

# Moda Health — Medicare Supplement



Benefit Description	Medicare Supplement
Eligible Providers	Any licensed Medicare Provider
	<b>Member Pays:</b>
Part B Calendar Year Deductible	\$240 per individual <sup>1</sup>
Calendar Year Medical Out-of-Pocket Maximum	N/A
Preventive Care	Covered in full per Medicare guidelines
<b>Inpatient Care:</b>	
<ul style="list-style-type: none"> <li>Inpatient Hospital Care</li> <li>Skilled Nursing Facility</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full<sup>2</sup></li> </ul>
<b>Outpatient Care:</b>	
<ul style="list-style-type: none"> <li>Physician Office Visits</li> <li>Specialist Office Visits</li> <li>Outpatient Surgery</li> <li>Ambulance (air-ground)</li> <li>Emergency Services</li> <li>Urgent Care</li> <li>DME</li> <li>Lab Test</li> <li>X-ray</li> <li>Diagnostic Procedures (CT/MRI/PET)</li> <li>OT/PT/ST Therapies<sup>3</sup></li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>

Benefit Description	Medicare Supplement
<b>Other Services:</b>	
<ul style="list-style-type: none"> <li>Chiropractic Care<sup>4</sup></li> <li>Acupuncture<sup>4</sup></li> <li>Hearing<sup>5</sup></li> <li>Vision<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>Covered in full per Medicare guidelines</li> <li>Covered in full per Medicare guidelines</li> <li>Routine exam: Covered in full; Hardware (aids): \$399 or \$699 options available</li> <li>Routine exam: \$15 copay; Hardware: \$200 allowance every 2 calendar years for lenses, frames and/or contacts</li> </ul>
Calendar Year Pharmacy Out-of-Pocket Maximum	\$2,000 per individual
<b>Pharmacy<sup>7</sup>:</b>	This is a Medicare Part D Prescription Drug Plan
<ul style="list-style-type: none"> <li>Tier 1</li> <li>Tier 2</li> <li>Tier 3</li> <li>Tier 4</li> <li>Tier 5</li> <li>Tier 6</li> </ul>	<ul style="list-style-type: none"> <li>Up to an \$8 copay per 31-day supply</li> <li>Up to a \$15 copay per 31-day supply</li> <li>40% to \$250 max per script/31-day supply</li> <li>40% to \$250 max per script/31-day supply</li> <li>40% to \$250 max per script/31-day supply</li> <li>\$0 cost share</li> </ul>
<b>Rates (per member, per month):</b>	
<ul style="list-style-type: none"> <li>Adult</li> <li>Child</li> </ul>	<ul style="list-style-type: none"> <li>\$384.93</li> <li>\$309.13</li> </ul>

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

<sup>1</sup> 2024 Part B Deductible. 2025 Part B Deductible is not available at this time.

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

<sup>3</sup> Outpatient rehab: OT = Occupational Therapy, PT = Physical Therapy, ST = Speech Therapy

<sup>4</sup> Medicare covered only. Contact Medicare or refer to the Medicare & You 2025 handbook and Medicare.gov website for more details

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

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

<sup>7</sup> See Health Plan EOC for more details on each tier.