<table>
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<tbody>
<tr>
<td>Moda Health Medicare Supplement Plan*</td>
<td>In - Network*</td>
<td>Out of - Network*</td>
<td>In - Network*</td>
<td>Out of - Network*</td>
<td>In - Network*</td>
</tr>
<tr>
<td>Eligible Providers</td>
<td>Any licensed Medicare Provider</td>
<td>Advantage Network Providers</td>
<td>Any licensed Medicare Provider</td>
<td>Kaiser Permanente and The Portland Clinic Physicians and Hospitals</td>
<td>Plan Physicians and Hospitals</td>
</tr>
<tr>
<td>Mem PAYS</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
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<tr>
<td>Cal Year Deductible</td>
<td>$147 per individual 1</td>
<td>$1,500</td>
<td>$1,000</td>
<td>Providence</td>
<td>$3,400</td>
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<tr>
<td>Cal Year Medical Out-of-Pocket Maximum</td>
<td>None</td>
<td>$2,500 per individual</td>
<td>None</td>
<td>$1,000 per individual</td>
<td>$3,400 per individual</td>
</tr>
</tbody>
</table>

**Inpatient Care**
- Inpatient Hospital Care
  - Covered in full
  - $100 copay/day; $300 max. per admit
  - Covered in full
  - $200 copay per admit

**Skilled Nursing Facility**
- Covered in full
  - $15 copay
  - $20 copay
  - $30 copay
  - $50 copay (one-way)

**Outpatient Care**
- Physican Office Visits
  - Covered in full
  - $15 copay
  - $20 copay
  - $30 copay
  - $50 copay (one-way)

**Emergency Services**
- Covered in full
  - $50 copay (one-way)
  - $50 copay (one-way)

**Urgent Care**
- Covered in full
  - $10 copay
  - $10 copay

**DME**
- Covered in full
  - $20 copay

**Lab Test**
- Covered in full
  - $30 copay

**X-Ray**
- Covered in full
  - $20 copay

**Diagnostic Procedures (CT/MRI)**
- Covered in full
  - $15 copay

**Physical Therapy**
- Covered in full
  - $20 copay

**Annual Wellness Exam**
- Covered in full

**Women’s Preventive Care**
- Covered in full

**Prostate Cancer Screening**
- Covered in full

**Immunizations**
- Covered in full

**Chiropractic Care**
- Covered in full
  - $20 copay

**Vision Routine Eye Exam**
- Covered in full

**Vision Hardware**
- Covered in full

**Other Services**
- Covered in full

**Prescription Drugs**
- Retail and Mail Order
  - Brand & Generic
    - 40% of charge up to a $150 maximum per prescription for a 31-day supply, no deductible
  - 40% of charge up to a $150 maximum per prescription for a 31-day supply, no deductible
  - 40% of charge up to a $150 maximum per prescription for a 31-day supply, no deductible
  - 40% of charge up to a $150 maximum per prescription for a 31-day supply, no deductible

**RX Out of Pocket Maximum**
- $4,850 Out-of-Pocket maximum per member per calendar year, no deductible

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1 Medicare covered services only.
2 Member must select a Primary Care Physician (PCP) from network in order to receive In-Network benefits. Certain out-of-network services may require prior-authorization. If services received from out-of-network provider, excess charges may apply if the provider does not accept Medicare assignment.
3 Prior Authorization required for hospital inpatient services, skilled nursing, home health care, outpatient surgery, chiropractic, outpatient rehab, DME, prosthetic services and diagnostic procedures.
4 Out-of-network Medicare providers are paid up to the Medicare limiting charge.
5 This is a MEDICARE PART D PRESCRIPTION DRUG PLAN included with all Medicare medical plans.
6 Applies to Medicare approved supplies/equipment only and may require Pre-Authorization. Some diabetic supplies are covered in full.
7 If no referral is in place when seeing an in-network specialist, $30 copay applies.
8 An office visit copayment may vary if non-preventive issues and services are managed during a scheduled preventive visit.
9 Medicare covered chiropractic services only.
10 Must use VSP Choice Network providers in order to receive benefits.

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