

State: Oregon **Filing Company:** Moda Health Plan, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)
Product Name: Individual med discontinuation notice
Project Name/Number: ndividual med discontinuation notice/2013-50-03-OR

Filing at a Glance

Company: Moda Health Plan, Inc.
Product Name: Individual med discontinuation notice
State: Oregon
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Filing Type: Form
Date Submitted: 08/22/2013
SERFF Tr Num: ODSV-129174603
SERFF Status: Closed-Filed as information
State Tr Num: ODSV-129174603
State Status: Review completed
Co Tr Num: 2013-50-03-OR

Implementation: 09/01/2013
Date Requested:
Author(s): Mei-Kuen Wu, Andrea Silano Sayers, David Liebert, Jennifer Halttunen, Brenda Noble, Dave Nessler-Cass

Reviewer(s): Rhonda Saunders-Ricks (primary)
Disposition Date: 08/26/2013
Disposition Status: Filed as information
Implementation Date: 08/26/2013

State Filing Description:

State: Oregon **Filing Company:** Moda Health Plan, Inc.
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General Information

Project Name: ndividual med discontinuation notice
Project Number: 2013-50-03-OR
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Mei-Kuen Wu

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: This filing is to the state of domicile.
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 08/26/2013
State Status Changed: 08/26/2013
Created By: Mei-Kuen Wu
Corresponding Filing Tracking Number: ODSV-128996855, ODSV-129006200, ODSV-128830968
PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

No

Filing Description:

Dear Reviewer,

This filing includes the discontinuation notice for our current individual book of business. In accordance to Bulletin 2013-1, we are under option 3, which is a full discontinuation of plans as of 12/31/13. Our discontinuation notice includes information similar to the open enrollment/Exchange info included in the templates and as instructed in 2014 Health Benefit Plan Rate/Plan Filing Updates sent by the Division to carriers on April 26, 2013.

SERFF tracking numbers are ODSV-128996855 (rates), ODSV-128830968 (forms) and ODSV-129006200 (amendment to forms).

We apologize for the delay in this filing and the oversight on our part. We plan to deliver the notice and meet the 90-day notice timeline.

Sincerely,
Mei

Company and Contact

Filing Contact Information

Mei-Kuen Wu, Lead Regulatory Analyst meikuen.wu@modahealth.com
601 SW Second Ave. 503-265-5679 [Phone]
Portland, OR 97204

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Filing Company Information

Moda Health Plan, Inc.	CoCode: 47098	State of Domicile: Oregon
601 SW Second Ave.	Group Code: 1313	Company Type:
Portland, OR 97204	Group Name:	State ID Number: 158
(503) 265-4703 ext. [Phone]	FEIN Number: 93-0989307	

Filing Fees

Fee Required? No
 Retaliatory? No

Fee Explanation:

State Specific

Have you reviewed the General Instructions attached as a separate pdf at the bottom of the General Instructions page?: Yes
 Did you read the instructions regarding how to enter the form number and edition date in the Forms Schedule tab?: Yes
 Did you realize Oregon does not respond to Status Requests thru SERFF?: Yes
 Please confirm that you have read the Fraud Bulletin 2010-3 located at:
<http://www.cbs.state.or.us/external/ins/bulletins/bulletin2010-03.pdf>: Yes
 Have you attached under the Supporting Documentation tab any state specific Amendatory Endorsements that will be used to bring the submitted forms into compliance with our statutes?: Yes

SERFF Tracking #:

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Company Tracking #:

2013-50-03-OR

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed as information	Rhonda Saunders-Ricks	08/26/2013	08/26/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending industry response	Rhonda Saunders-Ricks	08/23/2013	08/23/2013

Response Letters

Responded By	Created On	Date Submitted
Mei-Kuen Wu	08/23/2013	08/23/2013

State: Oregon **Filing Company:** Moda Health Plan, Inc.
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Disposition

Disposition Date: 08/26/2013

Implementation Date: 08/26/2013

Status: Filed as information

HHS Status: Not Reported

State Review:

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter or Explanatory Memorandum	Reviewed-No Action	Yes
Supporting Document	Third party filers letter of authorization	Reviewed-No Action	Yes
Supporting Document	3894 Certification of Compliance	Reviewed-No Action	Yes
Supporting Document	3146 Standards for Individual Health Benefit Plans	Reviewed-No Action	Yes
Supporting Document	3899 Readability Certification	Reviewed-No Action	Yes
Supporting Document	Corresponding Rate filing	Reviewed-No Action	Yes
Supporting Document (revised)	2896 Benefit Modification & Discontinuance of Health Benefit Plans	Information only	Yes
Supporting Document	2896 Benefit Modification & Discontinuance of Health Benefit Plans	Reviewed-No Action	Yes
Supporting Document	Highlighted/Redline form version if a replaced, amended or similar forms	Reviewed-No Action	Yes
Supporting Document (revised)	Discontinuation notice	Information only	Yes
Supporting Document	Discontinuation notice	Reviewed-No Action	Yes

State: Oregon **Filing Company:** Moda Health Plan, Inc.
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Objection Letter

Objection Letter Status	Pending industry response
Objection Letter Date	08/23/2013
Submitted Date	08/23/2013
Respond By Date	08/30/2013

Dear Mei-Kuen Wu,

Introduction:

I have reviewed this filing and the following corrections are necessary.

Objection 1

- Discontinuation notice (Supporting Document)

Comments: Please complete the modification and discontinuation form. You do not need to complete the Section IV of this form.

Paragraph, "Your health plan is ending" contains the statement, "as part of the "affordable care act", all of our [...] This statement is not completely accurate. It is part of the "implementation in Oregon". Please confirm MODA does not have any grandfathered plans in these two markets. If so, "all" of our health plans... will need to include some qualifier.

Paragraph, "Shop for a new MODA Health Plan".. contains the statement, "you'll need to enroll in a new plan by December 31, 2013, but the other page, says "we want to help you enroll in a new plan by Nov. 30th. I'm not sure why there are two different dates but if you intended them to be different there should be some sort of explanation.

Paragraph, " Do you qualify for a credit?" Is this the same calculator that is on Cover Oregon's website. IF this is going to small group and individuals is there one calculator or two? please see <http://www.coveroregon.com/calculators/> My concern is that they would receive two different answers or calculators. Please explain

Paragraph, "choose one easy step" (1) please include a statement that aligns with the final paragraph in that area... Accept the plan we chose for you, you don't need to do anything or you can tell us you're in at

Please explain why the "here are a few words from our friends with the state" is necessary... this is really ambiguous...Why wouldn't you just incorporate the disclosure requirement?

Conclusion:

When we receive this additional information, we will continue our review of your filing.

Sincerely,

Rhonda Saunders-Ricks

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Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/23/2013
Submitted Date	08/23/2013

Dear Rhonda Saunders-Ricks,

Introduction:

Dear Rhonda,

Thanks for the review and comments for our filing. Please see the responses listed below.

Sincerely,
Mei

Response 1

Comments:

The modification and discontinuation form is now completed and attached.

For Paragraph "Your health plan is ending" we added the phase "implementation in Oregon"

For Paragraph "Shop for a new MODA Health Plan" we explain to members that they have up to Dec 31, 2013 to choose a new plan. Under Paragraph "Choose one easy step" we explain if we do not hear from the member by Nov 30 whether he or she will take the matched plan, choose another plan, or decide to stop coverage, we will automatically enroll them to the matched plan. This helps us to configure eligibility and benefits in time for Jan 1, 2014 operation. However, members can call us and change the option all the way up to Dec 31, 2013.

For Paragraph "Do you qualify for a credit" our website only provides some info on how credits work and direct members to the CoverOregon calculator to do the actual calculation.

Paragraph, "Choose one easy step" we moved the sentence to (1) so it will only appear once.

We removed the language about "here are a few words from our friends with the state".

Related Objection 1

Applies To:

- Discontinuation notice (Supporting Document)

SERFF Tracking #:

ODSV-129174603

State Tracking #:

ODSV-129174603

Company Tracking #:

2013-50-03-OR

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Comments: Please complete the modification and discontinuation form. You do not need to complete the Section IV of this form.

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Paragraph, "Shop for a new MODA Health Plan".. contains the statement, "you'll need to enroll in a new plan by December 31, 2013, but the other page, says "we want to help you enroll in a new plan by Nov. 30th. I'm not sure why there are two different dates but if you intended them to be different there should be some sort of explanation.

Paragraph, " Do you qualify for a credit?" Is this the same calculator that is on Cover Oregon's website. IF this is going to small group and individuals is there one calculator or two? please see <http://www.coveroregon.com/calculators/> My concern is that they would receive two different answers or caluclators. Please explain

Paragraph, "choose one easy step" (1) please include a statement that aligns with the final paragraph in that area... Accept the plan we chose for you, you don't need to do anything or you can tell us you're in at

Please explain why the "here are a few words from our friends with the state" is necessary... this is really ambiguous...Why wouldn't you just incorporate the disclosure requirement?

Changed Items:

SERFF Tracking #:

ODSV-129174603

State Tracking #:

ODSV-129174603

Company Tracking #:

2013-50-03-OR

State:

Oregon

Filing Company:

Moda Health Plan, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual med discontinuation notice

Project Name/Number:

individual med discontinuation notice/2013-50-03-OR

Supporting Document Schedule Item Changes**Satisfied - Item:** 2896 Benefit Modification & Discontinuance of Health Benefit Plans**Comments:** The Modification and Discontinuation Form is attached.**Attachment(s):** 2896.pdf*Previous Version***Bypassed - Item:** *2896 Benefit Modification & Discontinuance of Health Benefit Plans***Bypass Reason:** *Not applicable to the 2013 filing of discontinuation notice.***Attachment(s):****Satisfied - Item:** Discontinuation notice**Comments:** The revised discontinuation notice is attached.**Attachment(s):** 903347 IMR info mailer 3_OR agent_FINALv2_web.pdf*Previous Version***Satisfied - Item:** *Discontinuation notice***Comments:** *The discontinuation notice is attached.***Attachment(s):** *903347 IMR info mailer 3_OR agent_FINAL_web.pdf*

SERFF Tracking #:

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Supporting Document Schedule Item Changes

Satisfied - Item:	2896 Benefit Modification & Discontinuance of Health Benefit Plans
Comments:	The Modification and Discontinuation Form is attached.
Attachment(s):	2896.pdf

Previous Version

Bypassed - Item:	2896 Benefit Modification & Discontinuance of Health Benefit Plans
Bypass Reason:	Not applicable to the 2013 filing of discontinuation notice.
Attachment(s):	

Satisfied - Item:	Discontinuation notice
Comments:	The revised discontinuation notice is attached.
Attachment(s):	903347 IMR info mailer 3_OR agent_FINALv2_web.pdf

Previous Version

Satisfied - Item:	Discontinuation notice
Comments:	The discontinuation notice is attached.
Attachment(s):	903347 IMR info mailer 3_OR agent_FINAL_web.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,
Mei-Kuen Wu

State: Oregon
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Filing Company: Moda Health Plan, Inc.

Supporting Document Schedules

Bypassed - Item:	Cover Letter or Explanatory Memorandum
Bypass Reason:	Cover letter is included under the General Information tab.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013

Bypassed - Item:	Third party filers letter of authorization
Bypass Reason:	There is no third party filer for this filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013

Bypassed - Item:	3894 Certification of Compliance
Bypass Reason:	Not applicable to this discontinuation notice filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013

Bypassed - Item:	3146 Standards for Individual Health Benefit Plans
Bypass Reason:	Not applicable to this discontinuation notice filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013

Bypassed - Item:	3899 Readability Certification
Bypass Reason:	Not applicable to this discontinuation notice filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013

Bypassed - Item:	Corresponding Rate filing
Bypass Reason:	Not applicable to this discontinuation notice filing.
Attachment(s):	
Item Status:	Reviewed-No Action

SERFF Tracking #:

ODSV-129174603

State Tracking #:

ODSV-129174603

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2013-50-03-OR

State: Oregon **Filing Company:** Moda Health Plan, Inc.
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Status Date:	08/26/2013
Satisfied - Item:	2896 Benefit Modification & Discontinuance of Health Benefit Plans
Comments:	The Modification and Discontinuation Form is attached.
Attachment(s):	2896.pdf
Item Status:	Information only
Status Date:	08/26/2013
Bypassed - Item:	Highlighted/Redline form version if a replaced, amended or similar forms
Bypass Reason:	Not applicable to this discontinuation notice filing.
Attachment(s):	
Item Status:	Reviewed-No Action
Status Date:	08/26/2013
Satisfied - Item:	Discontinuation notice
Comments:	The revised discontinuation notice is attached.
Attachment(s):	903347 IMR info mailer 3_OR agent_FINALv2_web.pdf
Item Status:	Information only
Status Date:	08/26/2013

Department of Consumer & Business Services
Oregon Insurance Division
350 Winter St., NE
Salem, Oregon 97301-3883
Phone: (503) 947-7983

**TRANSMITTAL AND REQUIREMENTS FOR
MODIFICATION AND DISCONTINUANCE OF HEALTH BENEFIT PLANS
as defined in ORS 743.730(19)(a)**

Date: Aug 23, 2013 NAIC No: 47098

Insurer name: Moda Health Plan, Inc.

Filing entity name (if not insurer): N/A

If not the insurer, a letter of authorization must be included in the filing.

Contact person's name: Mei Kuen Wu

Title: Manager, Regulatory Implementation

Mailing address: 601 SW Second Avenue
Portland, OR 97204

Toll-free/collect phone no.: 800-852-5195 x 5679

Email address: meikuen.wu@modahealth.com

Effective date: January 1, 2014

This filing is submitted for:

MODIFICATION – OAR 836-053-0001 (complete Section I, III, and IV)

DISCONTINUANCE – ORS 743.737; 743.754; 743.766; (complete Section II, III, and IV)

Patient Protection Affordability Care Act (PPACA)

Plan(s) are:

Non-Grandfathered

Grandfathered

If grandfathered the plans are:

Losing Grandfathered status

Maintaining Grandfathered status

The following is a checklist of standards to help carriers make a complete filing in compliance with relevant statutes and rules. In some cases, the statements contained in this form are summaries and it may be necessary to refer to the entire statute or rule. The filer's signature on the certification form is confirmation that diligent consideration has been given each item. In the case of modification, replacement rates and forms must be submitted with this transmittal document.

Department Action:

Approved;
Limitations _____

Processed as Information

Withdrawn

Disapproved;
Reason: _____

Action Date: _____

Effective Date: _____
If different from action date

Analyst: _____

State Filing No.: _____

I. MODIFICATION – OAR 836-053-0001

- A modification is a change or changes that alter the actuarial valuation of the health benefit plan less than 10% in the aggregate to the policyholder.
- Modifications can only be implemented at the time of renewal.
- A notice explaining all changes must be sent to all policyholders at least 30 days prior to their renewal date. OAR 836-053-0001(3)

1. Please select the type(s) of health plan involved

- Small employer group health benefit plan
- Large group health benefit plan
- Individual health benefit plan
- Portability health benefit plan

2. Please select the type of modification that applies:

- Eliminating or adding benefits or services payable in a health benefit plan
- Increasing or decreasing benefits payable or services under a plan, including a decrease or increase that occurs as a result of a change in formulas, methodologies or schedules that serve as the basis for making benefit determinations.
- Increasing or decreasing deductibles, copayments or other amounts to be paid by an enrollee.
- Establishing new conditions or requirements such as preauthorization requirements to obtain services or benefits under the plan or eliminating such conditions or requirements.

3. ORS 742.003(4) Prior to issuing notices:

- a) Include a copy of the notice that will be sent to policyholders at renewal advising them of the modification(s) to their plan.
- b) In the case of a group plan, if a carrier plans to notify subscribers, include a copy of the notice that advises them of the modification(s) to their plan at renewal.
- c) For Individual plan modifications, include a copy of the notice that will be sent to policyholders.

Continue to Section III.

II. DISCONTINUANCE – ORS 743.737; 743.754; 743.766

1. Please select the type of health plan involved:

- Small employer health benefit plan
- Large employer health benefit plan
- Individual health benefit plan
- Portability health benefit plan

If a carrier is discontinuing all of the group products in this state, a separate Portability discontinuance filing must be submitted. If there are no other group products and as a result, Portability plans cannot be continued, carriers may offer enrollees their Individual plans with no health status underwriting as well as the option to obtain coverage through the Oregon Medical Insurance Pool (OMIP).

2. Does the carrier have other “group” products in this state? Yes No

a) If yes, small large both large and small group

3. Corresponding portability plan(s) discontinuation filing is included under separate cover. If a Portability discontinuation filing is not included in this filing or under separate cover, please explain why:

Not applicable to the discontinuation filing for individual plans

4. Does the carrier have “individual” products in this state? Yes No

a.) If yes, will the carrier offer the portability members the individual plan

- without medical underwriting
- with medical underwriting

5. The carrier is discontinuing offering or renewing, or offering and renewing **all** health benefit plans in specified area(s) within Oregon. Which counties are affected?

All counties

6. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in Oregon.

7. The carrier is discontinuing offering or renewing, or offering and renewing **a** health benefit plan in specified area(s) within Oregon. Which counties are affected? (closed block)

8. ORS 742.003(4) Prior to issuing notices:

- Provide a copy of the notice to DCBS for review prior to issuing the notices to the policyholders. The notices must provide detailed information regarding the policyholder’s options.

III. REQUIRED SUPPORTING DOCUMENTATION

List all plans being discontinued or modified and provide the number of policyholders in each plan involved. (Attach an additional page if needed)

<u>Plan and Form Number</u>	<u>Grandfathered</u> Yes/No	<u>Name</u>	<u># of Insured Lives</u>
<u>ODSPPO-INDV 11-1-2012</u>	<u>No</u>	<u>Apex 1000 and 2500 plans</u>	<u>2885</u>
<u>ODSPPO-INDV 11-1-2012</u>	<u>No</u>	<u>Maximizer 1000, 2500 and 5000 plans</u>	<u>6956</u>
<u>ODSPPO-INDV 11-1-2012</u>	<u>No</u>	<u>Foundation 10000 and 5000 plans</u>	<u>321</u>
<u>ODSBENE-INDV 11-1-2012</u>	<u>No</u>	<u>Beneficial Rx, Value 1000,2500,5000,7500</u>	<u>17,221</u>
<u>ODSHD-INDV 11-1-2012</u>	<u>No</u>	<u>HSA 3000, HSA Choice, HSA Value</u>	<u>4090</u>
<u>ODS3T-INDV 11-1-2012</u>	<u>No</u>	<u>WellConnect Plan</u>	<u>357</u>

IV. Items required in filing, whether modification or discontinuance:

1. An actuarial demonstration describing the changes in benefits and/or rates.
2. Include a chart showing claim cost percentages of premium for all the added or discontinued benefits and/or services and the sum of the changes. Note: the idea here is to prove a modification (less than 10%) or discontinuance (more than 10%). The same service can have different dollar values depending on other provisions such as deductibles. We need the overall effect, best stated as a percentage including the percentage for each item in the list that represents the items' portion of the total premium. **If this information is not included in the filing, please provide a written explanation.**
3. Provide a description of the data (source and time period) used to develop the value for the benefits and/or services.
4. A list of the changes in the modification including a side-by-side comparison showing the previous benefit structure compared to the new benefit structure.
5. A side-by-side comparison showing the new plan that will be closest to the discontinued.
6. Language changes that constitute a benefit or service change must be included in the side-by-side comparison.
7. Provide a statement as to why the changes are needed.

Carriers are subject to a 5-year ban from the Oregon market product line they elect to discontinue.

**Small Employer ORS 743.736(12)
Large Group ORS 743.752(2)**

Individual ORS 743.769(6)

440-2896 (3/13/INS)



601 S.W. Second Ave.
Portland, OR 97204-3154
Formerly ODS Health

PRSR STD
US POSTAGE PAID
PORTLAND, OR
PERMIT NO. 1039

<SUBSCRIBER NAME>
<ADDRESS 1>
<ADDRESS 2>
<CITY>, <ST> <ZIP>

Visit mynewmodaplan.com
to choose your new health plan!

Health plans in Oregon, Washington and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service.
Dental plans in Alaska provided by Oregon Dental Service doing business as Delta Dental of Alaska. 903347 (8/13) MKT-1457-OR

It's time to pick a new plan

Your Moda Health plan is expiring soon! We want to help you enroll in a new plan by Nov. 30.



Be choosey.

We've got health plans for every body.

Your health is important. Let's make sure you stay covered in 2014.



Your Moda Health plan will expire on Jan. 1, 2014. We'll make sure you stay covered by transferring you to a similar plan. You can also choose a different plan or stop coverage. Read on for details.

Your health plan is ending

We're happy you chose Moda Health, and we want you to stick with us as healthcare laws change. As part of the Affordable Care Act implementation in Oregon, all of our individual and family health plans will be discontinued. That means you'll have to enroll in a new plan. But don't worry! We have some great choices.

Shop for a new Moda Health plan

To make sure you have benefits next year, you'll need to enroll in a new plan by Dec. 31, 2013. Starting Oct. 1, you can shop for a plan at mynewmodaplan.com.

Once you pick a plan, we'll set you up with everything you need. Your new coverage will begin on Jan. 1.

Do you qualify for a credit?

A federal tax credit could help you pay for health insurance. Learn more about tax credits at mynewmodaplan.com.

If you qualify for a tax credit, you'll need to enroll through Oregon's health insurance marketplace at coveroregon.com. Make sure you look for Moda Health plans there!

Choose one easy step

Our goal is to make this change easy for you. About a week ago, we sent you a booklet that included information on all our plans and the plan that most closely matches your current one. Here are your options for what to do starting Oct. 1:

- 1 Accept the plan we chose for you.** Tell us you're in at mynewmodaplan.com.

If we don't hear from you by Nov. 30, we'll automatically enroll you in the plan we've selected for you. This ensures you won't have any gaps in your coverage.
- 2 Pick a different Moda Health plan.** You are free to choose from any of the Moda Health plans we offer in Oregon. Shop and compare plans at mynewmodaplan.com.
- 3 Stop your coverage.** Tell us you do not want a Moda Health plan in 2014 by calling us at 888-393-2940.

Find your new premium

How much will you pay for your new plan? Start with the rate chart at mynewmodaplan.com. Find the plan you want, then add up the rates for yourself and anyone else you want to cover (such as your spouse and children). For children under 21, you only need to include up to three in your total.

For more information, just ask your friendly agent. Or, call Moda Health at 888-393-2940.

2014 open enrollment will begin on Oct. 1, 2013, and end on March 31, 2014. If you purchase a policy through Oregon's Health Insurance Exchange, Cover Oregon, you may be eligible for a subsidy and/or tax credits based on your income. Contact Cover Oregon at 1-855-COVEROR (1-855-268-3767) or your insurance agent for more information.

**Better health
starts here.**

mynewmodaplan.com

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ODSV-129174603

State Tracking #:

ODSV-129174603

Company Tracking #:

2013-50-03-OR

State:

Oregon

Filing Company:

Moda Health Plan, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005A Individual - Preferred Provider (PPO)

Product Name:

Individual med discontinuation notice

Project Name/Number:

individual med discontinuation notice/2013-50-03-OR

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/22/2013	Reviewed-No Action 08/26/2013	Supporting Document	Discontinuation notice	08/23/2013	903347 IMR info mailer 3_OR agent_FINAL_web.pdf (Superseded)
08/22/2013	Reviewed-No Action 08/26/2013	Supporting Document	2896 Benefit Modification & Discontinuance of Health Benefit Plans	08/23/2013	



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Portland, OR 97204-3154
Formerly ODS Health

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Visit mynewmodaplan.com
to choose your new health plan!

Health plans in Oregon, Washington and Alaska provided by Moda Health Plan, Inc. Dental plans in Oregon provided by Oregon Dental Service.
Dental plans in Alaska provided by Oregon Dental Service doing business as Delta Dental of Alaska. 903347 (8/13) MKT-1457-OR

It's time to pick a new plan

Your Moda Health plan is expiring soon! We want to help you enroll in a new plan by Nov. 30.



Be choosey.

We've got health plans for every body.

Your health is important. Let's make sure you stay covered in 2014.



Your Moda Health plan will expire on Jan. 1, 2014. We'll make sure you stay covered by transferring you to a similar plan. You can also choose a different plan or stop coverage. Read on for details.

Your health plan is ending

We're happy you chose Moda Health, and we want you to stick with us as healthcare laws change. As part of the Affordable Care Act, all of our individual and family health plans will be discontinued. That means you'll have to enroll in a new plan. But don't worry! We have some great choices.

Shop for a new Moda Health plan

To make sure you have benefits next year, you'll need to enroll in a new plan by Dec. 31, 2013. Starting Oct. 1, you can shop for a plan at mynewmodaplan.com.

Once you pick a plan, we'll set you up with everything you need. Your new coverage will begin on Jan. 1.

Do you qualify for a credit?

A federal tax credit could help you pay for health insurance. To see if you qualify based on income, check our calculator at mynewmodaplan.com.

If you qualify for a tax credit, you'll need to enroll through Oregon's health insurance marketplace at coveroregon.com. Make sure you look for Moda Health plans there!

Choose one easy step

Our goal is to make this change easy for you. About a week ago, we sent you a booklet that included information on all our plans and the plan that most closely matches your current one. Here are your options for what to do starting Oct. 1:

- 1 Accept the plan we chose for you.** Tell us you're in at mynewmodaplan.com.
- 2 Pick a different Moda Health plan.** You are free to choose from any of the Moda Health plans we offer in Oregon. Shop and compare plans at mynewmodaplan.com.
- 3 Stop your coverage.** Tell us you do not want a Moda Health plan in 2014 by calling us at 888-393-2940.

If we don't hear from you by Nov. 30, we'll automatically enroll you in the plan we've selected for you. This ensures you won't have any gaps in your coverage.

Find your new premium

How much will you pay for your new plan? Start with the rate chart at mynewmodaplan.com. Find the plan you want, then add up the rates for yourself and anyone else you want to cover (such as your spouse and children). For children under 21, you only need to include up to three in your total.

For more information, just ask your friendly agent. Or, call Moda Health at 888-393-2940.

Here are a few words from our friends with the state: 2014 open enrollment will begin on Oct. 1, 2013, and end on March 31, 2014. If you purchase a policy through Oregon's Health Insurance Exchange, Cover Oregon, you may be eligible for a subsidy and/or tax credits based on your income. Contact Cover Oregon at 1-855-COVEROR (1-855-268-3767) or your insurance agent for more information.

**Better health
starts here.**

mynewmodaplan.com