

# Outline of coverage

Medicare Supplement plans

Moda Health Plan, Inc.  
2025TXMedSupOOC



# Understand your plan *options*

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

The chart below shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available. Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F, and High Deductible F.

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, F, and G. We also offer Plan G with a \$2,870 deductible option. If you are under age 65, you may only apply for Plan A.**

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans available to all applicants								Medicare 1st eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓

Benefits	Plans available to all applicants								Medicare 1st eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025 <sup>2</sup>					\$7,220 <sup>2</sup>	\$3,610 <sup>2</sup>				

- <sup>1</sup> Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High-deductible plan G does not cover the Medicare Part B deductible. However, High-deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.
- <sup>2</sup> Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.
- <sup>3</sup> Plan N pays 100% of the Part B coinsurance, except for a copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

# What *Supplement plans* cost

Take a look at our Medicare Supplement monthly premiums on the following pages. Plans A, F, G, and High-deductible G rates are effective February 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, Area 2, Area 3, or Area 4) 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	733xx, 765xx, 778xx, 780xx, 781xx, 782xx, 786xx, 787xx, 788xx, 789xx
Area 2	739xx, 754xx, 755xx, 756xx, 758xx, 759xx, 760xx, 761xx, 762xx, 763xx, 764xx, 766xx, 767xx, 768xx, 769xx, 779xx, 783xx, 784xx, 785xx, 790xx, 791xx, 792xx, 793xx, 795xx, 796xx, 797xx, 798xx, 799xx
Area 3	750xx, 751xx, 752xx, 753xx, 757xx, 774xx, 776xx, 777xx, 794xx, 885xx
Area 4	770xx, 772xx, 773xx, 775xx

**Note:** If you are going to have a birthday within the month of your requested coverage effective date, please use the age you will be turning on that birthday to determine your plan premium.



# Medical plan premiums for rating Area 1

This area includes zip codes 733xx, 765xx, 778xx, 780xx, 781xx, 782xx, 786xx, 787xx, 788xx, 789xx

 Non-Tobacco

Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76
<b>Plan A</b>													
Male	\$696.70	\$143.43	\$144.90	\$148.47	\$152.29	\$156.19	\$160.12	\$165.03	\$171.00	\$177.52	\$183.10	\$188.43	\$193.94
Female	\$627.03	\$129.09	\$130.41	\$133.62	\$137.07	\$140.57	\$144.11	\$148.52	\$153.90	\$159.77	\$164.80	\$169.59	\$174.54
<b>Plan F</b>													
Male	N/A	\$179.24	\$183.17	\$187.06	\$195.08	\$200.96	\$205.41	\$214.83	\$223.63	\$232.43	\$241.23	\$250.03	\$257.56
Female	N/A	\$161.31	\$164.86	\$168.36	\$175.57	\$180.85	\$184.86	\$193.35	\$201.27	\$209.19	\$217.10	\$225.03	\$231.79
<b>Plan G</b>													
Male	N/A	\$144.38	\$147.54	\$150.67	\$157.12	\$161.87	\$165.44	\$173.03	\$180.13	\$187.23	\$194.30	\$201.39	\$207.44
Female	N/A	\$129.93	\$132.78	\$135.61	\$141.40	\$145.68	\$148.90	\$155.74	\$162.11	\$168.50	\$174.87	\$181.26	\$186.70
<b>High Deductible Plan G</b>													
Male	N/A	\$50.44	\$50.90	\$52.15	\$53.42	\$55.82	\$58.31	\$60.85	\$63.48	\$66.22	\$69.02	\$71.90	\$74.90
Female	N/A	\$45.41	\$45.82	\$46.94	\$48.07	\$50.24	\$52.48	\$54.77	\$57.14	\$59.59	\$62.11	\$64.71	\$67.41

(continued)

Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$199.59	\$205.43	\$211.52	\$217.00	\$222.71	\$228.43	\$234.14	\$239.85	\$250.37
Female	\$179.63	\$184.88	\$190.37	\$195.30	\$200.44	\$205.59	\$210.73	\$215.87	\$225.33
<b>Plan F</b>									
Male	\$266.33	\$272.63	\$278.62	\$289.80	\$298.17	\$306.55	\$314.92	\$323.29	\$337.42
Female	\$239.70	\$245.37	\$250.76	\$260.82	\$268.36	\$275.90	\$283.43	\$290.97	\$303.69
<b>Plan G</b>									
Male	\$214.51	\$219.59	\$224.42	\$233.43	\$240.17	\$246.91	\$253.66	\$260.41	\$271.78
Female	\$193.07	\$197.63	\$201.97	\$210.09	\$216.16	\$222.23	\$228.30	\$234.37	\$244.61
<b>High Deductible Plan G</b>									
Male	\$77.98	\$81.15	\$84.43	\$86.77	\$89.68	\$92.58	\$95.49	\$98.37	\$102.80
Female	\$70.18	\$73.03	\$75.99	\$78.10	\$80.70	\$83.31	\$85.92	\$88.54	\$92.52

## Medical plan premiums for rating Area 1 (continued)

This area includes zip codes 733xx, 765xx, 778xx, 780xx, 781xx, 782xx, 786xx, 787xx, 788xx, 789xx

		Tobacco												
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	
<b>Plan A</b>														
Male	\$801.20	\$164.95	\$166.64	\$170.74	\$175.13	\$179.62	\$184.14	\$189.78	\$196.65	\$204.15	\$210.57	\$216.69	\$223.03	
Female	\$721.08	\$148.45	\$149.97	\$153.66	\$157.63	\$161.66	\$165.73	\$170.80	\$176.98	\$183.73	\$189.52	\$195.03	\$200.72	
<b>Plan F</b>														
Male	N/A	\$206.13	\$210.65	\$215.12	\$224.34	\$231.10	\$236.22	\$247.05	\$257.18	\$267.29	\$277.42	\$287.54	\$296.19	
Female	N/A	\$185.51	\$189.59	\$193.61	\$201.90	\$207.98	\$212.59	\$222.35	\$231.46	\$240.57	\$249.67	\$258.79	\$266.56	
<b>Plan G</b>														
Male	N/A	\$166.04	\$169.67	\$173.27	\$180.69	\$186.15	\$190.26	\$198.99	\$207.15	\$215.31	\$223.45	\$231.60	\$238.56	
Female	N/A	\$149.42	\$152.70	\$155.95	\$162.61	\$167.53	\$171.23	\$179.10	\$186.43	\$193.77	\$201.10	\$208.45	\$214.70	
<b>High Deductible Plan G</b>														
Male	N/A	\$58.01	\$58.53	\$59.97	\$61.43	\$64.19	\$67.06	\$69.98	\$73.00	\$76.15	\$79.37	\$82.69	\$86.14	
Female	N/A	\$52.22	\$52.69	\$53.98	\$55.28	\$57.78	\$60.35	\$62.99	\$65.71	\$68.53	\$71.43	\$74.42	\$77.52	

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Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$229.53	\$236.24	\$243.25	\$249.55	\$256.12	\$262.69	\$269.26	\$275.83	\$287.92
Female	\$206.57	\$212.61	\$218.92	\$224.59	\$230.51	\$236.43	\$242.34	\$248.25	\$259.13
<b>Plan F</b>									
Male	\$306.28	\$313.53	\$320.41	\$333.27	\$342.90	\$352.53	\$362.16	\$371.78	\$388.03
Female	\$275.65	\$282.17	\$288.37	\$299.94	\$308.61	\$317.28	\$325.94	\$334.61	\$349.24
<b>Plan G</b>									
Male	\$246.69	\$252.53	\$258.08	\$268.45	\$276.19	\$283.95	\$291.71	\$299.47	\$312.55
Female	\$222.03	\$227.27	\$232.27	\$241.60	\$248.58	\$255.56	\$262.54	\$269.52	\$281.30
<b>High Deductible Plan G</b>									
Male	\$89.68	\$93.32	\$97.10	\$99.79	\$103.13	\$106.47	\$109.81	\$113.13	\$118.22
Female	\$80.71	\$83.99	\$87.39	\$89.81	\$92.81	\$95.81	\$98.81	\$101.82	\$106.40

## Medical plan premiums for rating Area 2

This area includes zip codes 739xx, 754xx, 755xx, 756xx, 758xx, 759xx, 760xx, 761xx, 762xx, 763xx, 764xx, 766xx, 767xx, 768xx, 769xx, 779xx, 783xx, 784xx, 785xx, 790xx, 791xx, 792xx, 793xx, 795xx, 796xx, 797xx, 798xx, 799xx

### Non-Tobacco

Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76
<b>Plan A</b>													
Male	\$766.37	\$157.78	\$159.39	\$163.31	\$167.51	\$171.81	\$176.13	\$181.53	\$188.10	\$195.28	\$201.42	\$207.27	\$213.33
Female	\$689.73	\$142.00	\$143.45	\$146.98	\$150.77	\$154.63	\$158.52	\$163.37	\$169.29	\$175.74	\$181.28	\$186.55	\$191.99
<b>Plan F</b>													
Male	N/A	\$197.17	\$201.50	\$205.77	\$214.58	\$221.05	\$225.95	\$236.31	\$246.00	\$255.67	\$265.36	\$275.03	\$283.31
Female	N/A	\$177.44	\$181.35	\$185.19	\$193.12	\$198.94	\$203.35	\$212.69	\$221.40	\$230.11	\$238.82	\$247.54	\$254.97
<b>Plan G</b>													
Male	N/A	\$158.82	\$162.30	\$165.74	\$172.83	\$178.06	\$181.99	\$190.34	\$198.15	\$205.95	\$213.74	\$221.53	\$228.19
Female	N/A	\$142.92	\$146.06	\$149.17	\$155.54	\$160.24	\$163.78	\$171.31	\$178.32	\$185.35	\$192.36	\$199.39	\$205.37
<b>High Deductible Plan G</b>													
Male	N/A	\$55.49	\$55.98	\$57.37	\$58.76	\$61.40	\$64.15	\$66.94	\$69.83	\$72.84	\$75.92	\$79.10	\$82.39
Female	N/A	\$49.95	\$50.40	\$51.63	\$52.88	\$55.27	\$57.73	\$60.25	\$62.85	\$65.55	\$68.32	\$71.18	\$74.15

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Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$219.55	\$225.97	\$232.68	\$238.70	\$244.98	\$251.27	\$257.56	\$263.83	\$275.40
Female	\$197.59	\$203.37	\$209.40	\$214.83	\$220.49	\$226.15	\$231.80	\$237.46	\$247.86
<b>Plan F</b>									
Male	\$292.97	\$299.90	\$306.48	\$318.78	\$327.99	\$337.20	\$346.42	\$355.62	\$371.16
Female	\$263.67	\$269.90	\$275.83	\$286.90	\$295.19	\$303.49	\$311.77	\$320.06	\$334.05
<b>Plan G</b>									
Male	\$235.97	\$241.55	\$246.86	\$256.78	\$264.18	\$271.61	\$279.03	\$286.45	\$298.97
Female	\$212.37	\$217.39	\$222.17	\$231.10	\$237.77	\$244.45	\$251.12	\$257.80	\$269.07
<b>High Deductible Plan G</b>									
Male	\$85.78	\$89.26	\$92.88	\$95.45	\$98.64	\$101.84	\$105.03	\$108.21	\$113.08
Female	\$77.20	\$80.34	\$83.59	\$85.90	\$88.77	\$91.64	\$94.51	\$97.39	\$101.77

## Medical plan premiums for rating Area 2 (continued)

This area includes zip codes 739xx, 754xx, 755xx, 756xx, 758xx, 759xx, 760xx, 761xx, 762xx, 763xx, 764xx, 766xx, 767xx, 768xx, 769xx, 779xx, 783xx, 784xx, 785xx, 790xx, 791xx, 792xx, 793xx, 795xx, 796xx, 797xx, 798xx, 799xx

 Tobacco

Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76
<b>Plan A</b>													
Male	\$881.32	\$181.45	\$183.30	\$187.81	\$192.64	\$197.58	\$202.55	\$208.76	\$216.32	\$224.57	\$231.63	\$238.36	\$245.33
Female	\$793.19	\$163.30	\$164.97	\$169.03	\$173.39	\$177.83	\$182.30	\$187.88	\$194.68	\$202.10	\$208.47	\$214.53	\$220.79
<b>Plan F</b>													
Male	N/A	\$226.74	\$231.72	\$236.63	\$246.77	\$254.21	\$259.84	\$271.76	\$282.90	\$294.02	\$305.16	\$316.29	\$325.81
Female	N/A	\$204.06	\$208.55	\$212.97	\$222.09	\$228.78	\$233.85	\$244.59	\$254.61	\$264.63	\$274.64	\$284.67	\$293.22
<b>Plan G</b>													
Male	N/A	\$182.64	\$186.64	\$190.60	\$198.76	\$204.77	\$209.29	\$218.89	\$227.87	\$236.84	\$245.80	\$254.76	\$262.42
Female	N/A	\$164.36	\$167.97	\$171.55	\$178.87	\$184.28	\$188.35	\$197.01	\$205.07	\$213.15	\$221.21	\$229.30	\$236.17
<b>High Deductible Plan G</b>													
Male	N/A	\$63.81	\$64.38	\$65.97	\$67.57	\$70.61	\$73.77	\$76.98	\$80.30	\$83.77	\$87.31	\$90.96	\$94.75
Female	N/A	\$57.44	\$57.96	\$59.38	\$60.81	\$63.56	\$66.39	\$69.29	\$72.28	\$75.38	\$78.57	\$81.86	\$85.27

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Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$252.48	\$259.86	\$267.58	\$274.51	\$281.73	\$288.96	\$296.19	\$303.41	\$316.71
Female	\$227.23	\$233.87	\$240.81	\$247.05	\$253.56	\$260.07	\$266.57	\$273.08	\$285.04
<b>Plan F</b>									
Male	\$336.91	\$344.88	\$352.45	\$366.60	\$377.19	\$387.78	\$398.38	\$408.96	\$426.83
Female	\$303.22	\$310.39	\$317.21	\$329.93	\$339.47	\$349.01	\$358.53	\$368.07	\$384.16
<b>Plan G</b>									
Male	\$271.36	\$277.78	\$283.89	\$295.30	\$303.81	\$312.35	\$320.88	\$329.42	\$343.81
Female	\$244.23	\$250.00	\$255.50	\$265.76	\$273.44	\$281.12	\$288.79	\$296.47	\$309.43
<b>High Deductible Plan G</b>									
Male	\$98.65	\$102.65	\$106.81	\$109.77	\$113.44	\$117.12	\$120.79	\$124.44	\$130.04
Female	\$88.78	\$92.39	\$96.13	\$98.79	\$102.09	\$105.39	\$108.69	\$112.00	\$117.04

## Medical plan premiums for rating Area 3

This area includes zip codes 750xx, 751xx, 752xx, 753xx, 757xx, 774xx, 776xx, 777xx, 794xx, 885xx

Non-Tobacco													
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76
<b>Plan A</b>													
Male	\$836.03	\$172.12	\$173.89	\$178.17	\$182.75	\$187.43	\$192.15	\$198.03	\$205.20	\$213.03	\$219.72	\$226.11	\$232.73
Female	\$752.43	\$154.90	\$156.49	\$160.34	\$164.49	\$168.69	\$172.94	\$178.23	\$184.68	\$191.72	\$197.76	\$203.51	\$209.44
<b>Plan F</b>													
Male	N/A	\$215.10	\$219.81	\$224.47	\$234.10	\$241.15	\$246.49	\$257.79	\$268.37	\$278.91	\$289.48	\$300.04	\$309.07
Female	N/A	\$193.57	\$197.83	\$202.03	\$210.68	\$217.03	\$221.83	\$232.02	\$241.52	\$251.03	\$260.52	\$270.04	\$278.15
<b>Plan G</b>													
Male	N/A	\$173.26	\$177.04	\$180.80	\$188.55	\$194.24	\$198.53	\$207.64	\$216.16	\$224.67	\$233.17	\$241.67	\$248.93
Female	N/A	\$155.91	\$159.34	\$162.73	\$169.68	\$174.82	\$178.68	\$186.89	\$194.54	\$202.19	\$209.84	\$217.51	\$224.03
<b>High Deductible Plan G</b>													
Male	N/A	\$60.53	\$61.08	\$62.57	\$64.10	\$66.98	\$69.97	\$73.03	\$76.17	\$79.46	\$82.82	\$86.29	\$89.89
Female	N/A	\$54.49	\$54.98	\$56.33	\$57.69	\$60.30	\$62.97	\$65.73	\$68.57	\$71.51	\$74.54	\$77.65	\$80.89

(continued)

Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$239.51	\$246.51	\$253.83	\$260.40	\$267.25	\$274.11	\$280.97	\$287.83	\$300.43
Female	\$215.55	\$221.85	\$228.43	\$234.36	\$240.53	\$246.71	\$252.88	\$259.04	\$270.40
<b>Plan F</b>									
Male	\$319.60	\$327.17	\$334.34	\$347.76	\$357.81	\$367.86	\$377.90	\$387.95	\$404.90
Female	\$287.63	\$294.43	\$300.90	\$312.98	\$322.03	\$331.08	\$340.11	\$349.16	\$364.43
<b>Plan G</b>									
Male	\$257.42	\$263.51	\$269.30	\$280.12	\$288.20	\$296.30	\$304.39	\$312.49	\$326.14
Female	\$231.69	\$237.15	\$242.37	\$252.10	\$259.39	\$266.67	\$273.96	\$281.23	\$293.53
<b>High Deductible Plan G</b>									
Male	\$93.58	\$97.37	\$101.32	\$104.13	\$107.62	\$111.10	\$114.58	\$118.05	\$123.36
Female	\$84.22	\$87.64	\$91.19	\$93.71	\$96.84	\$99.97	\$103.10	\$106.24	\$111.03



## Medical plan premiums for rating Area 3 (continued)

This area includes zip codes 750xx, 751xx, 752xx, 753xx, 757xx, 774xx, 776xx, 777xx, 794xx, 885xx

		Tobacco												
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	
<b>Plan A</b>														
Male	\$961.44	\$197.94	\$199.97	\$204.89	\$210.16	\$215.54	\$220.97	\$227.74	\$235.98	\$244.98	\$252.68	\$260.03	\$267.64	
Female	\$865.30	\$178.14	\$179.96	\$184.39	\$189.16	\$193.99	\$198.88	\$204.96	\$212.38	\$220.48	\$227.42	\$234.04	\$240.86	
<b>Plan F</b>														
Male	N/A	\$247.36	\$252.78	\$258.14	\$269.21	\$277.32	\$283.46	\$296.46	\$308.62	\$320.75	\$332.90	\$345.05	\$355.43	
Female	N/A	\$222.61	\$227.51	\$232.33	\$242.28	\$249.58	\$255.11	\$266.82	\$277.75	\$288.68	\$299.60	\$310.55	\$319.87	
<b>Plan G</b>														
Male	N/A	\$199.25	\$203.60	\$207.92	\$216.83	\$223.38	\$228.31	\$238.79	\$248.58	\$258.37	\$268.14	\$277.92	\$286.27	
Female	N/A	\$179.30	\$183.24	\$187.14	\$195.13	\$201.04	\$205.48	\$214.92	\$223.72	\$232.52	\$241.32	\$250.14	\$257.64	
<b>High Deductible Plan G</b>														
Male	N/A	\$69.61	\$70.24	\$71.96	\$73.72	\$77.03	\$80.47	\$83.98	\$87.60	\$91.38	\$95.24	\$99.23	\$103.37	
Female	N/A	\$62.66	\$63.23	\$64.78	\$66.34	\$69.34	\$72.42	\$75.59	\$78.85	\$82.24	\$85.72	\$89.30	\$93.02	

(continued)

Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$275.44	\$283.49	\$291.90	\$299.46	\$307.34	\$315.23	\$323.11	\$331.00	\$345.50
Female	\$247.88	\$255.13	\$262.70	\$269.51	\$276.61	\$283.72	\$290.81	\$297.90	\$310.96
<b>Plan F</b>									
Male	\$367.54	\$376.24	\$384.49	\$399.92	\$411.48	\$423.04	\$434.59	\$446.14	\$465.64
Female	\$330.78	\$338.60	\$346.04	\$359.93	\$370.33	\$380.74	\$391.13	\$401.53	\$419.09
<b>Plan G</b>									
Male	\$296.03	\$303.04	\$309.70	\$322.14	\$331.43	\$340.74	\$350.05	\$359.36	\$375.06
Female	\$266.44	\$272.72	\$278.72	\$289.92	\$298.30	\$306.67	\$315.05	\$323.42	\$337.56
<b>High Deductible Plan G</b>									
Male	\$107.62	\$111.98	\$116.52	\$119.75	\$123.76	\$127.76	\$131.77	\$135.76	\$141.86
Female	\$96.85	\$100.79	\$104.87	\$107.77	\$111.37	\$114.97	\$118.57	\$122.18	\$127.68

## Medical plan premiums for rating Area 4

This area includes zip codes 770xx, 772xx, 773xx, 775xx

### Non-Tobacco

Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76
<b>Plan A</b>													
Male	\$870.87	\$179.30	\$181.13	\$185.59	\$190.36	\$195.24	\$200.16	\$206.29	\$213.75	\$221.90	\$228.88	\$235.53	\$242.43
Female	\$783.78	\$161.36	\$163.01	\$167.03	\$171.34	\$175.72	\$180.14	\$185.65	\$192.37	\$199.70	\$206.00	\$211.99	\$218.17
<b>Plan F</b>													
Male	N/A	\$224.05	\$228.97	\$233.83	\$243.85	\$251.20	\$256.77	\$268.53	\$279.55	\$290.53	\$301.55	\$312.55	\$321.95
Female	N/A	\$201.64	\$206.08	\$210.44	\$219.46	\$226.07	\$231.08	\$241.69	\$251.59	\$261.49	\$271.38	\$281.30	\$289.74
<b>Plan G</b>													
Male	N/A	\$180.48	\$184.43	\$188.34	\$196.40	\$202.34	\$206.81	\$216.30	\$225.17	\$234.03	\$242.88	\$251.74	\$259.30
Female	N/A	\$162.42	\$165.98	\$169.51	\$176.75	\$182.10	\$186.12	\$194.68	\$202.64	\$210.62	\$218.59	\$226.57	\$233.37
<b>High Deductible Plan G</b>													
Male	N/A	\$63.05	\$63.62	\$65.18	\$66.77	\$69.77	\$72.90	\$76.07	\$79.35	\$82.77	\$86.27	\$89.88	\$93.63
Female	N/A	\$56.77	\$57.27	\$58.68	\$60.09	\$62.81	\$65.60	\$68.47	\$71.43	\$74.49	\$77.64	\$80.90	\$84.26

(continued)

Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$249.49	\$256.78	\$264.40	\$271.25	\$278.39	\$285.53	\$292.68	\$299.82	\$312.96
Female	\$224.53	\$231.10	\$237.96	\$244.12	\$250.56	\$256.99	\$263.42	\$269.83	\$281.66
<b>Plan F</b>									
Male	\$332.91	\$340.79	\$348.27	\$362.25	\$372.72	\$383.18	\$393.65	\$404.11	\$421.77
Female	\$299.62	\$306.70	\$313.44	\$326.03	\$335.44	\$344.87	\$354.29	\$363.70	\$379.61
<b>Plan G</b>									
Male	\$268.14	\$274.49	\$280.52	\$291.79	\$300.21	\$308.64	\$317.08	\$325.51	\$339.73
Female	\$241.34	\$247.03	\$252.47	\$262.61	\$270.20	\$277.78	\$285.37	\$292.96	\$305.77
<b>High Deductible Plan G</b>									
Male	\$97.48	\$101.43	\$105.55	\$108.47	\$112.10	\$115.73	\$119.36	\$122.97	\$128.50
Female	\$87.73	\$91.30	\$94.99	\$97.62	\$100.88	\$104.14	\$107.40	\$110.68	\$115.65

## Medical plan premiums for rating Area 4 (continued)

This area includes zip codes 770xx, 772xx, 773xx, 775xx

		Tobacco												
Age	<65*	65	66	67	68	69	70	71	72	73	74	75	76	
<b>Plan A</b>														
Male	\$1,001.50	\$206.19	\$208.30	\$213.43	\$218.91	\$224.53	\$230.18	\$237.23	\$245.81	\$255.19	\$263.21	\$270.86	\$278.79	
Female	\$901.35	\$185.56	\$187.46	\$192.08	\$197.04	\$202.08	\$207.16	\$213.50	\$221.23	\$229.66	\$236.90	\$243.79	\$250.90	
<b>Plan F</b>														
Male	N/A	\$257.66	\$263.31	\$268.90	\$280.43	\$288.88	\$295.28	\$308.81	\$321.48	\$334.11	\$346.78	\$359.43	\$370.24	
Female	N/A	\$231.89	\$236.99	\$242.01	\$252.38	\$259.98	\$265.74	\$277.94	\$289.33	\$300.71	\$312.09	\$323.49	\$333.20	
<b>Plan G</b>														
Male	N/A	\$207.55	\$212.09	\$216.59	\$225.86	\$232.69	\$237.83	\$248.74	\$258.94	\$269.14	\$279.31	\$289.50	\$298.20	
Female	N/A	\$186.78	\$190.88	\$194.94	\$203.26	\$209.41	\$214.04	\$223.88	\$233.04	\$242.21	\$251.38	\$260.56	\$268.38	
<b>High Deductible Plan G</b>														
Male	N/A	\$72.51	\$73.16	\$74.96	\$76.79	\$80.24	\$83.83	\$87.48	\$91.25	\$95.19	\$99.21	\$103.36	\$107.68	
Female	N/A	\$65.28	\$65.86	\$67.48	\$69.10	\$72.23	\$75.44	\$78.74	\$82.14	\$85.66	\$89.29	\$93.03	\$96.90	

(continued)

Age	77	78	79	80	81	82	83	84	85+
<b>Plan A</b>									
Male	\$286.91	\$295.30	\$304.06	\$311.94	\$320.15	\$328.36	\$336.58	\$344.79	\$359.90
Female	\$258.21	\$265.76	\$273.65	\$280.74	\$288.14	\$295.54	\$302.93	\$310.31	\$323.91
<b>Plan F</b>									
Male	\$382.85	\$391.91	\$400.51	\$416.59	\$428.63	\$440.66	\$452.70	\$464.73	\$485.04
Female	\$344.56	\$352.71	\$360.46	\$374.93	\$385.76	\$396.60	\$407.43	\$418.26	\$436.55
<b>Plan G</b>									
Male	\$308.36	\$315.66	\$322.60	\$335.56	\$345.24	\$354.94	\$364.64	\$374.34	\$390.69
Female	\$277.54	\$284.09	\$290.34	\$302.00	\$310.73	\$319.45	\$328.18	\$336.90	\$351.63
<b>High Deductible Plan G</b>									
Male	\$112.10	\$116.65	\$121.38	\$124.74	\$128.91	\$133.09	\$137.26	\$141.41	\$147.78
Female	\$100.89	\$104.99	\$109.24	\$112.26	\$116.01	\$119.76	\$123.51	\$127.28	\$133.00

# Disclosures

Use this outline to compare benefits and premiums among policies.

## Premium information

The required premium for the plan is subject to change. Moda Health can only raise your premium if we raise the premium for all policies like yours in the State. 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 Texas. If you move into the next age bracket in the rating table, your premium will change on January 1 coinciding with or following your birthday. Any rate increases are subject to approval by the Texas Department of Insurance.

## Household discount

You may qualify for a household discount 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.

## Read your policy very carefully

This 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.

## 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 the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## Policy replacement

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

## 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 of Medicare coverage. Contact your local Social Security office, or consult "Medicare & You" for more details.

## Limitations & Exclusions

No benefits are provided for charges that are not covered expenses under the subscriber's Medicare plan, unless otherwise specifically stated in the policy. The policy also does not provide benefits to the extent a charge is already paid by Medicare, or for:

Medicare Part A deductible (Plan A) and Part B deductibles (Plan A and Plan G).

Emergency medical care in foreign countries (Plan A only).

Part B excess charges, except on Plan G.

Outpatient prescription drugs, except those covered by Medicare Part A for hospice care.

Government Hospitals. A stay, service, supply, or facility provided by a hospital or other institution owned or operated by a national or other government unless payment of the charge is required by law.

Workers' Compensation. Any injury or sickness for which the subscriber is entitled to any benefits under workers' compensation or similar law.

## Refund of Premium

Moda Health Plan, Inc. will refund the appropriate portion of any unearned premium to you or your personal representative or estate in the case of your death, upon cancellation or termination of the policy before the end of its term.

## Complete answers are very important

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. Review the Moda Health Medicare Supplement application carefully before you sign it. Be certain that all information has been properly recorded.

## Guaranteed renewability



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

## Value-added discounts

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](http://www.modahealth.com).

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



# Plan A



 Medicare Part A		Medicare pays	Plan pays	 You pay
<b>Hospitalization<sup>1</sup></b>		<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
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$838 per day	\$838 per day		\$0
<b>Once lifetime reserve days are used:</b>				
Additional 365 days	\$0	100% of Medicare-eligible expenses		\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0		All costs
<b>Skilled nursing facility care<sup>1</sup></b>		<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
<b>Blood</b>				
First three pints	\$0	3 pints		\$0
Additional amounts	100%	\$0		\$0
<b>Hospice care</b>		<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

<sup>1</sup> 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.

<sup>2</sup> 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
<b>Medical expenses</b>		<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 <sup>1</sup>	\$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
<b>Blood</b>				
First three pints	\$0	All costs		\$0
Next \$257 of Medicare-approved amounts <sup>1</sup>	\$0	\$0		\$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%		\$0
<b>Clinical laboratory services – blood tests</b>				
For diagnostic services	100%	\$0		\$0



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

<sup>1</sup> Once you have been billed \$257 for Medicare-approved amounts of covered services that are noted with a <sup>1</sup>, 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 <i>For Plan High-deductible G only, Plan pay amounts are after you pay \$2,870 deductible.<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible.<sup>2</sup></i>
<b>Hospitalization<sup>1</sup></b> <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
<b>91st day and after:</b> While using 60 lifetime reserve days	All but \$838 per day	\$838 per day	\$0
<b>Once lifetime reserve days are used:</b>			
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>3</sup>
Beyond the additional 365 days	\$0	\$0	All costs
<b>Skilled nursing facility care<sup>1</sup></b> <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
<b>Blood</b>			
First three pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>Hospice care</b> <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 deductible.<sup>2</sup></i>	 You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible.<sup>2</sup></i>
<b>Medical expenses</b> <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 <sup>4</sup>	\$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
<b>Blood</b>			
First three pints	\$0	All costs	\$0
Next \$257 of Medicare-approved amounts <sup>4</sup>	\$0	\$0	\$257 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
<b>Clinical laboratory services – blood tests</b>			
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 <sup>4</sup>, 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 deductible.<sup>2</sup></i>	You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible.<sup>2</sup></i>
<b>Home healthcare Medicare-approved services</b>				
Medically necessary skilled-care services and medical supplies	100%	\$0	\$0	\$0
<b>Durable medical equipment:</b>				
First \$257 of Medicare-approved amounts <sup>1</sup>	\$0	\$0	\$257 (Part B deductible)	\$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 G only, Plan pay amounts are after you pay \$2,870 deductible.<sup>2</sup></i>	You pay <i>For Plan High-deductible G only, this is in addition to \$2,870 deductible.<sup>2</sup></i>
<b>Foreign travel</b> <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	\$0



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

<sup>2</sup> 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 F

 Medicare Part A		Medicare pays	Plan pays	You pay
<b>Hospitalization<sup>1</sup></b> <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	\$0
61st through 90th day	All but \$419 per day	\$419 per day	\$0	\$0
<b>91st day and after:</b>				
While using 60 lifetime reserve days	All but \$838 per day	\$838 per day	\$0	\$0
<b>Once lifetime reserve days are used:</b>				
Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0 <sup>2</sup>	\$0 <sup>2</sup>
Beyond the additional 365 days	\$0	\$0	All costs	All costs
<b>Skilled nursing facility care<sup>1</sup></b> <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	\$0
21st through 100th day	All but \$209.50 per day	Up to \$209.50 per day	\$0	\$0
101st day and after	\$0	\$0	All costs	All costs
<b>Blood</b>				
First three pints	\$0	3 pints	\$0	\$0
Additional amounts	100%	\$0	\$0	\$0
<b>Hospice care</b> <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	\$0

## Plan F (continued)



 Medicare Part B		Medicare pays	Plan pays	 You pay
<b>Medical expenses</b> <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 <sup>3</sup>	\$0	\$257 (Part B deductible)	\$0	
Remainder of Medicare-approved amounts	Generally 80%	20%	\$0	
Part B excess charges (above Medicare approved amounts)	\$0	100%	\$0	
<b>Blood</b>				
First three pints	\$0	All costs	\$0	
Next \$257 of Medicare-approved amounts <sup>3</sup>	\$0	\$257 (Part B deductible)	\$0	
Remainder of Medicare-approved amounts	80%	20%	\$0	
<b>Clinical laboratory services – blood tests</b>				
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 <sup>3</sup>, your Part B deductible will have been met for the calendar year.

## Plan F (continued)

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

 Other benefits – not covered by Medicare		Medicare pays	Plan pays	 You pay
<b>Foreign travel</b> <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 <sup>1</sup>, your Part B deductible will have been met for the calendar year.



# 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:

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](http://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](http://hhs.gov/ocr/office/file/index.html).

[modahealth.com/texas](http://modahealth.com/texas)

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 (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)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ 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 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。

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

ໂປດຊາບ: 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 ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 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 togotogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, 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)





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Medicare

Small group

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