



Dear Moda Health Medicare Advantage member,

To make a change in the Medicare Advantage plan you have with Moda Health Plan, Inc., fill out the enclosed plan selection form to make your choice. Check off the plan you want and sign the form. Then mail the completed form back to us.

You can change health plans only at certain times during the year. From October 15 - December 7, you can join, switch or drop a Medicare health or drug plan for the following year. In addition, from January 1 - March 31, anyone enrolled in a Medicare Advantage Plan (except an MSA plan) can switch plans or return to Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). Generally, you can't make changes at other times except in certain situations, such as if you move out of your plan's service area, want to join a plan in your area with a 5-star rating, or qualify for (or lose) Extra Help paying for prescription drug coverage.

If you join our plan when you first enroll in Medicare, you can switch to another plan or get Original Medicare (and join a stand-alone Medicare Prescription Drug Plan). If you're not happy with your choice in our plan, you can make a change during the first 3 months you have Medicare.

If you select another plan and we receive your completed selection form before the end of the month, your new benefit plan will begin the first of the following month. If you are changing plans from October 15 – December 7 and we receive this plan change form before December 7, your plan will be effective January 1st of the following year. Your monthly plan premium is listed below the plan you selected on the plan change form and you may continue to see any Moda Health plan primary care doctors and specialists.

Complete the attached form only if you wish to change plans.

To help you with your decision, review the Plan Selection form's benefit overviews or consult our 2022 Summary of Benefits for the plans available in your county.

If you have any questions, please call Customer Service at 1-877-299-9062 from 7 a.m. to 8 p.m., Pacific Time, seven days a week from October 1 through March 31, with the exceptions of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone system, Saturdays, Sundays, and holidays.). TTY users should call 711.



Medicare Advantage Plans Plan Selection Form

Date		Member Number	
Member Name			
Permanent residence street address (P.O. Box is not allowed)			
City	County (optional)	State	Zip Code
Mailing address (only if different from your street address)			
City		State	Zip Code

I want to transfer from my current plan to the plan I have selected below. I understand that if this form is received by the end of any month, my new plan will generally be effective the 1st of the following month. Please check the appropriate box below:

Plan Details

(All cost-sharing amounts listed are for services provided in-network)

■ Moda Health PPO (PPO) H3813-001

This plan is available to members living in Benton, Clackamas, Columbia, Coos, Crook, Curry, Deschutes, Douglas, Hood River, Jackson, Jefferson, Josephine, Klamath, Lane, Lincoln, Linn, Marion, Multnomah, Polk, Tillamook, Wasco, Washington, and Yamhill counties in Oregon only.

Monthly Premium: \$15	Inpatient Hospital Copay: \$250/day for days 1-5, \$0 days 6 and beyond
Out of Pocket Max: \$3,500	Emergency Room Visit Copay: \$65
Primary Care Visit Copay: \$10	Durable Medical Equipment: 20%
Specialist Visit Copay: \$35	

■ Moda Health PPORX Enhanced (PPO) H3813-009

This plan is available to members living in Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon only.

Monthly Premium: \$196	Inpatient Hospital Copay: \$175/day for days 1-5, \$0 days 6 and beyond
Out of Pocket Max: \$3,900	Emergency Room Visit Copay: \$90
Primary Care Visit Copay: \$0	Durable Medical Equipment: 20%
Specialist Visit Copay: \$20	

■ Moda Health Central PPORX (PPO) H3813-010

This plan is available to members living in Crook, Deschutes, Hood River, Jefferson, and Wasco counties in Oregon only.

Monthly Premium: \$97

Out of Pocket Max: \$5,900

Primary Care Visit Copay: \$10

Specialist Visit Copay: \$35

Inpatient Hospital Copay: \$295/day for days 1-5,
\$0 days 6 and beyond

Emergency Room Visit Copay: \$90

Durable Medical Equipment: 20%

■ Moda Health NW PPORX (PPO) H3813-011

This plan is available to members living in Columbia, Lincoln, Tillamook, and Yamhill counties in Oregon only.

Monthly Premium: \$90

Out of Pocket Max: \$6,000

Primary Care Visit Copay: \$10

Specialist Visit Copay: \$35

Inpatient Hospital Copay: \$370/day for days 1-5,
\$0 days 6 and beyond

Emergency Room Visit Copay: \$90

Durable Medical Equipment: 20%

■ Moda Health Southern PPORX (PPO) H3813-012

This plan is available to members living in Coos, Curry, Douglas, Jackson, Josephine, and Klamath counties in Oregon only.

Monthly Premium: \$86

Out of Pocket Max: \$6,000

Primary Care Visit Copay: \$10

Specialist Visit Copay: \$35

Inpatient Hospital Copay: \$350/day for days 1-5,
\$0 days 6 and beyond

Emergency Room Visit Copay: \$90

Durable Medical Equipment: 20%

■ Moda Health Metro PPORX (PPO) H3813-013

This plan is available to members living in Clackamas, Multnomah, and Washington counties in Oregon only.

Monthly Premium: \$98

Out of Pocket Max: \$5,500

Primary Care Visit Copay: \$15

Specialist Visit Copay: \$30

Inpatient Hospital Copay: \$350/day for days 1-5,
\$0 days 6 and beyond

Emergency Room Visit Copay: \$90

Durable Medical Equipment: 20%

■ Moda Health Mid-valley PPORX (PPO) H3813-014

This plan is available to members living in Benton, Lane, Linn, Marion, and Polk counties in Oregon only.

Monthly Premium: \$96

Out of Pocket Max: \$5,900

Primary Care Visit Copay: \$10

Specialist Visit Copay: \$35

Inpatient Hospital Copay: \$370/day for days 1-5,
\$0 days 6 and beyond

Emergency Room Visit Copay: \$90

Durable Medical Equipment: 20%

Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, eBill or “Electronic Funds Transfer” (EFT) each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office, or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY/TDD users should call 1-877-486-2048.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium for this benefit. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn’t cover.

If you don’t select a payment option, you will receive a bill each month.

Please select a premium payment option:

No change to current payment method

Electronic funds transfer (EFT) from your bank account each month.

Please provide the following:

Get a monthly bill

Account holder name: _____

Bank routing number: _____

Bank account number: _____

Account type: Checking Savings

eBill, online premium payment

eBill is an online premium payment tool. When you receive your Moda Health member ID number, visit www.modahealth.com and create your Member Dashboard. Once your Member Dashboard account is created, click on the eBill tab to view and pay your monthly premium.

Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check.

I get monthly benefits from: Social Security RRB
(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. How premium is collected for months prior to the start of withholding depends on when your application is received and the effective date of enrollment. In some cases, Social Security/RRB deducts for those months once withholding begins. It’s important to note that this means premium for multiple months may be deducted from a single benefit check. In other cases, you will receive paper bills and be responsible to pay us directly for months prior to the start of withholding. If Social Security or RRB does not approve your request for automatic deduction, we will send you paper bills for your monthly premiums on an ongoing basis.)

Please check one of the boxes below if you would prefer us to send you information in an accessible format: LARGE PRINT

Please contact Moda Health at 1-877-299-9062 (TTY users should call 711) if you need information in an accessible format or language other than what is listed above. Customer Service is available from 7 a.m. to 8 p.m., Pacific Time, seven days a week from Oct 1 through March 31, with the exception of Christmas Day and Thanksgiving Day. (After March 31, your call will be handled by our automated phone system Saturdays, Sundays and holidays.)

Please check the appropriate box below:

Optional supplemental benefit:

- I currently have Extra Care and would like to keep it.
- I want to add Extra Care (a premium of \$5 will be added to your medical premium).
- I no longer want Extra Care. Please disenroll me.

Please read and sign below

Signature: _____ Today's date: ____ / ____ / _____

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone number: (_____) _____ Relationship to enrollee: _____

Please mail this form to:

Moda Health Plan, Inc.
Attn: Medicare Membership Accounting
601 SW 2nd Ave
Portland, OR 97204-9748
Fax: 503-224-1975

Office use only:

Name of staff member/agent/broker (if assisted in enrollment): _____

Plan ID #: _____ Effective Date of Coverage: ____ / ____ / _____

ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____

If you are an agent contracted with Moda Health Plan, Inc. you must provide the following,

Agency: _____ Date enrollment form received by agent: ____ / ____ / _____