,676 (Part A deductible)	$0
61st through 90th day	All but $419 per day	$419 per day	$0
91st day and after: While using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare-eligible expenses	$0[3]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[1]	*You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days*		
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $209.50 per day	Up to $209.50 per day	$0
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care	*Available as long as your doctor certifies you are terminally ill and you elect to receive these services*		
	All but very limited coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	$0

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

Medicare Part B	Medicare pays	Plan pays *For Plan High-deductible G only, Plan pay amounts are after you pay $2,870 deductible.[2]*	You pay *For Plan High-deductible G only, this is in addition to $2,870 deductible.[2]*
Medical expenses *In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment*			
First $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	20%	$0
Part B excess charges (above Medicare approved amounts)	$0	100%	$0
Blood			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts[4]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	$0	$0

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

2 This high deductible plan offers the same benefits as Plan G after a $2,870 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are $2,870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.

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

4 Once you have been billed $257 for Medicare-approved amounts of covered services that are noted with a [4], your Part B deductible will have been met for the calendar year.

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

Medicare Part A and B	Medicare pays	Plan pays *For Plan High-deductible G only, Plan pay amounts are after you pay $2,870 deductible.*[2]	You pay *For Plan High-deductible G only, this is in addition to $2,870 deductible.*[2]
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	$0	$0
Durable medical equipment:			
First $257 of Medicare-approved amounts[1]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

Other benefits – not covered by Medicare	Medicare pays	Plan pays *For Plan High-deductible G only, Plan pay amounts are after you pay $2,870 deductible.*[2]	You pay *For Plan High-deductible G only, this is in addition to $2,870 deductible.*[2]
Foreign travel	*Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States*		
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% up to a lifetime maximum benefit of $50,000	20% and amounts over $50,000 lifetime maximum

1 Once you have been billed $257 for Medicare-approved amounts of covered services that are noted with a [1], your Part B deductible will have been met for the calendar year.

2 This high deductible plan offers the same benefits as Plan G after a $2,870 deductible per calendar year. Benefits from Plan High-deductible G will not begin until out-of-pocket expenses are $2,870. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A, but does not include the plan's separate foreign travel emergency deductible. It also includes your payment of the Part B deductible.

Plan N

Medicare Part A	Medicare pays	Plan pays	You pay
Hospitalization[1]	*Semi-private room and board, general nursing and miscellaneous services and supplies*		
First 60 days	All but $1,676	$1,676 (Part A deductible)	$0
61st through 90th day	All but $419 per day	$419 per day	$0
91st day and after: While using 60 lifetime reserve days	All but $838 per day	$838 per day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare-eligible expenses	$0[2]
Beyond the additional 365 days	$0	$0	All costs
Skilled nursing facility care[1]	*You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days*		
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $209.50 per day	Up to $209.50 per day	$0
101st day and after	$0	$0	All costs
Blood			
First three pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
Hospice care	*Available as long as your doctor certifies you are terminally ill and you elect to receive these services*		
	All but very limited copayment or coinsurance for outpatient drugs and inpatient respite care	Medicare coinsurance or copay	$0

Plan N (continued)

Medicare Part B	Medicare pays	Plan pays	You pay
Medical expenses *In or out of the hospital and outpatient hospital treatment, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests and durable medical equipment*			
First $257 of Medicare-approved amounts[3]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the member is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
Part B excess charges (above Medicare approved amounts)	$0	$0	All costs
Blood			
First three pints	$0	All costs	$0
Next $257 of Medicare-approved amounts[3]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
Clinical laboratory services – blood tests			
For diagnostic services	100%	$0	$0

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

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

3 Once you have been billed $257 for Medicare-approved amounts of covered services that are noted with a [3], your Part B deductible will have been met for the calendar year.

Plan N (continued)

Medicare Part A and B	Medicare pays	Plan pays	You pay
Home healthcare Medicare-approved services			
Medically necessary skilled-care services and medical supplies	100%	$0	$0
Durable medical equipment:			
First $257 of Medicare-approved amounts[1]	$0	$0	$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0

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

1 Once you have been billed $257 for Medicare-approved amounts of covered services that are noted with a [1], your Part B deductible will have been met for the calendar year.

With enrollment in a Medicare supplement plan, you are provided with additional value added discounts including access to discounts on select items and services. You can learn more about these discounts by visiting www.modahealth.com.

These additional services are a complement to the Medicare Supplement plan, but are not insurance.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, religion, 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:

844-931-1775 (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

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

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.

Health plans provided by Moda Health Plan, Inc. Rev1_2177 (06/22)

moda HEALTH

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 hỗ 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 1-877-605-3229 (الهاتف النصي: 711)

توجہ دیں: اگر آپ اردو (URDU) بولتے ہیں تو لسانی اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-877-605-3229 (TTY: 711)

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 1-877-605-3229 (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。

modahealth.com/idaho

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

ໂຢດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 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 ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 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.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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)

Individual & family

Medicare

Small group

Large group

Questions? *We're here to help.*

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

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156

modahealth.com/idaho

moda HEALTH

Health plans provided by Moda Health Plan, Inc.
REV3-2486_ID (09/24)