

MODA HEALTH

MEDICARE SUPPLEMENT

MEDICARE ENROLLMENT SERVICE AREA: SEE MAPS AND LISTING OF HEALTH PLAN ENROLLMENT SERVICE AREA [HERE](#).

BENEFIT DESCRIPTION	MEDICARE SUPPLEMENT
ELIGIBLE PROVIDERS	Any licensed Medicare Provider
	MEMBER PAYS:
CALENDAR YEAR DEDUCTIBLE	\$233 per individual ¹
CALENDAR YEAR MEDICAL OUT-OF-POCKET MAXIMUM	N/A
PREVENTIVE CARE	<ul style="list-style-type: none"> Covered in full per Medicare guidelines
INPATIENT CARE <ul style="list-style-type: none"> Inpatient Hospital Care Skilled Nursing Facility² 	<ul style="list-style-type: none"> Covered in full Covered in full
OUTPATIENT CARE <ul style="list-style-type: none"> Physician Office Visits Specialist Office Visits Outpatient Surgery Ambulance (air-ground) Emergency Services Urgent Care DME Lab Test X-ray Diagnostic Procedures (CT/MRI/PET) OT/PT/ST Therapies³ 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full
OTHER SERVICES <ul style="list-style-type: none"> Chiropractic Care Acupuncture Hearing Vision 	<ul style="list-style-type: none"> Covered in full per Medicare guidelines ⁴ Covered in full per Medicare guidelines ⁴ Exam: Covered in full; Hardware (aids): \$399 or \$699 options available ⁵ Exam: \$15 copay; Hardware: \$200 allowance every 2 calendar years for lenses, frames and/or contacts ⁶
CALENDAR YEAR PHARMACY OUT-OF-POCKET MAXIMUM	\$7,400 per individual
PRESCRIPTION DRUGS ⁷ <ul style="list-style-type: none"> Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 	THIS IS A MEDICARE PART D PRESCRIPTION DRUG PLAN <ul style="list-style-type: none"> Up to an \$8 copay per 31-day supply Up to a \$15 copay per 31-day supply 40% to \$250 max per script/31-day supply 40% to \$250 max per script/31-day supply 40% to \$250 max per script/31-day supply \$0 cost share
RATES (PER MEMBER, PER MONTH) ⁸ <ul style="list-style-type: none"> Adult Child 	<ul style="list-style-type: none"> \$337.38 \$270.90

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this outline and the health plan document, the information in the health plan document shall prevail.

For questions on plan benefits, limitations and exclusions, refer to your health plan's Evidence of Coverage (EOC) or the Medicare and You Handbook. You can obtain the EOC by contacting your health plan directly. You can obtain the Medicare and You Handbook through Medicare.

¹ 2022 Part B Deductible. 2023 Part B Deductible is not available at this time.

² Coverage applies to a Medicare certified facility for up to 100 days/Medicare benefit period.

³ Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy

⁴ Medicare covered services only. Contact Medicare or refer to the 2023 Medicare & You Handbook and Medicare.gov website for more details.

⁵ Must use TruHearing providers. One routine hearing exam and one hearing aid per ear per calendar year.

⁶ To receive the VSP benefit as listed, use VSP Advantage providers. For out-of-network reimbursement amounts, refer to the member handbook.

⁷ See Health Plan EOC for more details on each tier.

⁸ Apply the adult rate to the PERS retiree, Spouse and Dependent Domestic Partner. Apply the Child rate to a dependent child regardless of their age. No additional premium (cost) for more than two children.