

Medicare Supplement

Choose a better experience
with your **health insurance**



2025





**Welcome to
Moda Health,**

the place you go when you want more than a health plan – because you know good health is about so much more than just the plan details



**A partnership
you can trust**

For nearly 30 years, Moda Health has been offering the Medicare Supplement plan to our members.



**An Oregon-based
company since 1955**

70 years of offering insurance plans in the Pacific Northwest.



Nationwide coverage

With the Moda Health Medicare Supplement plan, you may see a Medicare provider anywhere in the U.S. and U.S. territories.

Explore Medicare Supplement coverage

Why should I have a supplement plan?

When you choose our Moda Health Medicare Supplement plan, you get more than what Original Medicare covers. Our plans include all services that Original Medicare covers **plus more**.

Original Medicare is your primary insurance:



Part A (hospital insurance)



Part B (medical insurance)



Moda Health Medicare Supplement gives you more flexibility and can help lower your out-of-pocket costs.

Medicare generally pays **80%**, Moda Health pays **20%** for Medicare covered services*



No primary care provider (PCP) requirements

Additional value-added services and discounts

Flexibility to see any Medicare provider nationwide

No referrals required

*For full benefit details and limitations, visit modamedicare.com

Travel with a *peace in mind*

Our **Medicare Supplement plan** ensures your coverage is with you when you travel anywhere in the United States. We allow you to choose any Medicare-approved physician throughout the country. By selecting the Moda Health Medicare Supplement plan, you can feel secure that where Medicare coverage ends, your plan coverage begins.



How do I find a provider?

To find a provider for the Medicare Supplement plan, go to Medicare.gov. There you can see which providers are in your area.



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.

If you were eligible for Medicare before Jan. 1, 2020

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

If you were eligible for Medicare on or after Jan. 1, 2020

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.



Plan A



 Medicare Part A		Medicare pays	Plan pays	 You pay
Hospitalization¹		<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
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 care¹		<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
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		<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	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		<i>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</i>		
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

 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 F – or Plan High-deductible F





 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,870 deductible²</i>
Hospitalization¹		<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>	
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 care¹		<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>	
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

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 F after a \$2,870 deductible per calendar year. Benefits from Plan High-deductible F 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 deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency 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.

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

 Medicare Part A		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,870 deductible²</i>
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
 Medicare Part B		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,870 deductible²</i>
Medical expenses <i>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</i>				
First \$257 of Medicare-approved amounts ¹	\$0	\$257 (Part B deductible)	\$0	\$0
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0	\$0
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0	\$0
Blood				
First three pints	\$0	All costs	\$0	\$0
Next \$257 of Medicare-approved amounts ¹	\$0	\$257 (Part B deductible)	\$0	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	\$0
Clinical laboratory services – blood tests				
For diagnostic services	100%	\$0	\$0	\$0



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

 Medicare Part A and B		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,870 deductible²</i>
Home healthcare Medicare-approved services				
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0	\$0
Durable medical equipment:				
First \$257 of Medicare-approved amounts ¹	\$0	\$257 (Part B deductible)	\$0	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	\$0
 Other benefits – not covered by Medicare		Medicare pays	Plan pays <i>For Plan High-deductible F only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible F only, this is in addition to \$2,870 deductible²</i>
Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>				
First \$250 each calendar year	\$0	\$0	\$250	\$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 F after a \$2,870 deductible per calendar year. Benefits from Plan High-deductible F 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 deductibles for Parts A and B, but does not include the plan's separate foreign travel emergency deductible.

Plan G – or Plan High-deductible G

 Medicare Part A	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i>
Hospitalization¹ <i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>			
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 care¹ <i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>			
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 <i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>			
	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 <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i>
Medical expenses <i>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</i>			
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 <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i>																
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																
<table border="1"> <thead> <tr> <th data-bbox="87 983 531 1225">  Other benefits – not covered by Medicare </th> <th data-bbox="531 983 801 1225"> Medicare pays </th> <th data-bbox="801 983 1121 1225"> Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i> </th> <th data-bbox="1121 983 1457 1225">  You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i> </th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="87 1225 1457 1320"> Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i> </td> </tr> <tr> <td data-bbox="87 1320 531 1407"> First \$250 each calendar year </td> <td data-bbox="531 1320 801 1407"> \$0 </td> <td data-bbox="801 1320 1121 1407"> \$0 </td> <td data-bbox="1121 1320 1457 1407"> \$250 </td> </tr> <tr> <td data-bbox="87 1407 531 1542"> Remainder of charges </td> <td data-bbox="531 1407 801 1542"> \$0 </td> <td data-bbox="801 1407 1121 1542"> 80% up to a lifetime maximum benefit of \$50,000 </td> <td data-bbox="1121 1407 1457 1542"> 20% and amounts over \$50,000 lifetime maximum </td> </tr> </tbody> </table>				 Other benefits – not covered by Medicare	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i>	Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>				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
 Other benefits – not covered by Medicare	Medicare pays	Plan pays <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible²</i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible²</i>																
Foreign travel <i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>																			
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
Hospitalization¹	<i>Semi-private room and board, general nursing and miscellaneous services and supplies</i>		
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 care¹	<i>You must meet Medicare's requirements, including three inpatient hospital days, prior to entering a Medicare-approved skilled nursing facility within 30 days</i>		
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	<i>Available as long as your doctor certifies you are terminally ill and you elect to receive these services</i>		
	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	<i>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</i>		
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			
<i>Medically necessary emergency care services beginning during the first 60 days of each trip outside the United States</i>			
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.





What *Supplement plans* cost

Plans A, F, G, N, High-deductible F and High-deductible G rates are effective January 1, 2025. Premiums can change.

Plan premiums are determined by several factors; the county you live in, your age as of the plan effective date, tobacco use, and gender.

To find your premium, start by finding the rating area Area 1 and Area 2 for your zip code. Use the premium table within your zip code's Area that applies to you (non-tobacco/tobacco).

Area	Zip codes
Area 1	971xx zip codes only
Area 2	All other Oregon zip codes



You may receive a **premium discount of 5%** 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.

Medical plan premiums for rating Area 1

This area includes 971xx zip codes only

 Non-Tobacco

Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	77
Plan A ModaORMedSupAbk 1-1-2025														
Male	\$145.00	\$145.00	\$145.00	\$145.00	\$157.00	\$165.00	\$173.00	\$182.00	\$192.00	\$201.00	\$211.00	\$220.00	\$231.00	\$237.00
Female	\$137.00	\$137.00	\$137.00	\$137.00	\$146.00	\$151.00	\$158.00	\$164.00	\$170.00	\$177.00	\$183.00	\$190.00	\$196.00	\$202.00
Plan F ModaORMedSupFbk 1-1-2025														
Male	\$241.00	\$241.00	\$241.00	\$241.00	\$261.00	\$274.00	\$287.00	\$302.00	\$318.00	\$334.00	\$350.00	\$367.00	\$383.00	\$393.00
Female	\$228.00	\$228.00	\$228.00	\$228.00	\$243.00	\$252.00	\$262.00	\$272.00	\$283.00	\$294.00	\$305.00	\$315.00	\$325.00	\$335.00
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025														
Male	\$55.00	\$55.00	\$55.00	\$55.00	\$59.00	\$62.00	\$65.00	\$68.00	\$72.00	\$75.00	\$79.00	\$82.00	\$87.00	\$90.00
Female	\$52.00	\$52.00	\$52.00	\$52.00	\$55.00	\$57.00	\$59.00	\$62.00	\$64.00	\$66.00	\$69.00	\$71.00	\$74.00	\$76.00
Plan G ModaORMedSupGbk 1-1-2025														
Male	\$191.00	\$191.00	\$191.00	\$191.00	\$207.00	\$217.00	\$228.00	\$239.00	\$251.00	\$265.00	\$277.00	\$290.00	\$304.00	\$312.00
Female	\$180.00	\$180.00	\$180.00	\$180.00	\$193.00	\$200.00	\$207.00	\$215.00	\$224.00	\$233.00	\$241.00	\$249.00	\$258.00	\$265.00
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025														
Male	\$50.00	\$50.00	\$50.00	\$50.00	\$55.00	\$57.00	\$60.00	\$63.00	\$66.00	\$69.00	\$73.00	\$76.00	\$79.00	\$82.00
Female	\$47.00	\$47.00	\$47.00	\$47.00	\$50.00	\$53.00	\$55.00	\$57.00	\$59.00	\$61.00	\$64.00	\$66.00	\$68.00	\$70.00
Plan N ModaORMedSupNbk 1-1-2025														
Male	\$173.00	\$173.00	\$173.00	\$173.00	\$187.00	\$197.00	\$207.00	\$217.00	\$229.00	\$240.00	\$252.00	\$264.00	\$276.00	\$283.00
Female	\$164.00	\$164.00	\$164.00	\$164.00	\$174.00	\$181.00	\$188.00	\$196.00	\$203.00	\$211.00	\$219.00	\$227.00	\$235.00	\$241.00

(continued)

Age	78	79	80	81	82	83	84	85	86	87	88	89	90+
Plan A ModaORMedSupAbk 1-1-2025													
Male	\$243.00	\$250.00	\$258.00	\$263.00	\$268.00	\$274.00	\$279.00	\$284.00	\$288.00	\$294.00	\$298.00	\$303.00	\$306.00
Female	\$207.00	\$213.00	\$218.00	\$226.00	\$234.00	\$241.00	\$248.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00	\$255.00
Plan F ModaORMedSupFbk 1-1-2025													
Male	\$405.00	\$416.00	\$427.00	\$437.00	\$446.00	\$455.00	\$464.00	\$472.00	\$480.00	\$488.00	\$495.00	\$503.00	\$509.00
Female	\$344.00	\$353.00	\$364.00	\$376.00	\$388.00	\$401.00	\$412.00	\$424.00	\$424.00	\$424.00	\$424.00	\$424.00	\$424.00
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025													
Male	\$92.00	\$94.00	\$97.00	\$99.00	\$101.00	\$103.00	\$105.00	\$107.00	\$108.00	\$110.00	\$112.00	\$113.00	\$115.00
Female	\$78.00	\$80.00	\$82.00	\$84.00	\$88.00	\$91.00	\$94.00	\$96.00	\$96.00	\$96.00	\$96.00	\$96.00	\$96.00
Plan G ModaORMedSupGbk 1-1-2025													
Male	\$320.00	\$330.00	\$338.00	\$346.00	\$353.00	\$361.00	\$367.00	\$374.00	\$380.00	\$386.00	\$392.00	\$398.00	\$403.00
Female	\$272.00	\$280.00	\$287.00	\$298.00	\$307.00	\$317.00	\$327.00	\$336.00	\$336.00	\$336.00	\$336.00	\$336.00	\$336.00
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025													
Male	\$84.00	\$87.00	\$89.00	\$91.00	\$93.00	\$95.00	\$97.00	\$98.00	\$100.00	\$102.00	\$103.00	\$105.00	\$106.00
Female	\$71.00	\$73.00	\$75.00	\$78.00	\$80.00	\$83.00	\$85.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00	\$89.00
Plan N ModaORMedSupNbk 1-1-2025													
Male	\$291.00	\$300.00	\$307.00	\$314.00	\$320.00	\$328.00	\$334.00	\$340.00	\$345.00	\$351.00	\$356.00	\$362.00	\$366.00
Female	\$247.00	\$254.00	\$262.00	\$270.00	\$279.00	\$288.00	\$297.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00	\$306.00

Medical plan premiums for rating Area 1 (continued)

This area includes 971xx zip codes only

Tobacco														
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	77
Plan A ModaORMedSupAbk 1-1-2025														
Male	\$166.75	\$166.75	\$166.75	\$166.75	\$180.55	\$189.75	\$198.95	\$209.30	\$220.80	\$231.15	\$242.65	\$253.00	\$265.65	\$272.55
Female	\$157.55	\$157.55	\$157.55	\$157.55	\$167.90	\$173.65	\$181.70	\$188.60	\$195.50	\$203.55	\$210.45	\$218.50	\$225.40	\$232.30
Plan F ModaORMedSupFbk 1-1-2025														
Male	\$277.15	\$277.15	\$277.15	\$277.15	\$300.15	\$315.10	\$330.05	\$347.30	\$365.70	\$384.10	\$402.50	\$422.05	\$440.45	\$451.95
Female	\$262.20	\$262.20	\$262.20	\$262.20	\$279.45	\$289.80	\$301.30	\$312.80	\$325.45	\$338.10	\$350.75	\$362.25	\$373.75	\$385.25
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025														
Male	\$63.25	\$63.25	\$63.25	\$63.25	\$67.85	\$71.30	\$74.75	\$78.20	\$82.80	\$86.25	\$90.85	\$94.30	\$100.05	\$103.50
Female	\$59.80	\$59.80	\$59.80	\$59.80	\$63.25	\$65.55	\$67.85	\$71.30	\$73.60	\$75.90	\$79.35	\$81.65	\$85.10	\$87.40
Plan G ModaORMedSupGbk 1-1-2025														
Male	\$219.65	\$219.65	\$219.65	\$219.65	\$238.05	\$249.55	\$262.20	\$274.85	\$288.65	\$304.75	\$318.55	\$333.50	\$349.60	\$358.80
Female	\$207.00	\$207.00	\$207.00	\$207.00	\$221.95	\$230.00	\$238.05	\$247.25	\$257.60	\$267.95	\$277.15	\$286.35	\$296.70	\$304.75
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025														
Male	\$57.50	\$57.50	\$57.50	\$57.50	\$63.25	\$65.55	\$69.00	\$72.45	\$75.90	\$79.35	\$83.95	\$87.40	\$90.85	\$94.30
Female	\$54.05	\$54.05	\$54.05	\$54.05	\$57.50	\$60.95	\$63.25	\$65.55	\$67.85	\$70.15	\$73.60	\$75.90	\$78.20	\$80.50
Plan N ModaORMedSupNbk 1-1-2025														
Male	\$198.95	\$198.95	\$198.95	\$198.95	\$215.05	\$226.55	\$238.05	\$249.55	\$263.35	\$276.00	\$289.80	\$303.60	\$317.40	\$325.45
Female	\$188.60	\$188.60	\$188.60	\$188.60	\$200.10	\$208.15	\$216.20	\$225.40	\$233.45	\$242.65	\$251.85	\$261.05	\$270.25	\$277.15

(continued)

Age	78	79	80	81	82	83	84	85	86	87	88	89	90+
Plan A ModaORMedSupAbk 1-1-2025													
Male	\$279.45	\$287.50	\$296.70	\$302.45	\$308.20	\$315.10	\$320.85	\$326.60	\$331.20	\$338.10	\$342.70	\$348.45	\$351.90
Female	\$238.05	\$244.95	\$250.70	\$259.90	\$269.10	\$277.15	\$285.20	\$293.25	\$293.25	\$293.25	\$293.25	\$293.25	\$293.25
Plan F ModaORMedSupFbk 1-1-2025													
Male	\$465.75	\$478.40	\$491.05	\$502.55	\$512.90	\$523.25	\$533.60	\$542.80	\$552.00	\$561.20	\$569.25	\$578.45	\$585.35
Female	\$395.60	\$405.95	\$418.60	\$432.40	\$446.20	\$461.15	\$473.80	\$487.60	\$487.60	\$487.60	\$487.60	\$487.60	\$487.60
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025													
Male	\$105.80	\$108.10	\$111.55	\$113.85	\$116.15	\$118.45	\$120.75	\$123.05	\$124.20	\$126.50	\$128.80	\$129.95	\$132.25
Female	\$89.70	\$92.00	\$94.30	\$96.60	\$101.20	\$104.65	\$108.10	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40	\$110.40
Plan G ModaORMedSupGbk 1-1-2025													
Male	\$368.00	\$379.50	\$388.70	\$397.90	\$405.95	\$415.15	\$422.05	\$430.10	\$437.00	\$443.90	\$450.80	\$457.70	\$463.45
Female	\$312.80	\$322.00	\$330.05	\$342.70	\$353.05	\$364.55	\$376.05	\$386.40	\$386.40	\$386.40	\$386.40	\$386.40	\$386.40
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025													
Male	\$96.60	\$100.05	\$102.35	\$104.65	\$106.95	\$109.25	\$111.55	\$112.70	\$115.00	\$117.30	\$118.45	\$120.75	\$121.90
Female	\$81.65	\$83.95	\$86.25	\$89.70	\$92.00	\$95.45	\$97.75	\$102.35	\$102.35	\$102.35	\$102.35	\$102.35	\$102.35
Plan N ModaORMedSupNbk 1-1-2025													
Male	\$334.65	\$345.00	\$353.05	\$361.10	\$368.00	\$377.20	\$384.10	\$391.00	\$396.75	\$403.65	\$409.40	\$416.30	\$420.90
Female	\$284.05	\$292.10	\$301.30	\$310.50	\$320.85	\$331.20	\$341.55	\$351.90	\$351.90	\$351.90	\$351.90	\$351.90	\$351.90

Medical plan premiums for rating Area 2

This area includes all other Oregon zip codes

Non-Tobacco														
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	77
Plan A ModaORMedSupAbk 1-1-2025														
Male	\$141.00	\$141.00	\$141.00	\$141.00	\$152.00	\$160.00	\$168.00	\$177.00	\$186.00	\$195.00	\$205.00	\$214.00	\$224.00	\$230.00
Female	\$133.00	\$133.00	\$133.00	\$133.00	\$142.00	\$147.00	\$153.00	\$159.00	\$165.00	\$172.00	\$178.00	\$184.00	\$190.00	\$196.00
Plan F ModaORMedSupFbk 1-1-2025														
Male	\$234.00	\$234.00	\$234.00	\$234.00	\$253.00	\$266.00	\$279.00	\$293.00	\$309.00	\$324.00	\$340.00	\$356.00	\$372.00	\$382.00
Female	\$221.00	\$221.00	\$221.00	\$221.00	\$236.00	\$245.00	\$254.00	\$264.00	\$275.00	\$285.00	\$296.00	\$306.00	\$316.00	\$325.00
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025														
Male	\$53.00	\$53.00	\$53.00	\$53.00	\$57.00	\$60.00	\$63.00	\$66.00	\$70.00	\$73.00	\$77.00	\$80.00	\$84.00	\$87.00
Female	\$50.00	\$50.00	\$50.00	\$50.00	\$53.00	\$55.00	\$57.00	\$60.00	\$62.00	\$64.00	\$67.00	\$69.00	\$72.00	\$74.00
Plan G ModaORMedSupGbk 1-1-2025														
Male	\$185.00	\$185.00	\$185.00	\$185.00	\$201.00	\$211.00	\$221.00	\$232.00	\$244.00	\$257.00	\$269.00	\$282.00	\$295.00	\$303.00
Female	\$175.00	\$175.00	\$175.00	\$175.00	\$187.00	\$194.00	\$201.00	\$209.00	\$217.00	\$226.00	\$234.00	\$242.00	\$250.00	\$257.00
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025														
Male	\$49.00	\$49.00	\$49.00	\$49.00	\$53.00	\$55.00	\$58.00	\$61.00	\$64.00	\$67.00	\$71.00	\$74.00	\$77.00	\$80.00
Female	\$46.00	\$46.00	\$46.00	\$46.00	\$49.00	\$51.00	\$53.00	\$55.00	\$57.00	\$59.00	\$62.00	\$64.00	\$66.00	\$68.00
Plan N ModaORMedSupNbk 1-1-2025														
Male	\$168.00	\$168.00	\$168.00	\$168.00	\$182.00	\$191.00	\$201.00	\$211.00	\$222.00	\$233.00	\$245.00	\$256.00	\$268.00	\$275.00
Female	\$159.00	\$159.00	\$159.00	\$159.00	\$169.00	\$176.00	\$183.00	\$190.00	\$197.00	\$205.00	\$213.00	\$220.00	\$228.00	\$234.00

(continued)

Age	78	79	80	81	82	83	84	85	86	87	88	89	90+
Plan A ModaORMedSupAbk 1-1-2025													
Male	\$236.00	\$243.00	\$250.00	\$255.00	\$260.00	\$266.00	\$271.00	\$276.00	\$280.00	\$285.00	\$289.00	\$294.00	\$297.00
Female	\$201.00	\$207.00	\$212.00	\$219.00	\$227.00	\$234.00	\$241.00	\$248.00	\$248.00	\$248.00	\$248.00	\$248.00	\$248.00
Plan F ModaORMedSupFbk 1-1-2025													
Male	\$393.00	\$404.00	\$415.00	\$424.00	\$433.00	\$442.00	\$450.00	\$458.00	\$466.00	\$474.00	\$481.00	\$488.00	\$494.00
Female	\$334.00	\$343.00	\$353.00	\$365.00	\$377.00	\$389.00	\$400.00	\$412.00	\$412.00	\$412.00	\$412.00	\$412.00	\$412.00
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025													
Male	\$89.00	\$91.00	\$94.00	\$96.00	\$98.00	\$100.00	\$102.00	\$104.00	\$105.00	\$107.00	\$109.00	\$110.00	\$112.00
Female	\$76.00	\$78.00	\$80.00	\$82.00	\$85.00	\$88.00	\$91.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00	\$93.00
Plan G ModaORMedSupGbk 1-1-2025													
Male	\$311.00	\$320.00	\$328.00	\$336.00	\$343.00	\$350.00	\$356.00	\$363.00	\$369.00	\$375.00	\$381.00	\$386.00	\$391.00
Female	\$264.00	\$272.00	\$279.00	\$289.00	\$298.00	\$308.00	\$317.00	\$326.00	\$326.00	\$326.00	\$326.00	\$326.00	\$326.00
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025													
Male	\$82.00	\$84.00	\$86.00	\$88.00	\$90.00	\$92.00	\$94.00	\$95.00	\$97.00	\$99.00	\$100.00	\$102.00	\$103.00
Female	\$69.00	\$71.00	\$73.00	\$76.00	\$78.00	\$81.00	\$83.00	\$86.00	\$86.00	\$86.00	\$86.00	\$86.00	\$86.00
Plan N ModaORMedSupNbk 1-1-2025													
Male	\$283.00	\$291.00	\$298.00	\$305.00	\$311.00	\$318.00	\$324.00	\$330.00	\$335.00	\$341.00	\$346.00	\$351.00	\$355.00
Female	\$240.00	\$247.00	\$254.00	\$262.00	\$271.00	\$280.00	\$288.00	\$297.00	\$297.00	\$297.00	\$297.00	\$297.00	\$297.00

Medical plan premiums for rating Area 2 (continued)

This area includes all other Oregon zip codes

 Tobacco														
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	77
Plan A ModaORMedSupAbk 1-1-2025														
Male	\$162.15	\$162.15	\$162.15	\$162.15	\$174.80	\$184.00	\$193.20	\$203.55	\$213.90	\$224.25	\$235.75	\$246.10	\$257.60	\$264.50
Female	\$152.95	\$152.95	\$152.95	\$152.95	\$163.30	\$169.05	\$175.95	\$182.85	\$189.75	\$197.80	\$204.70	\$211.60	\$218.50	\$225.40
Plan F ModaORMedSupFbk 1-1-2025														
Male	\$269.10	\$269.10	\$269.10	\$269.10	\$290.95	\$305.90	\$320.85	\$336.95	\$355.35	\$372.60	\$391.00	\$409.40	\$427.80	\$439.30
Female	\$254.15	\$254.15	\$254.15	\$254.15	\$271.40	\$281.75	\$292.10	\$303.60	\$316.25	\$327.75	\$340.40	\$351.90	\$363.40	\$373.75
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025														
Male	\$60.95	\$60.95	\$60.95	\$60.95	\$65.55	\$69.00	\$72.45	\$75.90	\$80.50	\$83.95	\$88.55	\$92.00	\$96.60	\$100.05
Female	\$57.50	\$57.50	\$57.50	\$57.50	\$60.95	\$63.25	\$65.55	\$69.00	\$71.30	\$73.60	\$77.05	\$79.35	\$82.80	\$85.10
Plan G ModaORMedSupGbk 1-1-2025														
Male	\$212.75	\$212.75	\$212.75	\$212.75	\$231.15	\$242.65	\$254.15	\$266.80	\$280.60	\$295.55	\$309.35	\$324.30	\$339.25	\$348.45
Female	\$201.25	\$201.25	\$201.25	\$201.25	\$215.05	\$223.10	\$231.15	\$240.35	\$249.55	\$259.90	\$269.10	\$278.30	\$287.50	\$295.55
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025														
Male	\$56.35	\$56.35	\$56.35	\$56.35	\$60.95	\$63.25	\$66.70	\$70.15	\$73.60	\$77.05	\$81.65	\$85.10	\$88.55	\$92.00
Female	\$52.90	\$52.90	\$52.90	\$52.90	\$56.35	\$58.65	\$60.95	\$63.25	\$65.55	\$67.85	\$71.30	\$73.60	\$75.90	\$78.20
Plan N ModaORMedSupNbk 1-1-2025														
Male	\$193.20	\$193.20	\$193.20	\$193.20	\$209.30	\$219.65	\$231.15	\$242.65	\$255.30	\$267.95	\$281.75	\$294.40	\$308.20	\$316.25
Female	\$182.85	\$182.85	\$182.85	\$182.85	\$194.35	\$202.40	\$210.45	\$218.50	\$226.55	\$235.75	\$244.95	\$253.00	\$262.20	\$269.10

(continued)

Age	78	79	80	81	82	83	84	85	86	87	88	89	90+
Plan A ModaORMedSupAbk 1-1-2025													
Male	\$271.40	\$279.45	\$287.50	\$293.25	\$299.00	\$305.90	\$311.65	\$317.40	\$322.00	\$327.75	\$332.35	\$338.10	\$341.55
Female	\$231.15	\$238.05	\$243.80	\$251.85	\$261.05	\$269.10	\$277.15	\$285.20	\$285.20	\$285.20	\$285.20	\$285.20	\$285.20
Plan F ModaORMedSupFbk 1-1-2025													
Male	\$451.95	\$464.60	\$477.25	\$487.60	\$497.95	\$508.30	\$517.50	\$526.70	\$535.90	\$545.10	\$553.15	\$561.20	\$568.10
Female	\$384.10	\$394.45	\$405.95	\$419.75	\$433.55	\$447.35	\$460.00	\$473.80	\$473.80	\$473.80	\$473.80	\$473.80	\$473.80
Plan F with \$2,870 deductible ModaORMedSupHDFbk 1-1-2025													
Male	\$102.35	\$104.65	\$108.10	\$110.40	\$112.70	\$115.00	\$117.30	\$119.60	\$120.75	\$123.05	\$125.35	\$126.50	\$128.80
Female	\$87.40	\$89.70	\$92.00	\$94.30	\$97.75	\$101.20	\$104.65	\$106.95	\$106.95	\$106.95	\$106.95	\$106.95	\$106.95
Plan G ModaORMedSupGbk 1-1-2025													
Male	\$357.65	\$368.00	\$377.20	\$386.40	\$394.45	\$402.50	\$409.40	\$417.45	\$424.35	\$431.25	\$438.15	\$443.90	\$449.65
Female	\$303.60	\$312.80	\$320.85	\$332.35	\$342.70	\$354.20	\$364.55	\$374.90	\$374.90	\$374.90	\$374.90	\$374.90	\$374.90
Plan G with \$2,870 deductible ModaORMedSupHDGbk 1-1-2025													
Male	\$94.30	\$96.60	\$98.90	\$101.20	\$103.50	\$105.80	\$108.10	\$109.25	\$111.55	\$113.85	\$115.00	\$117.30	\$118.45
Female	\$79.35	\$81.65	\$83.95	\$87.40	\$89.70	\$93.15	\$95.45	\$98.90	\$98.90	\$98.90	\$98.90	\$98.90	\$98.90
Plan N ModaORMedSupNbk 1-1-2025													
Male	\$325.45	\$334.65	\$342.70	\$350.75	\$357.65	\$365.70	\$372.60	\$379.50	\$385.25	\$392.15	\$397.90	\$403.65	\$408.25
Female	\$276.00	\$284.05	\$292.10	\$301.30	\$311.65	\$322.00	\$331.20	\$341.55	\$341.55	\$341.55	\$341.55	\$341.55	\$341.55

Vision and hearing rider

You've got *options*

If you become a Moda Health Medicare Supplement member, you may add an optional supplemental benefits rider to your plan.



Vision and hearing benefits rider

For an additional \$5 monthly premium, you can have routine hearing and routine vision services.

Here's how it works

You will have to pay an additional monthly premium of \$5 along with your Moda Health Medicare Supplement plan premium.

Your benefits include:

\$0 copay for routine hearing exam (per year) through a TruHearing provider	\$699 or \$999 for each hearing aid (per year) through a TruHearing provider
\$0 copay for routine vision exam (per year) through a VSP Advantage network provider	\$0 copay for hardware through a VSP Advantage network provider (every 2 years)
For frames outside the Genesis Eyewear Collection, coverage is limited to a \$50 retail allowance (every two years)	Contacts (elective), including fitting and evaluation, are covered up to a \$50 maximum (every 2 years) in lieu of lenses and frames
Frames from Genesis Eyewear Collection	

When can you *enroll*?



When you enroll in a Moda Health Medicare Supplement plan

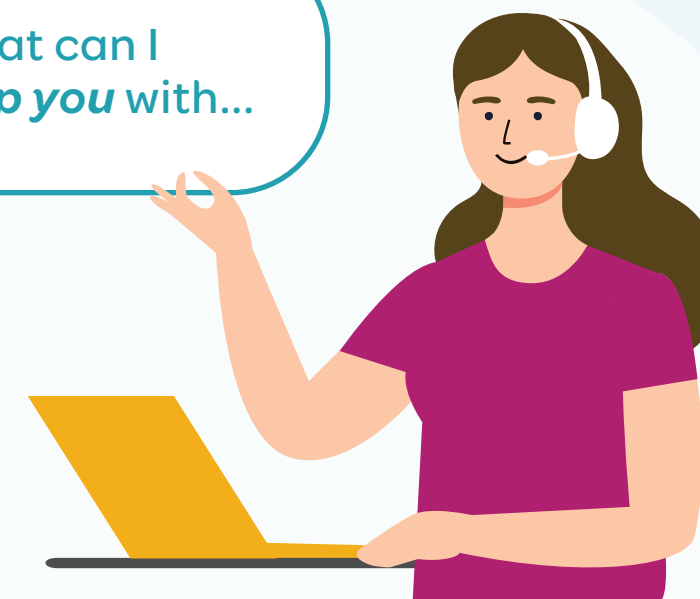


During the annual plan renewal period every year

If you would like to enroll:

Call Moda Health Customer Service at **844-235-8012**.
TTY users, dial 711.

What can I help you with...



You may disenroll from Moda Health's supplemental vision and hearing benefits rider any time or at the time you disenroll from your Moda Health Medicare Supplement plan.

Value-added services and *discounts*



Prescriptions savings

Members have access to ArrayRx discount card at no cost.

- Up to 80% savings on medications
- No membership fee, age, or income restrictions
- All FDA-approved prescriptions are eligible for discounts

To learn more, visit www.arrayrxcard.com.



Gym membership through Active&Fit Direct

The Active&Fit Direct program offers membership at a fitness center or fitness studio, including:

- Access to over 16,000 fitness studios and fitness centers
- The option to change membership to a different fitness studio or fitness center at any time
- Access to over 9,700+ digital workout videos and a library of digital resources and classes

To participate in Active&Fit Direct, members are responsible for a one-time enrollment fee of \$25 and a monthly membership fee of \$28, plus applicable taxes based on member location.

The Active&Fit Direct program is offered through American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Fitness centers, available amenities, and classes vary by location. The enrollment fee or monthly membership fee may be changed at any time. If a fee is changed, ASH will provide members with notice at least 30 days prior to the effective date of the change.



Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more, including:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

There is no additional cost for members to use these services. Members can use the services while traveling more than 100 miles from their permanent home or outside the United States. Services will not be provided for trips exceeding 90 days from the member's legal residence.

Learn more at assistamerica.com. Or call Assist America at 800-872-1414.



Health and wellness services from ChooseHealthy™

Members have access to the following health and wellness services, at no additional cost, through ChooseHealthy:

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, physical therapy, therapeutic massage, occupational therapy, nutrition and podiatry. You will need to see providers who are in the ChooseHealthy network.
- No-cost online health classes

The ChooseHealthy program is provided by ChooseHealthy, Inc., a subsidiary of American Specialty Health Incorporated (ASH).



These additional services are a complement to the Medicare Supplement plan, but are not insurance. They may not be available in all areas and may be changed or discontinued with 30 days advance notice.

Tools for your *health journey*

All of our plans come with **programs, care teams, tools and resources** designed to help you manage your well-being. Using your personal Member Dashboard at modahealth.com, you can get medical advice from health professionals, work with health coaches, compare medication prices, view your explanation of benefits and more.



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Nurse line

Need quick advice? The friendly nurses on our Nurse Advisory Line are available 24 hours a day, 365 days a year at 800-501-5046. The Nurse Advisory Line is available at no additional cost to members.

Call for guidance on non-critical medical issues:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight Care



Individual Assistance Program (IAP)

Powered by Canopy, the Moda Health IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Grieving a loss
- Stress management
- Family relationships
- Financial/legal/consumer concerns

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Once you are an active member, use these care resources to help you be your healthy best! Simply log in to our Member Dashboard at modahealth.com/medicare to get started.





Healthcare lingo explained

We realize that health plans can be confusing, so we've made a **glossary** to help you understand some healthcare lingo.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, Medicare pays 80% for a Medicare covered service and Moda Health Medicare Supplement pays 20%.

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$20 for a doctor visit.

Deductible

The amount members may pay in a calendar year for care that requires a deductible before the plan starts paying.

Medicare Part A deductible

The amount normally due from a member upon first admission to a hospital in each benefit period, before benefits are available under Part A of Medicare.

Medicare Part B deductible

The amount a member must pay each calendar year before Part B of Medicare pays benefits for Medicare Part B expenses.

Member Handbook

Describes what is covered and how your plan works.

Out-of-pocket costs

What members pay in a calendar year for care after their plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Things you need *to know*

We've provided a few additional details you may need to know about the Moda Health Medicare Supplement plan.

Am I eligible?

You may apply for coverage if you live in Oregon and are enrolled in Medicare Parts A and B. This includes individuals who may be under age 65 and are enrolled in Medicare by reason of disability.

When does coverage begin?

If you apply during an open enrollment period (within six months of becoming eligible for Part B), your coverage will start the first of the month following the date we receive your application. If you do not apply during an open enrollment period, we will notify you of the date your coverage will begin after your application is approved.

Annual open enrollment

Each year, starting 30 days prior to your birthday and ending 30 days after your birthday, you may cancel your current Medicare Supplement policy and select another guaranteed issue Medicare Supplement policy that has the same or lesser benefits. To find other policies that qualify, contact Moda Health Customer Service.

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 Oregon.

Benefit and information updates

Your Moda Health Medicare Supplement policy will automatically coordinate with changes in Medicare each year. We'll keep you informed about any changes.

No claim forms

If you have a claim, just mail a copy of the Medicare Summary Notice (MSN) form you receive from Medicare to us. We'll do the rest.

Electronic claims filing

Electronic claims filing is now available at no extra cost. Medicare Part B claims will be forwarded directly to Moda Health Medicare Supplement after Medicare pays its share. You will know that a bill was submitted directly to Moda Health Medicare Supplement because it will have the following statement printed on the bottom: "This claim has been forwarded to your secondary Medicare payor."

Moda Health Medicare Supplement will send you an Explanation of Benefits indicating the amount paid and payment, if you are being reimbursed.

Disclosures

Use this outline to compare benefits and premiums among policies.

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: Medicare 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.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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:

Medicare Customer Service,
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service,
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans,
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

Scott White coordinates our nondiscrimination work:

Scott White,
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.

modahealth.com

Dental plans in Oregon provided by Oregon Dental Service, dba Delta Dental Plan of Oregon. Dental plans in Alaska provided by Delta Dental of Alaska. Health plans provided by Moda Health Plan, Inc.

2688-NDS-MH+DD-Generic (01/24)



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 مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو 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 تماس بگیرد. (TTY: 711) 1-877-605-3229

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 Sprachassistentendienste 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（TTY、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。

အကူအညီ: ဤ နား (မူပိုင်ခွင့် အခမဲ့ အစီအစဉ်) ဝါဒီ ဤ တို့ တို့ မူပိုင်ခွင့် နား မှာ ချိန် မူပိုင်ခွင့် အခမဲ့ ဝါဒီ 1-877-605-3229 (TTY: 711) နား အခမဲ့ ဝါဒီ

ໄປດຊາບ: 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 totagia. 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

modamedicare.com

