



Alaska 2021
Small group medical plans (1 - 50)

+ Dental plans that will make you smile



Welcome to Moda Health Plan, Inc. and Delta Dental of Alaska, the place your clients go when they want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.



Table of contents

■ Medical plans	
Overview	4
Networks	6
Benefit tables	10
Gold plans	10
Silver plans	14
Bronze plans	18
High-deductible health plans	22
Overview	22
Plans	23
Limitations and exclusions	29
■ Pharmacy benefits	
Overview	8
■ Dental plans	
Overview	30
Networks	31
Plan options	32
Benefit tables	34
Delta Dental plans	34
Orthodontia plans	40
Limitations and exclusions	41
■ Enrollment guidelines	
Group guidelines	43
■ Wellbeing	
Support tools and services	44

More choices for *better care*

Your clients have a lot to think about when choosing the right medical benefits for their group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda health offers a wide selection of preferred provider organization (PPO) plans and benefit levels to support your clients on their journey to better health and wellness.

As required under the Affordable Care Act, our medical plans cover most routine preventive care. These services include:

- Preventive health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other health screenings

VSP

Embedded pediatric vision coverage comes with all Moda Health small group plans in Alaska through the VSP Elements plan with in-network coverage through VSP's Choice provider network. Vision care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

Embedded vision coverage for adults includes routine vision exam and eyewear through the VSP Choice plan and in-network coverage through VSP's Choice provider network. All routine vision exams and eyewear claims are administered by VSP. Embedded vision coverage for adults is included in all plans except for HDHP plans.

Pediatric dental

Embedded pediatric dental care covers members under age 19. Members can see any licensed dental care provider in Alaska or throughout the United States. Members may save money when they choose a Delta Dental Premier Network provider.

TruHearing™

Hearing aids are costly. This benefit makes them more affordable. Benefits include a routine hearing aid exam and hearing aid coverage through TruHearing. Members can schedule an appointment by calling 866-202-2170.

CirrusMD

Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to you. With the CirrusMD app, all you need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

Moda Health members can sign up for CirrusMD at modahealth.com/cirrusmd. Members can download the CirrusMD app from the App Store or Google Play.

Choosing a plan

Explore our plans and help your clients choose the right fit.

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group.

Please note that employees living in Hawaii are not covered.

If you or your clients have questions about any plan, please contact your sales and service representative. See back cover for contact information.

PPO plans

We offer a wide selection of preferred provider organization (PPO) plans to meet your client's specific needs. Our PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO-contracted provider.

High-deductible health plans

These plans are compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses. They can simply check to see if their financial institution has an HSA. Members with this plan option can choose a financial institution that offers HSA accounts to get the tax advantages.

Metallic levels

- Gold plans typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- Silver plans sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- Bronze plans provide a little less coverage – about 60 percent of the total average cost of care.

Life's *better* in the network

Health happens, whether your clients' employees are at home or on the road. We want to make sure they stay covered, no matter where they go. So, we've made it easy for their employees to find in-network coverage.

All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may balance bill members the difference between the maximum plan allowance and their billed charges.

Inside Alaska, members can see any professional provider and receive the in-network benefit level. However, out-of-network providers can balance bill. Members receive the best benefit by seeing First Choice PPO providers in Alaska.

For in-network hospital care in the Anchorage area, members must visit the hospital covered by their network. Outside the Anchorage area, members can use any hospital for in-network coverage – however, out-of-network hospitals can balance bill.

2021 provider networks

Employers can choose the networks that fit their employees needs.

Endeavor Select

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area. Members can see First Choice PPO panel providers in Alaska for in-network care.

PHCS Network outside Alaska

For care outside Alaska, members can see providers in the PHCS Network for in-network care. It is the largest PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals to choose from. PHCS Network gives members plenty of choice and lower out-of-pocket costs.

Pioneer Network

For residents in the Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs and Prince of Wales-Hyder Census Area

The Pioneer Network was developed to provide cost-effective, coordinated care. Pioneer offers three benefit levels (tiers) of healthcare:

- **Tier One** – Includes: Central Peninsula Hospital, Alaska Regional Hospital, PeaceHealth Ketchikan Medical Center, South Peninsula Hospital, Bartlett Regional Hospital and Mat-Su Regional Medical Center. Visit modahealth.com to see a list of Tier One providers.
- **Tier Two** – It includes the First Choice Network in Alaska.
- **Tier Three** – All other Alaska providers not in Tier One or Tier Two.

Members can use any professional provider or hospital. However, Tier Three providers can balance bill. Members receive the best benefit by using Tier One providers.

First Health Network outside Alaska

Services received outside Alaska are covered at the Tier One benefit level for urgent and emergency care through providers in the First Health Network.

Care outside of Alaska

Care outside of Alaska is not covered except for:

- Emergency services
- Coverage through medical travel support
- Coverage through out-of-state contracted providers
- Medically necessary non-emergency services that are prior-authorized by Moda



Expect *quality* pharmacy benefits

Quality prescription coverage is at the heart of a great plan. We're here to support your clients' pharmacy needs, every step of the way.

Medication tiers offer ways to save

All Moda Health medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amount, check the plan benefit tables in this brochure. Members can visit modahealth.com/pdl and choose "Small group" to search medications and find out their medication tiers and their costs.

Value tier medications

Commonly prescribed medications for chronic medical conditions that are safe, effective and more affordable compared to alternative medications.

Select tier medications

Generic medications that are safe and effective and represent the most cost-effective option within their category, and certain brand medications that are both clinically favorable and cost-effective.

Preferred tier medications

Preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

Non-preferred tier medications

Non-preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under value, select and/or preferred medication tiers.

Specialty medications

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring.

Preferred specialty tier medications

These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.

Non-preferred specialty tier medications

These medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

Our pharmacy network

In-network pharmacies are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS).

For specialty pharmacy needs, we connect members with our exclusive specialty pharmacy provider.

Find an in-network pharmacy

Members can visit modahealth.com and use Find Care. Choose the Navitus pharmacy network to see what's nearby.

2021 Medical plan benefit table

	Endeavor Select Gold No Deductible		Endeavor Select Gold 500		Endeavor Select Gold 1000		Endeavor Select Gold 1500		Endeavor Select Gold 2000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs										
Deductible per person	\$0	\$0	\$500	\$1,000	\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000
Deductible per family	\$0	\$0	\$1,000	\$2,000	\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000
Out-of-pocket max per person	\$8,550	\$17,100	\$6,750	\$13,500	\$6,750	\$13,500	\$6,750	\$13,500	\$6,750	\$13,500
Out-of-pocket max per family	\$17,100	\$34,200	\$13,500	\$27,000	\$13,500	\$27,000	\$13,500	\$27,000	\$13,500	\$27,000
Care & services										
Preventive care visit ¹	\$0/visit	50%	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	30%	50%	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Specialist visit	30%	50%	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	30%	50%	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Virtual care visit	30%	50%	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50%	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/30%	\$250/30%	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	30%	30%	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	30%	50%	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	30%	50%	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Massage therapy	30%	50%	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Physical, speech or occupational therapy visit	30%	50%	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Acupuncture and spinal manipulation services	30%	50%	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	\$0/visit	50%	\$0/visit	50%	\$0/visit	50%	\$0/visit	50%
Pediatric vision hardware	0%	50%	0%	50%	0%	50%	0%	50%	0%	50%
Prescription medications²										
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Select	30%	30%	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	30%	30%	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Non-Preferred	50%	50%	\$115	\$115	\$115	\$115	\$115	\$115	\$115	\$115
Preferred Specialty	30%	Not covered	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered
Non-Preferred Specialty	50%	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features										
Metallic level	● Gold		● Gold		● Gold		● Gold		● Gold	
Exchange	Out		Out		Out		Out		Out	
Medicare Part D creditable	Yes		Yes		Yes		Yes		Yes	
Service area	Statewide		Statewide		Statewide		Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes adult vision/mandated hearing		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

¹ Preventive care required under the Affordable Care Act
² 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Pioneer Gold 750			Pioneer Gold 1500		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs						
Deductible per person	\$750	\$1,500	\$3,000	\$1,500	\$3,000	\$6,000
Deductible per family	\$1,500	\$3,000	\$6,000	\$3,000	\$6,000	\$12,000
Out-of-pocket max per person	\$5,000	\$8,550	\$17,100	\$5,000	\$8,550	\$17,100
Out-of-pocket max per family	\$10,000	\$17,100	\$34,200	\$10,000	\$17,100	\$34,200
Care & services						
Preventive care visit ²	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$25/visit	35% after deductible	50% after deductible	\$25/visit	35% after deductible	50% after deductible
Specialist office visit	\$50/visit	35% after deductible	50% after deductible	\$50/visit	35% after deductible	50% after deductible
Urgent care visit	\$50/visit	35% after deductible	50% after deductible	\$50/visit	35% after deductible	50% after deductible
Virtual care visit	\$15/visit	35% after deductible	50% after deductible	\$15/visit	35% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	20%	35% after deductible	50% after deductible	20%	35% after deductible	50% after deductible
Emergency room visit	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	35% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$25/visit	35% after deductible	50% after deductible	\$25/visit	35% after deductible	50% after deductible
Physical, speech or occupational therapy visit	\$50/visit	35% after deductible	50% after deductible	\$50/visit	35% after deductible	50% after deductible
Acupuncture and spinal manipulation services	\$25/visit	35% after deductible	50% after deductible	\$25/visit	35% after deductible	50% after deductible
Massage therapy	\$25/visit	35% after deductible	50% after deductible	\$25/visit	35% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%	0%	0%	50%
Prescription medications³						
Value	\$0	\$0	\$0	\$0	\$0	\$0
Select	\$15	\$15	\$15	\$15	\$15	\$15
Preferred	\$30	\$30	\$30	\$30	\$30	\$30
Non-Preferred	\$100	\$100	\$100	\$100	\$100	\$100
Preferred Specialty	20% after deductible	20% after deductible	Not covered	20% after deductible	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered
Features						
Metallic level	● Gold			● Gold		
Exchange	Out			Out		
Medicare Part D creditable	Yes			Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus			Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing			Includes adult vision/mandated hearing		

1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans.
 2 Preventive care required under the Affordable Care Act
 3 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Endeavor Select Silver 2500		Endeavor Select Silver 3000		Endeavor Select Silver 4000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs						
Deductible per person	\$2,500	\$5,000	\$3,000	\$6,000	\$4,000	\$8,000
Deductible per family	\$5,000	\$10,000	\$6,000	\$12,000	\$8,000	\$16,000
Out-of-pocket max per person	\$8,550	\$17,100	\$8,550	\$17,100	\$8,550	\$17,100
Out-of-pocket max per family	\$17,100	\$34,200	\$17,100	\$34,200	\$17,100	\$34,200
Care & services						
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Specialist visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Urgent care visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Virtual care visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Physical, speech or occupational therapy visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Acupuncture and spinal manipulation services	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Massage therapy	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	\$0/visit	50%	\$0/visit	50%
Pediatric vision hardware	0%	50%	0%	50%	0%	50%
Prescription medications²						
Value	\$0	\$0	\$0	\$0	\$0	\$0
Select	\$25	\$25	\$25	\$25	\$25	\$25
Preferred	\$70	\$70	\$70	\$70	\$70	\$70
Non-Preferred	\$150	\$150	\$150	\$150	\$150	\$150
Preferred Specialty	30% after deductible	Not covered	30% after deductible	Not covered	30% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features						
Metallic level	● Silver		● Silver		● Silver	
Exchange	Out		Out		Out	
Medicare Part D creditable	Yes		Yes		Yes	
Service area	Statewide		Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes adult vision/mandated hearing		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

¹ Preventive care required under the Affordable Care Act
² 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



2021 Medical plan benefit table

	Pioneer Silver 2500			Pioneer Silver 4000		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs						
Deductible per person	\$2,500	\$5,000	\$10,000	\$4,000	\$5,000	\$10,000
Deductible per family	\$5,000	\$10,000	\$20,000	\$8,000	\$10,000	\$20,000
Out-of-pocket max per person	\$8,550	\$8,550	\$17,100	\$8,550	\$8,550	\$17,100
Out-of-pocket max per family	\$17,100	\$17,100	\$34,200	\$17,100	\$17,100	\$34,200
Care & services						
Preventive care visit ²	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	40% after deductible	50% after deductible	\$35/visit	40% after deductible	50% after deductible
Specialist office visit	\$70/visit	40% after deductible	50% after deductible	\$70/visit	40% after deductible	50% after deductible
Urgent care visit	\$70/visit	40% after deductible	50% after deductible	\$70/visit	40% after deductible	50% after deductible
Virtual care visit	\$25/visit	40% after deductible	50% after deductible	\$25/visit	40% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30%	40% after deductible	50% after deductible	30%	40% after deductible	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	40% after deductible	50% after deductible	30% after deductible	40% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	40% after deductible	50% after deductible	\$35/visit	40% after deductible	50% after deductible
Physical, speech or occupational therapy visit	\$70/visit	40% after deductible	50% after deductible	\$70/visit	40% after deductible	50% after deductible
Acupuncture and spinal manipulation services	\$35/visit	40% after deductible	50% after deductible	\$35/visit	40% after deductible	50% after deductible
Massage therapy	\$35/visit	40% after deductible	50% after deductible	\$35/visit	40% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%	0%	0%	50%
Prescription medications³						
Value	\$0	\$0	\$0	\$0	\$0	\$0
Select	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$60	\$60	\$60	\$60	\$60	\$60
Non-Preferred	\$135	\$135	\$135	\$135	\$135	\$135
Preferred Specialty	30% after deductible	30% after deductible	Not covered	30% after deductible	30% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered
Features						
Metallic level	● Silver			● Silver		
Exchange	Out			Out		
Medicare Part D creditable	Yes			Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus			Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing			Includes adult vision/mandated hearing		

1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans.
 2 Preventive care required under the Affordable Care Act
 3 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Endeavor Select Bronze 4000		Endeavor Select Bronze 5000		Endeavor Select Bronze 6000		Endeavor Select Bronze 8550	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$4,000	\$8,000	\$5,000	\$10,000	\$6,000	\$12,000	\$8,550	\$17,100
Deductible per family	\$8,000	\$16,000	\$10,000	\$20,000	\$12,000	\$24,000	\$17,100	\$34,200
Out-of-pocket max per person	\$8,550	\$17,100	\$8,550	\$17,100	\$8,550	\$17,100	\$8,550	\$17,100
Out-of-pocket max per family	\$17,100	\$34,200	\$17,100	\$34,200	\$17,100	\$34,200	\$17,100	\$34,200
Care & services								
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$55/visit	50% after deductible	\$55/visit	0% after deductible
Specialist visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$110/visit	50% after deductible	\$110/visit	0% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$110/visit	50% after deductible	\$110/visit	0% after deductible
Virtual care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$45/visit	50% after deductible	\$45/visit	0% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency room visit	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/30% after deductible	\$250/30% after deductible	0% after deductible	0% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	50% after deductible	50% after deductible	30% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$55/visit	50% after deductible	\$55/visit	0% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$110/visit	50% after deductible	\$110/visit	0% after deductible
Acupuncture and spinal manipulation services	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$55/visit	50% after deductible	\$55/visit	0% after deductible
Massage therapy	50% after deductible	50% after deductible	50% after deductible	50% after deductible	\$55/visit	50% after deductible	\$55/visit	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	\$0/visit	50%	\$0/visit	50%	0%	0%
Pediatric vision hardware	0%	50%	0%	50%	0%	50%	0%	0%
Prescription medications²								
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Select	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25
Preferred	40% after deductible	40% after deductible	40% after deductible	40% after deductible	30% after deductible	30% after deductible	0% after deductible	0% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred Specialty	40% after deductible	Not covered	40% after deductible	Not covered	30% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	0% after deductible	Not covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Exchange	Out		Out		Out		Out	
Medicare Part D creditable	No		No		No		No	
Service area	Statewide		Statewide		Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes Alaska mandated hearing/vision		Includes Alaska mandated hearing/vision		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

¹ Preventive care required under the Affordable Care Act
² 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Pioneer Bronze 5000			Pioneer Bronze 6500			Pioneer Bronze 8550		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs									
Deductible per person	\$5,000	\$5,000	\$10,000	\$6,500	\$6,500	\$13,000	\$8,550	\$8,550	\$17,100
Deductible per family	\$10,000	\$10,000	\$20,000	\$13,000	\$13,000	\$26,000	\$17,100	\$17,100	\$34,200
Out-of-pocket max per person	\$8,550	\$8,550	\$17,100	\$8,550	\$8,550	\$17,100	\$8,550	\$8,550	\$17,100
Out-of-pocket max per family	\$17,100	\$17,100	\$34,200	\$17,100	\$17,100	\$34,200	\$17,100	\$17,100	\$34,200
Care & services									
Preventive care visit ²	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	\$50/visit	40% after deductible	50% after deductible	\$50/visit	40% after deductible	50% after deductible	\$50/visit	0% after deductible	0% after deductible
Specialist office visit	\$100/visit	40% after deductible	50% after deductible	\$100/visit	40% after deductible	50% after deductible	\$100/visit	0% after deductible	0% after deductible
Urgent care visit	\$100/visit	40% after deductible	50% after deductible	\$100/visit	40% after deductible	50% after deductible	\$100/visit	0% after deductible	0% after deductible
Virtual care visit	\$40/visit	40% after deductible	50% after deductible	\$40/visit	40% after deductible	50% after deductible	\$40/visit	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	35% after deductible	40% after deductible	50% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	35% after deductible	40% after deductible	50% after deductible	35% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	\$50/visit	40% after deductible	50% after deductible	\$50/visit	40% after deductible	50% after deductible	\$50/visit	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	\$100/visit	40% after deductible	50% after deductible	\$100/visit	40% after deductible	50% after deductible	\$100/visit	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	\$50/visit	40% after deductible	50% after deductible	\$50/visit	40% after deductible	50% after deductible	\$50/visit	0% after deductible	0% after deductible
Massage therapy	\$50/visit	40% after deductible	50% after deductible	\$50/visit	40% after deductible	50% after deductible	\$50/visit	0% after deductible	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%	\$0/visit	\$0/visit	50%	\$0/visit	\$0/visit	0%
Pediatric vision hardware	0%	0%	50%	0%	0%	50%	0%	0%	0%
Prescription medications³									
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred Specialty	35% after deductible	35% after deductible	Not covered	35% after deductible	35% after deductible	Not covered	0% after deductible	0% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered	0% after deductible	0% after deductible	Not covered
Features									
Metallic level	● Bronze			● Bronze			● Bronze		
Exchange	Out			Out			Out		
Medicare Part D creditable	No			No			No		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus			Pioneer/Navitus			Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing			Includes adult vision/mandated hearing			Includes adult vision/mandated hearing		

1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans.
 2 Preventive care required under the Affordable Care Act
 3 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply.
 Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical HDHP plan benefit table

Tax advantages with an HDHP

Our health savings account (HSA)-compatible, high-deductible PPO health plans (HDHP) give members flexibility and choice. Members have the freedom to choose any financial institution for their HSA. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

Calendar year costs

Deductible

If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the total family deductible before benefits are payable.

Out-of-pocket maximum

After members meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

Eligibility

When clients offer a Moda Health HDHP, any of their eligible employees can enroll, even if they do not have an HSA.

To be eligible to participate in an HSA, members must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP. See these plans on page 23-28
- Not be covered under another non-HSA-compatible medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

	Endeavor Select Gold HDHP 1500		Pioneer Gold 1500 HDHP		
	In-network member pays	Out-of-network member pays	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs					
Deductible for subscriber only	\$1,500	\$3,000	\$1,500	\$1,500	\$3,000
Deductible for two or more enrollees	\$3,000	\$6,000	\$3,000	\$3,000	\$6,000
Out-of-pocket max per person	\$3,500	\$7,000	\$3,500	\$3,500	\$7,000
Out-of-pocket max per family	\$7,000	\$14,000	\$7,000	\$7,000	\$14,000
Care & services					
Preventive care visit ²	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Specialist office visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Urgent care visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Virtual care visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Emergency room visit	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Physical, speech or occupational therapy visit	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Acupuncture and spinal manipulation services	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Massage therapy	20% after deductible	50% after deductible	20% after deductible	35% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	50%	0% after deductible	0% after deductible	50%
Pediatric vision hardware	0% after deductible	50%	0% after deductible	0% after deductible	50%
Prescription medications³					
Value	\$0	\$0	\$0	\$0	\$0
Select	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Preferred	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	20% after deductible	Not covered	20% after deductible	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered
Features					
Metallic level	● Gold		● Gold		
Exchange	Out		Out		
Medicare Part D creditable	Yes		Yes		
Service area	Statewide		Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area		
Network	Endeavor Select/Navitus		Pioneer/Navitus		
Additional benefits	Includes mandated hearing		Includes mandated hearing		

¹ Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans. ² Preventive care required under the Affordable Care Act ³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical HDHP plan benefit table

	Endeavor Select Silver HDHP 2500		Endeavor Select Silver HDHP 3250		Endeavor Select Silver HDHP 4000		Endeavor Select Silver HDHP 5000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$2,500	\$5,000	\$3,250	\$6,500	\$4,000	\$8,000	\$5,000	\$10,000
Deductible per family	\$5,000	\$10,000	\$6,500	\$13,000	\$8,000	\$16,000	\$10,000	\$20,000
Out-of-pocket max per person	\$6,000	\$12,000	\$7,000	\$14,000	\$7,000	\$14,000	\$6,400	\$12,800
Out-of-pocket max per family	\$12,000	\$24,000	\$14,000	\$28,000	\$14,000	\$28,000	\$12,800	\$25,600
Care & services								
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent care visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Virtual care visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Physical, speech or occupational therapy visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Acupuncture and spinal manipulation services	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Massage therapy	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	50%	0% after deductible	50%	0% after deductible	50%	0% after deductible	50%
Pediatric vision hardware	0% after deductible	50%	0% after deductible	50%	0% after deductible	50%	0% after deductible	50%
Prescription medications²								
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Select	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Preferred	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	25% after deductible	Not covered	25% after deductible	Not covered	25% after deductible	Not covered	25% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Exchange	Out		Out		Out		Out	
Medicare Part D creditable	Yes		No		No		No	
Service area	Statewide		Statewide		Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes mandated hearing		Includes mandated hearing		Includes mandated hearing		Includes mandated hearing	

1 Preventive care required under the Affordable Care Act
 2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Pioneer Silver 2500 HDHP			Pioneer Silver 4000 HDHP			Endeavor Select Bronze HDHP 7000	
	Tier 1' member pays	Tier 2' member pays	Tier 3 member pays	Tier 1' member pays	Tier 2' member pays	Tier 3 member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$2,500	\$2,500	\$5,000	\$4,000	\$4,000	\$8,000	\$7,000	\$14,000
Deductible per family	\$5,000	\$5,000	\$10,000	\$8,000	\$8,000	\$16,000	\$14,000	\$28,000
Out-of-pocket max per person	\$6,000	\$6,000	\$12,000	\$7,000	\$7,000	\$14,000	\$7,000	\$14,000
Out-of-pocket max per family	\$12,000	\$12,000	\$24,000	\$14,000	\$14,000	\$28,000	\$14,000	\$28,000
Care & services								
Preventive care visit ²	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Specialist office visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Urgent care visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Virtual care visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Outpatient mental health/ chemical dependency visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Massage therapy	25% after deductible	40% after deductible	50% after deductible	25% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	50%	0% after deductible	0% after deductible	50%	0% after deductible	0%
Pediatric vision hardware	0% after deductible	0% after deductible	50%	0% after deductible	0% after deductible	50%	0% after deductible	0%
Prescription medications³								
Value	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Select	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible
Preferred	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	0% after deductible	0% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0% after deductible	0% after deductible
Preferred Specialty	25% after deductible	25% after deductible	Not covered	25% after deductible	25% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered	0% after deductible	Not covered
Features								
Metallic level		● Silver			● Silver			● Bronze
Exchange		Out			Out			Out
Medicare Part D creditable		Yes			No			No
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area			Statewide	
Network	Pioneer/Navitus			Pioneer/Navitus			Endeavor Select/Navitus	
Additional benefits	Includes mandated hearing			Includes mandated hearing			Includes mandated hearing	

1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans.
 2 Preventive care required under the Affordable Care Act
 3 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply.
 Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Pioneer Bronze 7000 HDHP		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$7,000	\$7,000	\$14,000
Deductible per family	\$14,000	\$14,000	\$28,000
Out-of-pocket max per person	\$7,000	\$7,000	\$14,000
Out-of-pocket max per family	\$14,000	\$14,000	\$28,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible	0% after deductible
Specialist office visit	0% after deductible	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible	0% after deductible
Virtual care visit	0% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	0% after deductible	0% after deductible	0% after deductible
Massage therapy	0% after deductible	0% after deductible	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	0%
Pediatric vision hardware	0% after deductible	0% after deductible	0%
Prescription medications³			
Value	\$0	\$0	\$0
Select	0% after deductible	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	0% after deductible	Not covered
Features			
Metallic level	● Bronze		
Exchange	Out		
Medicare Part D creditable	No		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su boroughs and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes mandated hearing		

¹ Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for Pioneer plans. ² Preventive care required under the Affordable Care Act ³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for medical plans

These are some common limitations and exclusions for our Moda Health small group medical plans. For a full list of limitations and exclusions per plan, or for copies of plan summaries of benefits and coverage (SBCs), please call us toll-free at 888-374-8910.

Limitations

- Acupuncture, massage therapy and spinal manipulations limited to 24 visits each per calendar year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- For plans with adult vision care, vision exam and lenses or contacts covered once per calendar year for members age 19 and older. One pair of frames covered every 2 years.
- Hearing aids are covered once every 3 calendar years
- Home healthcare limited to 130 visits per calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders). Limits apply separately to rehabilitation and habilitation services.
- Orthodontia limited to dependent children under ages 19 only when medically necessary
- Prescriptions, maximum 90-day supply retail and mail order and 30 days specialty pharmacy for most medications
- Skilled nursing facility limited to 60 days per calendar year
- Specialty medications must be obtained from a Moda-designated specialty pharmacy
- Transplants must be performed at a Center of Excellence facility to be eligible for coverage. Round-trip transportation and lodging up to \$7,500 per transplant.
- Vision exam and glasses or contacts are covered once per calendar year for members under age 19
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare had the member enrolled in Medicare, will be reduced by the amount Medicare paid or would have paid

Exclusions

- Any expense paid in whole or in part by any other provision of the group health insurance plan provided by the client
- Any expense that results from an illegal act
- Any expense members or their dependents do not have to pay
- Care outside the United States, other than emergency or urgent care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Treatment of sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye



Quality coverage for your *smile*

Healthy teeth are happy teeth. With our Delta Dental of Alaska small group plans, your clients' employees have access to Delta Dental, one of the largest dental networks across the nation.

Dental benefit highlights

Our Delta Dental of Alaska plans connect members with great benefits and quality in-network dentists. Members can count on:

- Freedom to choose a dentist
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Dental tools

This set of online tools lets you store dental health information and share it with caregivers. The result? More coordinated and effective care.

To get started, log in to your Member Dashboard at DeltaDentalAK.com and look for Dental tools. Then try out tools like risk assessment quizzes and a treatment cost calculator. Use these dental tools to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower their costs

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or are pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screenings, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Delta Dental networks go where members go

Each Delta Dental of Alaska plan comes with a Delta Dental network. It includes thousands of dentists across the state, and the country.

Dental networks

Delta Dental Premier® Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and one of the largest dental networks across the nation. It includes approximately 90% of dentists in Alaska and over 156,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands and the Virgin Islands.

Delta Dental PPOSM Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 220 participating providers and offers access to over 114,000 Delta Dental PPO dentists nationwide.

Is a dentist in-network?

To find out, members can visit DeltaDentalAK.com and use the find a dentist tool.



Customize your coverage

We offer a variety of plans so your clients can find the right fit for their group. Your clients can choose from the following types of dental plans and select the coverage and price to suit their needs.

Get more value with Delta Dental

By negotiating charges for certain services, we help members save on out-of-pocket costs.

Members with a Delta Dental PPO plan save the most when they see providers in our Delta Dental PPO Network. Those with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network.

Delta Dental Premier and PPO network dentists agree to accept our contracted fees as full payment. This means they don't balance bill – the difference between the reimbursement amount and out-of-network dentist fees. If members see providers outside the network, they may pay more for care.

Delta Dental Premier® plans

Premier plans offer groups access to the Delta Dental Premier Network. Providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge. Employees with this plan have the freedom to choose their own dentist.

Delta Dental PPOSM plans

These plans help groups located in Anchorage, Fairbanks North Star Borough, and the Mat-Su Borough save costs by connecting members with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental pediatric plan

Our Delta Dental Premier Radiant SmilesSM pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Employers can offer this plan to their employees even if no one enrolls right away.

Delta Dental Premier Preventive Mandated Plan

This plan connects groups with the Delta Dental Premier Network. Members access coverage for preventive dental care services, as well as limited benefits for basic and major services. These providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Voluntary plans

These Delta Dental voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100 percent by employees.

- Versatility to attract and retain staff
- Participation can be as low as 25 percent, with a minimum of 2 employees enrolled

Questions?

Please contact your sales and service representative. See back cover for contact information.



2021 Dental plan benefit table

	Delta Dental Premier [®] , +2000, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +2500, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +3000, 100*/80/50, 50 PF ¹		Delta Dental Premier [®] , 1000, 100*/80/50, 50 Delta Dental Premier [®] , 1500, 100*/80/50, 50 Delta Dental Premier [®] , 2000, 100*/80/50, 50		Delta Dental Premier [®] , 1000, 80*/80/50, 50 Delta Dental Premier [®] , 1500, 80*/80/50, 50 Delta Dental Premier [®] , 2000, 80*/80/50, 50	
	member pays		member pays		member pays	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Calendar year costs						
Deductible per person/family	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family	
Annual maximum plan payment limit (age 19+)	\$2,000 \$2,500 \$3,000 (option for groups 10-50 only)		\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)		\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members	
Class 1						
Exams and X-rays	0%	0%	0%	0%	0%	20%
Cleanings	0%	0%	0%	0%	0%	20%
Periodontal maintenance	0%	0%	0%	0%	0%	20%
Sealants	0%	0%	0%	0%	0%	20%
Topical fluoride	0%	0% ²	0%	0% ²	0%	20% ²
Space maintainers	0%	Not covered	0%	Not covered	0%	Not covered
Class 2						
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Class 3						
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ³	Not covered	50% after deductible ³	Not covered	50% after deductible ³	Not covered
Features						
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ The Delta Dental Premier +2,000, +2,500 and +3,000 plan includes coverage for nitrous with a 12-month exclusion period and Preventive First (only Class 2 and Class 3 services apply to the annual maximum).

² For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

³ Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Dental plan benefit table

	Delta Dental PPO SM , 1000, 100*/90/50, 50 Delta Dental PPO SM , 1500, 100*/90/50, 50 Delta Dental PPO SM , 2000, 100*/90/50, 50				Delta Dental Premier [®] Radiant Smiles Plan		Delta Dental Premier [®] Preventive Mandated Plan	
	member pays				member pays		member pays	
	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network	Under age 19	Ages 19+	Under age 19	Ages 19+
Calendar year costs								
Deductible per person/family	\$50 per person / \$150 per family				\$50 per person / \$150 per family		\$25 per person/ \$75 per family	
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)				N/A		\$500 (applies to all ages)	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members				\$350 for one member/\$700 for two or more members		N/A	
Class 1								
Exams and X-rays	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Cleanings	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Periodontal maintenance	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Sealants	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Topical fluoride	0%	20%	0% ¹	10% ¹	0%	Not covered	0% after deductible	0% after deductible ¹
Space maintainers	0%	20%	Not covered	Not covered	0%	Not covered	0% after deductible ³	Not covered
Class 2								
Restorative fillings	0%	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Oral surgery	0%	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Endodontics	0%	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Periodontics	0%	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Class 3								
Restorative crowns	0%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Partial and complete dentures	0%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Implants	0%	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Orthodontia	0% ²	50% after deductible ²	Not covered	Not covered	50% after deductible ²	Not covered	Not covered	Not covered
Features								
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

² Only medically necessary orthodontia is covered.

³ Not covered for ages 14 and over

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Dental plan benefit table

	Delta Dental Premier [®] , Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier [®] , Voluntary, 1500, 100*/80/50, 50		Delta Dental Premier [®] , Voluntary, 1000, 80*/80/50, 50 Delta Dental Premier [®] , Voluntary, 1500, 80*/80/50, 50		Delta Dental PPO SM , Voluntary, 1000, 100*/90/50, 50 Delta Dental PPO SM , Voluntary, 1500, 100*/90/50, 50			
	member pays		member pays		member pays			
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
Calendar year costs								
Deductible per person/family	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family			
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 (option for groups 10-50 only)		\$1,000 \$1,500 (option for groups 10-50 only)		\$1,000 \$1,500 (option for groups 10-50 only)			
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		N/A			
Class 1								
Exams and X-rays	0%	0%	0%	20%	0%	20%	0%	10%
Cleanings	0%	0%	0%	20%	0%	20%	0%	10%
Periodontal maintenance	0%	0%	0%	20%	0%	20%	0%	10%
Sealants	0%	0%	0%	20%	0%	20%	0%	10%
Topical fluoride	0%	0% ¹	0%	20% ¹	0%	20%	0% ¹	10% ¹
Space maintainers	0%	Not covered	0%	Not covered	0%	20%	Not covered	Not covered
Class 2								
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	0%	50% after deductible	10% after deductible	30% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	0%	50% after deductible	10% after deductible	30% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	0%	50% after deductible	10% after deductible	30% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	0%	50% after deductible	10% after deductible	30% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0%	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0%	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	0%	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	Not covered	50% after deductible ²	Not covered	0% ²	50% after deductible ²	Not covered	Not covered
Features								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

² Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Delta Dental orthodontia riders

If your client has at least 15 enrolled employees, help them freshen up their smiles with orthodontic care. These dental plan riders close the gap on happier teeth and are available to groups that choose a non-voluntary plan.

Orthodontia plans

	Child Ortho 1000	Child Ortho 1500	Adult Ortho 1000	Adult Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
What members pay						
Members age 19+	Not covered	Not covered	50%	50%	50%	50%
Members under age 19	50% ¹	50% ¹	Not covered	Not covered	50%	50%
Plan enrollment options	Direct through DeltaDentalAK.com					

¹ Treatment must start prior to child's 17th birthday.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2021 Delta Dental of Alaska small group dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us toll-free at 888-374-8910.

Limitations

- Delta Dental Premier Preventive Mandated plan includes preventive services, as well as limited benefits for basic and major services.
- Delta Dental Premier Radiant Smiles plan benefits are only available for members under age 19.

Class 1

- Bitewing X-rays once in a 6-month period (under age 19) and once in a 12-month period (age 19 and over)
- Exam once in a 6-month period
- Fluoride once in a 6-month period (under age 19)
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 3 months of an interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period (under age 19) and once in a 5-year period (age 19 and over)

Class 2 and Class 3

- Athletic mouth guard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 and over
- Bridges and dentures once in a 5-year period (under age 19) and once in a 7-year period (age 19 and over)
- Crowns and other cast restorations once in a 5-year period (under age 19) and once in a 7-year period (age 19 and over)
- Crown over implant once in a 5-year period when dentally necessary (under age 19) and once per lifetime per tooth space (age 19 and over)
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Night guard (occlusal guard) covered once per year between ages 13 and 19 at 100 percent and once every 5 years at 100 percent, up to a \$150 maximum for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide, except for IV sedation or general anesthesia with surgical procedures (Nitrous is only covered on the Delta Dental Premier, +2,000, Delta Dental Premier, +2,500 and Delta Dental Premier, +3,000 plans)
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for members age 19 and over
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary orthodontia for members under age 19 or when an orthodontia rider is included)
- Over-the-counter athletic mouth guards and night guards (occlusal guards)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (malalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as a separate benefit
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)



Prepare your clients for a *healthy start*

Keeping your clients healthy is an investment that pays dividends. Help them begin their journey to better overall health and wellness.

Business requirements

Here are some of the finer points about enrolling small groups in one of our plans:

- **Confirm your eligibility.** Your client's business must be located in Alaska and have 1 – 50 employees on average during the preceding calendar year and have at least one employee enrolled on the first day of the plan year.
- **Enroll by the 20th of the month.** New group medical/dental enrollment information must be received no later than the 20th of the month prior to the desired effective date.
- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days for medical plans.
- **Make changes to plans upon renewal.** Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

Voluntary plan guidelines

For groups that don't currently offer dental coverage, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so your clients can reduce their financial risk while offering dental benefits. Groups with 2 or more enrolled employees can choose a Delta Dental voluntary plan.

Participation

Medical / Medical and Dental

- For groups of 1-4, minimum of 100% of eligible employees must participate.
- For groups of 5-50, minimum of 70% of eligible employees must participate.

Non-voluntary Dental

- For groups of 2-4, minimum of 100% of eligible employees and dependents must participate.
- For groups of 5-50, minimum of 70% of eligible employees and 25% of eligible dependents must participate.

Voluntary Dental

- For groups of 2-50, minimum of 25% of eligible employees must participate and at least 2 enrolled employees.

wellbeing

We're here to help your clients take care of their whole health. That's why we created Moda Well-being – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Well-being makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals, and digital tools are self-serve and available 24/7.

Moda Wellbeing includes:



Advocacy and navigation

Assistance getting the most out of benefits and navigating the healthcare system



Care management

Support accessing care and managing care needs



Condition and disease management

Special support for acute and chronic conditions



Wellness management

Everything needed to maintain and improve health



Financial management

Access to tools to help control healthcare costs and protect identity



Custom services

Programs created specifically to meet the unique needs of your population

Advocacy and navigation

Assistance getting the most out of benefits and navigating the healthcare system



Services

Claims and appeals support

If members disagree with a ruling on a claim, they can file an appeal. They can contact us for help. We're here to support them.

Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

Services (cont.)

Prior authorization support

We want to make sure members get the right care. That's why we require prior authorization (pre-approval) for some healthcare services and prescriptions. If prior auth is required, the member's healthcare provider will request it. It's important they make sure to see in-network healthcare providers. If in-network providers perform a service that requires prior authorization without pre-approval, they will have to pay for the service. If this happens with a provider who is out-of-network, the member will need to pay a penalty.

Self-serve tools

Pharmacy locator

Members can access our Pharmacy Locator to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, dental, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

Care management

Support accessing care and managing care needs



Services

Call a nurse

Members can use our Registered Nurse Advice Line to talk to a registered nurse toll-free. Get answers and advice about non-critical medical issues. Nurses are available 24/7, 365 days a year.

Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

Services (cont.)

Dental health management

● Provided by Delta Dental

Dental members can access Dental Tools to easily manage their dental health in one location. They can use this online service to:

- Have an emergency virtual consult
- Get a virtual checkup
- See their benefits dashboard
- Get dental cost estimates
- Ask a dentist questions
- Take a dental risk assessment

Text a doctor, 24/7

Have a question for a doctor? Members can use 24/7 text-a-doc with CirrusMD. They will get an immediate response.

Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. Depending on their plan, they can use a Virtual Visit or telehealth when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy/oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

Email a doctor

Get guidance and treatment for non-critical medical issues. Members can also get nutrition and fitness counseling, as well as behavioral health counseling. Use our online tool, eDoc, to connect with board-certified physicians, pharmacists, dentists, psychologists, dieticians and fitness experts.

Condition and disease management

Special support for acute and chronic conditions



Programs

Counseling

Now medical members can get therapy on their smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential and fast access to evidence-based treatment through smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help you learn how to recover from stress quickly

Programs (cont.)

Extra dental care – Oral Health, Total Health

● Provided by Delta Dental

If members have diabetes or are pregnant in their third trimester, they can get extra dental care through our Oral Health, Total Health program.

Health coaching

When members need a hand with their health our health coaches use evidence-based practices to help them set goals and feel their best. Our care programs include:

- Cardiac care
- Behavioral health
- Dental care
- Depression care
- Diabetes care
- Kidney care
- Lifestyle coaching
- Women's health & maternity care
- Respiratory care
- Spine & joint care
- Weight care
- Quitting tobacco

Self-serve tools

Medication interaction finder

Some medications should not be used together. Members can protect themselves from possible harmful effects. It's easy to find out how different medications interact with each other. Just use our online tool, MEDCounselor.

Prescription history finder

We offer PersonalHealthRX as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.

Wellness management

Everything members need to maintain and improve health



Services

Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Join Fitbit Care™ for Moda Health now to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can redeem a discounted Fitbit device to help kickstart their wellbeing journey. Members will enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost their energy.

Services (cont.)

Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, you have access to:

- 11,000+ fitness centers across the country
- The option to switch fitness centers to make sure you find the right one
- 1,500+ digital workout videos so you can work out at home or on-the-go
- Activity tracking from a variety of wearable fitness devices and apps

ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes

Hearing aid discounts

Get a routine hearing aid exam and hearing aid coverage from TruHearing. Medical members can enjoy:

- The latest advances in hearing technology
- Expert care from a team of helpful professionals in their area
- A hearing exam plus three follow-up visits for fitting and adjustments
- A worry-free purchase with a 45-day trial and three-year warranty
- 48 free batteries per aid included with non-rechargeable models

Programs

Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our Employee Assistance Program (EAP).

Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results. And research health conditions and learn about topics that are important to them.

Financial management

Access to tools to help control healthcare costs and protect identity



Self-serve tools

Healthcare cost estimates

Members can see what they will pay for medical services before they have them – not after the bill arrives. Use our Healthcare Cost Estimator to:

- See procedure costs
- Compare costs across providers
- See their specific out-of-pocket costs

Prescription price checker

Members can find out what they will pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

Services

Identity protection

Members can keep their information safe with complete identity protection through MyIDCare. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in MyIDCare for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.



We're here to *help*

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for employers and explore group plans. We're also available to guide your clients through the plan selection and administration process.

Faster benefits administration with Employer dashboard

The employer dashboard was created to help your clients quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7.

With the employer dashboard, all employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Order ID cards

Employers who do not submit Electronic Eligibility can:

- Enroll employees and dependents
- Make coverage changes
- Update employee contact information

Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday.

See back cover for contact information.



We help every member find the right path through compassionate care – and by guiding them on their health journey, every step of the way.

If you need a hand, please let us know!

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하실려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سہیلے آسانی کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d’assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجه: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمه بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY)、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમરે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ឬប្រើការងារស្រាវជ្រាវ ឬប្រើភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta’e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA’AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala’au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Individual & family

Medicare



Small group

Large group

Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
907-278-2626 or toll-free at 888-374-8910,
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

modahealth.com

DeltaDentalAK.com



Delta Dental of Oregon & Alaska

These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans provided by Moda Health Plan, Inc. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association