

Choose a better  
experience with your  
*health insurance*



Alaska 2024 | Small Group (1-50)





Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental of Alaska, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



# Proven

with nearly **70 years** of offering insurance plans

# Easy

with **no referrals** required for specialists

# Convenient

with **modern ways** to stay healthy, like texting a doctor and virtual appointments



## Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care and many immunizations and screenings.



## Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: [modahealth.com/pdl](https://modahealth.com/pdl)



## Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



[modahealth.com](https://modahealth.com)



# Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

**430,000+**

members in our  
**medical plans**

More than

**750,000**

members in our stand-alone  
**pharmacy segment**







We know your  
time is valuable.

## Quick links

2024 Medical plans

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2024 Dental plans



Networks

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Enrollment, made easy

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Member perks

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Contact us





# Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



## Enrollment, made easy

### 1 Confirm client's eligibility Your client's business must:

- Be in Alaska
- Have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least one employee enrolled on the first day of the plan year

### 2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

### 3 Choose an employee eligibility waiting period

It cannot exceed 90 days for integrated dental/medical or medical only plans.

### 4 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.

## Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

### *It's self-service, easy-to-use and available 24/7.*

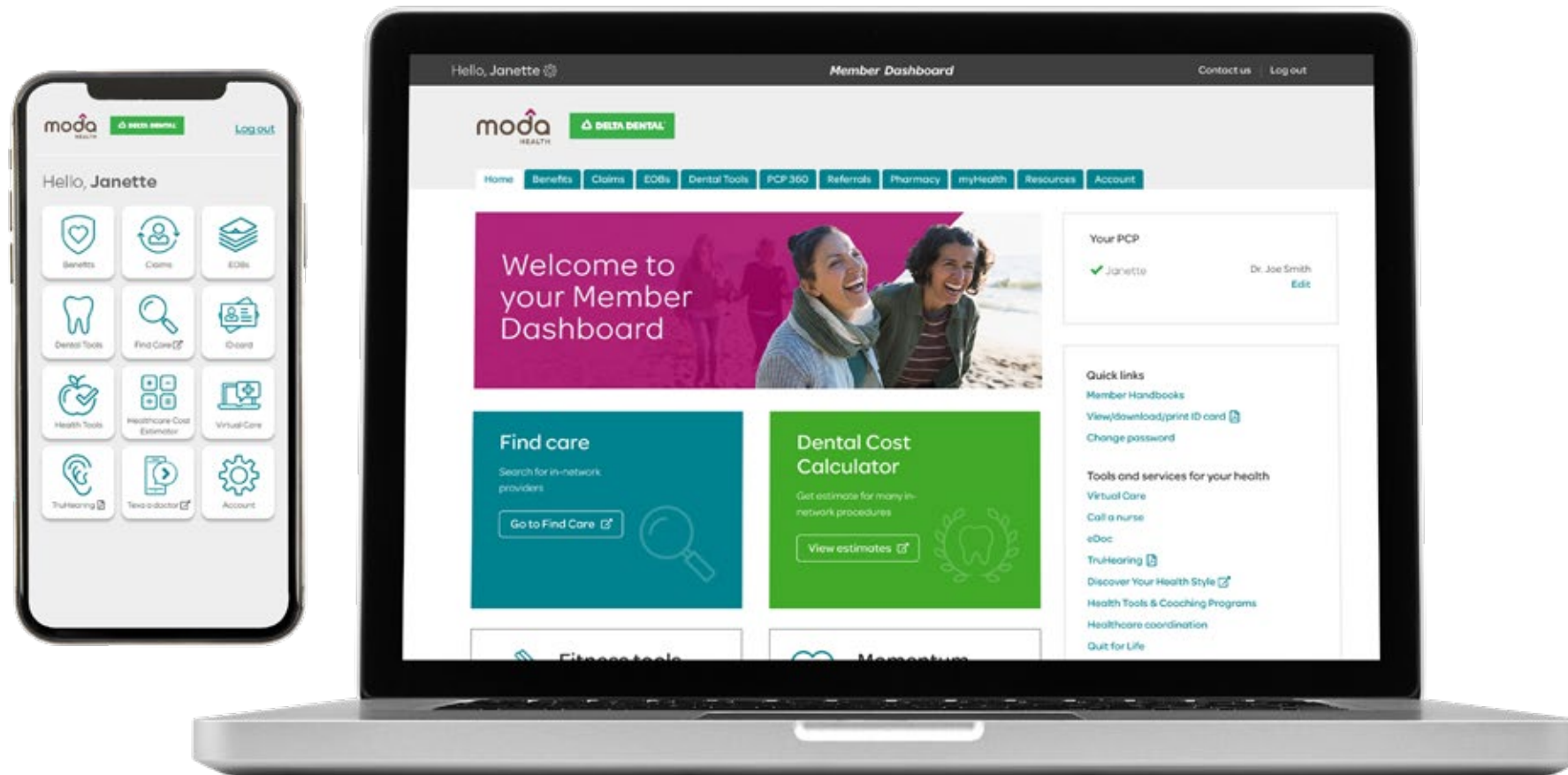
- Review employee enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 888-374-8910*

# Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.



## Discounts

- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams [↗](#)
- Popular health and fitness brands (*Vitamix® and Garmin®*)



## Tools

- Health assessments [↗](#)
- Prescription price check
- Text a doctor 24/7 [📄](#)
- Employee Assistance Program [📄](#)
- Identity protection services



## Coaching and care

- Health coaching [📄](#)
- Care coordination [↗](#)
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling
- Travel and care coordination for elective surgeries

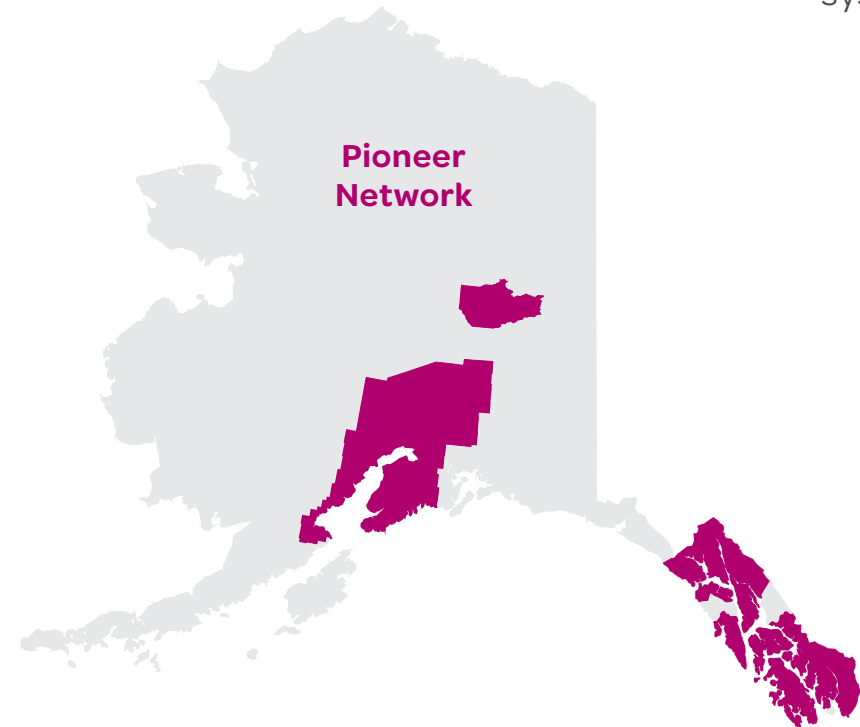


## Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone [↗](#)

# Life's *better* in the network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



Pioneer Network

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

**Tier One**

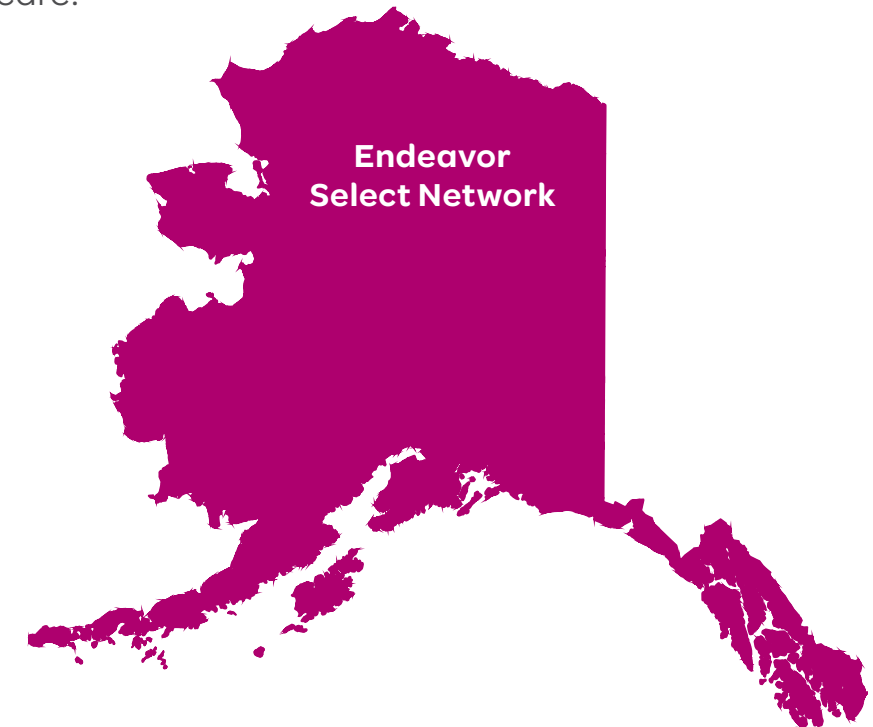


Visit [modahealth.com/PioneerProviders](http://modahealth.com/PioneerProviders) to see a list of **Tier One** providers.

**Tier Two**  **First Choice Health.**  
network in Alaska

**Tier Three** All other Alaska providers *not in* Tier One or Tier Two

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



Endeavor Select Network

The **Endeavor Select Network** includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area. Inside Alaska, members can see any professional provider and receive the in-network benefit level. Outside of the Anchorage area, members can use any Alaska hospital for in-network coverage – however, out-of-network hospitals can balance bill when permitted by law.



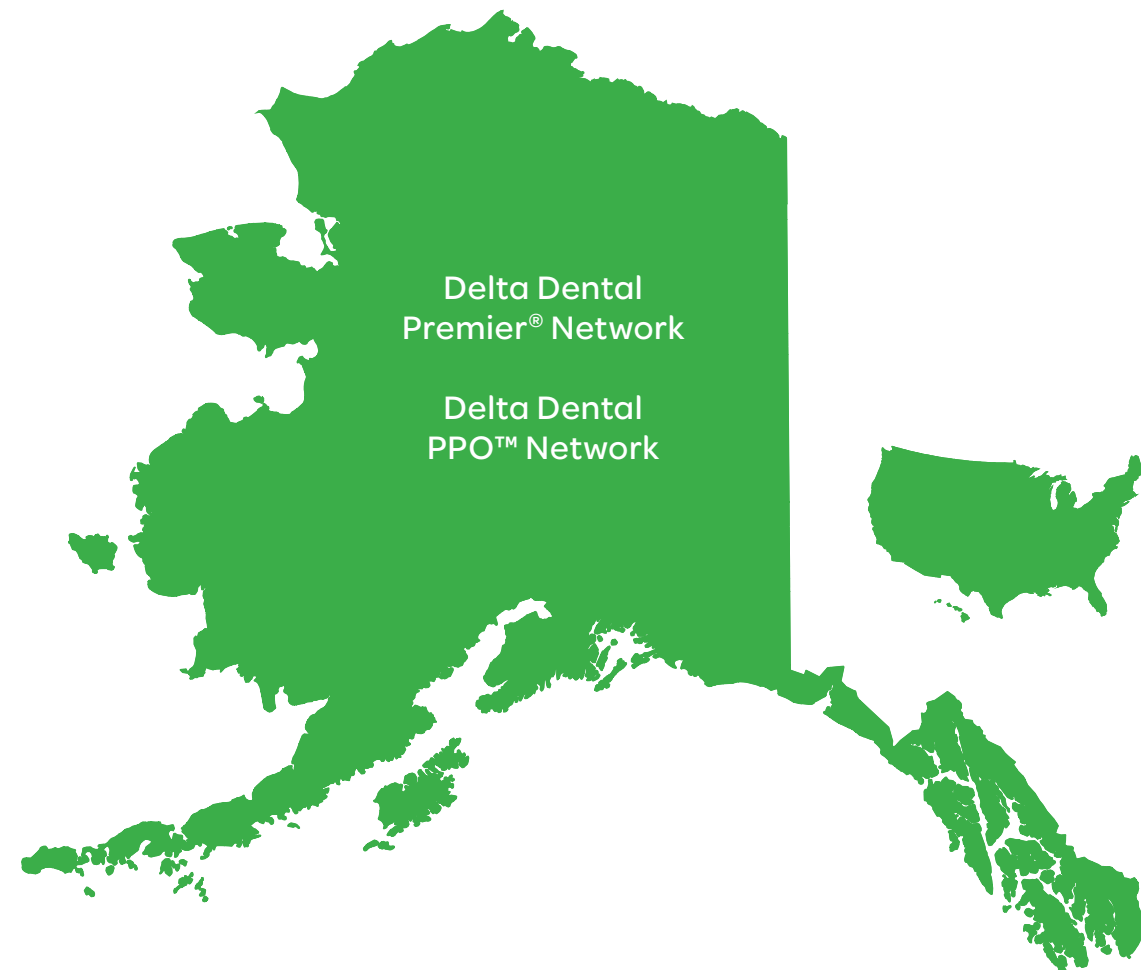
**Aetna® PPO Network through Aetna Signature Administrators®**

For care outside of Alaska, members can see providers in the Aetna® PPO Network.



# Delta Dental networks *go where you go*

With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



## Delta Dental **PPO™** Network

Potential savings in-network = \$\$\$

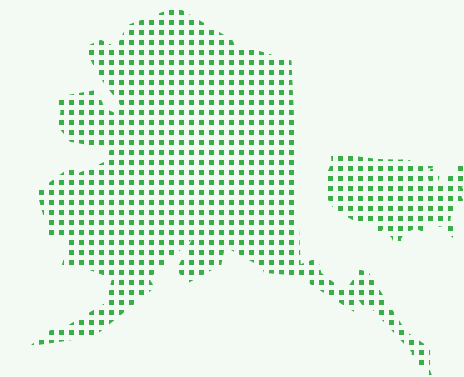
Choose from a large selection of dentists



## Delta Dental **Premier®** Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Alaska







# Quality coverage for your smile

Our plans come with dental insurance options.  
This way, your whole health is covered.

With Delta Dental of Alaska plans, you'll have access to Delta Dental, one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every six months

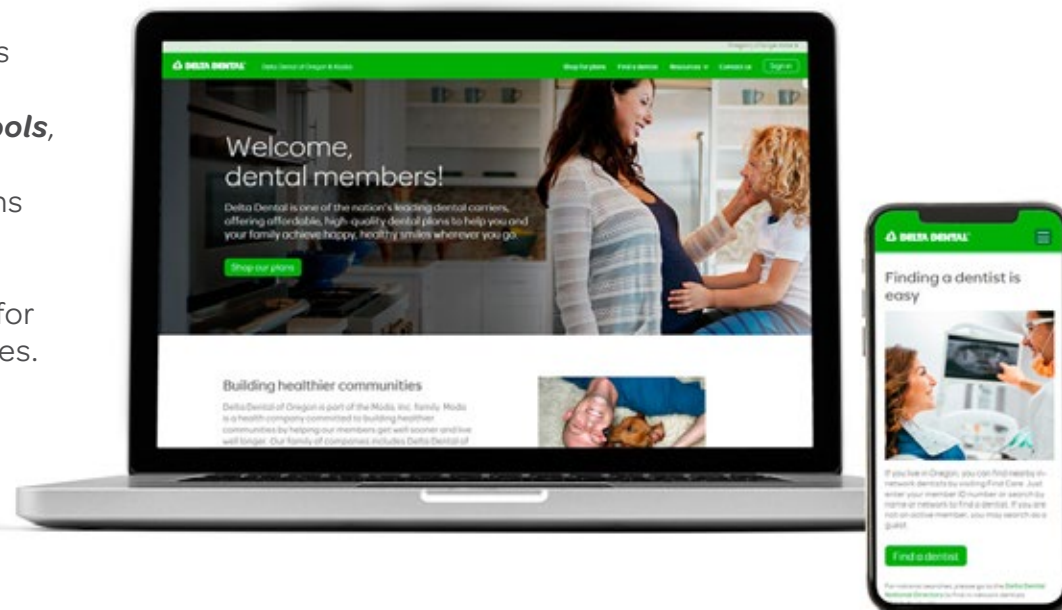


Superior customer service



Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.





## 2024 *Medical plan* benefit table

Plan name	Calendar year costs			Care & services								Prescription medication						Tier 2 + Tier 3 plans offered
	Annual deductible per member / family	Coinsurance	Annual cost share maximum per member / family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation <sup>1</sup>	Acupuncture, massage therapy, & spinal manipulation	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty		
	Tier 1 member pays			Tier 1 member pays								Tier 1 member pays						
<b>Pioneer Gold 500</b> <sup>2,3</sup>	\$500 / \$1,000	20%	\$4,000 / \$8,000	First 3 visits \$5 then \$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
<b>Pioneer Gold 1000</b> <sup>2,3</sup>	\$1,000 / \$2,000	20%	\$4,000 / \$8,000	First 3 visits \$5 then \$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
<b>Pioneer Gold 1500</b> <sup>2,3</sup>	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	First 3 visits \$5 then \$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
<b>Pioneer Gold 2000</b> <sup>2,3</sup>	\$2,000 / \$4,000	15%	\$4,000 / \$8,000	First 3 visits \$5 then \$20 per visit	\$40 per visit	\$250 / 15% after deductible	\$20 per visit	\$40 per visit	\$40 per visit	\$20 per visit	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
<b>Pioneer Silver 2500</b> <sup>2,3</sup>	\$2,500 / \$5,000	30%	\$8,550 / \$17,100	First 3 visits \$5 then \$35 per visit	\$85 per visit	\$250 / 30% after deductible	\$35 per visit	\$85 per visit	\$85 per visit	\$35 per visit	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
<b>Pioneer Silver 3500</b> <sup>2,3</sup>	\$3,500 / \$7,000	25%	\$9,100 / \$18,200	First 3 visits \$5 then \$60 per visit	\$120 per visit	\$300 / 25% after deductible	\$60 per visit	\$120 per visit	\$120 per visit	\$60 per visit	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
<b>Pioneer Silver 4000</b> <sup>2,3</sup>	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	First 3 visits \$5 then \$40 per visit	\$90 per visit	\$250 / 20% after deductible	\$40 per visit	\$90 per visit	\$90 per visit	\$40 per visit	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
<b>Pioneer Bronze 8550</b> <sup>2,3</sup>	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	First 3 visits \$5 then 0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	\$20	0% after deductible	0% after deductible	0% after deductible	0% after deductible	+	
<b>Pioneer Gold 1600 HDHP</b>	\$1,600 / \$3,200	20%	\$3,500 / \$7,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	+	
<b>Pioneer Silver 2800 HDHP</b>	\$2,800 / \$5,600	25%	\$6,900 / \$13,800	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	\$0	25% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	+	
<b>Pioneer Silver 3500 HDHP</b>	\$3,500 / \$7,000	20%	\$6,900 / \$13,800	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	+	
<b>Pioneer Bronze 5950 HDHP</b>	\$5,950 / \$11,900	40%	\$7,150 / \$14,300	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	\$0	40% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	+	
<b>Pioneer Bronze 7100 HDHP</b>	\$7,100 / \$14,200	0%	\$7,100 / \$14,200	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	+	

<sup>1</sup> Occupational therapy, physical therapy, speech therapy <sup>2</sup> First 3 visits at \$5, including primary care provider visits, mental health and substance use disorder office visits and virtual care visits <sup>3</sup> Prescription medications - one copay for a 30-day supply

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. 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.



## 2024 *Medical plan* benefit table

Plan name	Calendar year costs			Care & services							Prescription medication					
	Annual deductible per member / family	Coinsurance	Annual cost share maximum per member / family	Primary care provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health and substance use disorder office visit	Outpatient rehabilitation <sup>1</sup>	Acupuncture, massage therapy & spinal manipulation	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty
	In network member pays			In network member pays							In network member pays					
● <a href="#">Endeavor Select Gold 500<sup>2</sup></a>	\$500 / \$1,000	20%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$20	\$40	\$115	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Gold 1000<sup>2</sup></a>	\$1,000 / \$2,000	20%	\$6,700 / \$13,400	\$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$20	\$40	\$115	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Gold 1500<sup>2</sup></a>	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$25 per visit	\$50 per visit	\$250 / 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	\$0	\$20	\$40	\$115	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Gold 2000<sup>2</sup></a>	\$2,000 / \$4,000	20%	\$6,000 / \$12,000	\$30 per visit	\$60 per visit	\$250 / 20% after deductible	\$30 per visit	\$60 per visit	\$60 per visit	\$30 per visit	\$0	\$20	\$40	\$115	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Silver 2500<sup>2</sup></a>	\$2,500 / \$5,000	30%	\$9,000 / \$18,000	\$40 per visit	\$90 per visit	\$250 / 30% after deductible	\$40 per visit	\$90 per visit	\$90 per visit	\$40 per visit	\$0	\$25	\$70	\$150	30% after deductible	50% after deductible
● <a href="#">Endeavor Select Silver 3000<sup>2</sup></a>	\$3,000 / \$6,000	30%	\$9,000 / \$18,000	\$40 per visit	\$90 per visit	\$250 / 30% after deductible	\$40 per visit	\$90 per visit	\$90 per visit	\$40 per visit	\$0	\$25	\$70	\$150	30% after deductible	50% after deductible
● <a href="#">Endeavor Select Silver 4000<sup>2</sup></a>	\$4,000 / \$8,000	30%	\$9,000 / \$18,000	\$50 per visit	\$100 per visit	\$250 / 30% after deductible	\$50 per visit	\$100 per visit	\$100 per visit	\$50 per visit	\$0	\$20	\$60	\$135	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Bronze 6000<sup>2</sup></a>	\$6,000 / \$12,000	30%	\$9,000 / \$18,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$0	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
● <a href="#">Endeavor Select Bronze 9150<sup>2</sup></a>	\$9,150 / \$18,300	0%	\$9,150 / \$18,300	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	\$20	0% after deductible	0% after deductible	0% after deductible	0% after deductible
● <a href="#">Endeavor Select Gold HDHP 1600</a>	\$1,600 / \$3,200	20%	\$4,000 / \$8,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
● <a href="#">Endeavor Select Silver HDHP 3500</a>	\$3,500 / \$7,000	25%	\$6,500 / \$13,000	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	\$0	25% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
● <a href="#">Endeavor Select Bronze HDHP 6000</a>	\$6,000 / \$12,000	30%	\$8,000 / \$16,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	\$0	30% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
● <a href="#">Endeavor Select Bronze HDHP 8000</a>	\$8,000 / \$16,000	0%	\$8,000 / \$16,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	\$0	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

Endeavor Select Network

<sup>1</sup> Occupational therapy, physical therapy, speech therapy <sup>2</sup> Prescription medications - one copay for a 30-day supply

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## 2024 *Dental plan* benefit table

	Plan name	Calendar year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum <sup>1</sup>	Out-of-pocket maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia <sup>2</sup>
		per person / family	Groups 10-50 (age 19+)	1 member / 2+ members (under 19)	In-network member pays (under age 19 / 19+)		In-network member pays (under age 19 / 19+)			In-network member pays (under age 19 / 19+)			
Delta Dental Premier® Network	<a href="#">Delta Dental Premier Radiant Smiles Plan</a>	\$50 / \$150	N/A	\$400 / \$800	0% / Not covered		40% after deductible / Not covered			50% after deductible / Not covered			50% after deductible / Not covered
	<a href="#">Delta Dental Premier Preventive Mandated Plan</a>	\$25 / \$75	\$500 (for all ages)	N/A	0% after deductible		90% after deductible			90% after deductible			Not covered
	<a href="#">Delta Dental Premier, +3000, 100 / 80 / 50, 50, PF</a>	\$50 / \$150	\$3,000 <sup>3</sup>	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier, +2500, 100 / 80 / 50, 50, PF</a>	\$50 / \$150	\$2,500 <sup>3</sup>	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier, +2000, 100 / 80 / 50, 50, PF</a>	\$50 / \$150	\$2,000 <sup>3</sup>	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier, +1500, 100 / 80 / 50, 50, PF</a>	\$50 / \$150	\$1,500 <sup>3</sup>	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier, +1000, 100 / 80 / 50, 50, PF</a>	\$50 / \$150	\$1,000 <sup>3</sup>	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier 2000, 100 / 80 / 50, 50</a>	\$50 / \$150	\$2,000	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier 1500, 100 / 80 / 50, 50</a>	\$50 / \$150	\$1,500	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental Premier 1000, 100 / 80 / 50, 50</a>	\$50 / \$150	\$1,000	\$400 / \$800	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
Delta Dental PPO™ Network	<a href="#">Delta Dental PPO, PF, Voluntary, 2000, 100 / 90 / 50, 50</a>	\$50 / \$150	\$2,000 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, Voluntary, 1500, 100 / 90 / 50, 50</a>	\$50 / \$150	\$1,500 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, Voluntary, 1000, 100 / 90 / 50, 50</a>	\$50 / \$150	\$1,000 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, +3000, 100 / 90 / 50, 50</a>	\$50 / \$150	\$3,000 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, +2500, 100 / 90 / 50, 50</a>	\$50 / \$150	\$2,500 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, 2000, 100 / 90 / 50, 50</a>	\$50 / \$150	\$2,000 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF, 1500, 100 / 90 / 50, 50</a>	\$50 / \$150	\$1,500 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO, PF 1000, 100 / 90 / 50, 50</a>	\$50 / \$150	\$1,000 <sup>3</sup>	\$400 / \$800	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	<a href="#">Delta Dental PPO Plus 1100</a>	\$25 / \$75	In-network: \$1,100 Out-of-network: \$1,000	\$400 / \$800	0%		20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental PPO Plus 1600</a>	\$25 / \$75	In-network: \$1,600 Out-of-network: \$1,500	\$400 / \$800	0%		20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental PPO Plus 2100</a>	\$25 / \$75	In-network: \$2,100 Out-of-network: \$2,000	\$400 / \$800	0%		20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental PPO Plus 2600</a>	\$25 / \$75	In-network: \$2,600 Out-of-network: \$2,500	\$400 / \$800	0%		20% after deductible			50% after deductible			50% after deductible / Not covered
	<a href="#">Delta Dental PPO Plus 3100</a>	\$25 / \$75	In-network: \$3,100 Out-of-network: \$3,000	\$400 / \$800	0%		20% after deductible			50% after deductible			50% after deductible / Not covered

<sup>1</sup> Ortho riders do not apply to annual maximum. <sup>2</sup> Only medically necessary orthodontia is covered. <sup>3</sup> Class 1 services do not count against your annual maximum.

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document 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.



## 2024 *Orthodontia plan* riders

	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% <sup>1</sup>	50% <sup>1</sup>	Not covered	Not covered	50%	50%

<sup>1</sup> Treatment must start prior to child's 17th birthday.







# Ready to choose better health *for your clients?*

## Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

800-578-1402  
TTY users, please call 711

ModaHealth.com | DeltaDentalAK.com

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For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. 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

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