



# Small Group (1-50)

Choose a better experience  
with your ***health insurance***



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 **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

**450,000+**

members in our  
**medical plans**

More than

**775,000**

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





We know your  
time is valuable.

## Quick links

2025 Medical plans

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2025 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 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.*

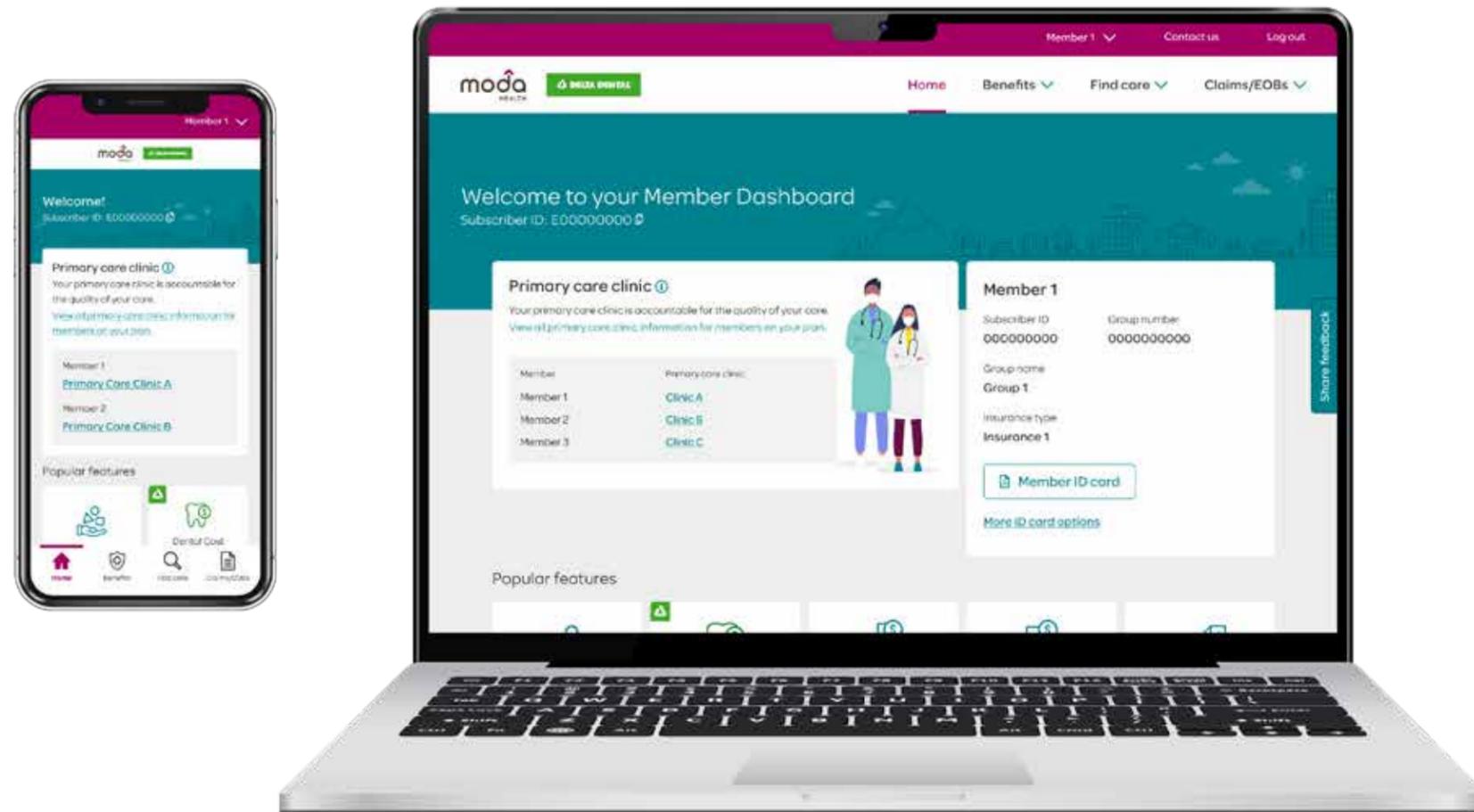
- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



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. These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.



## 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



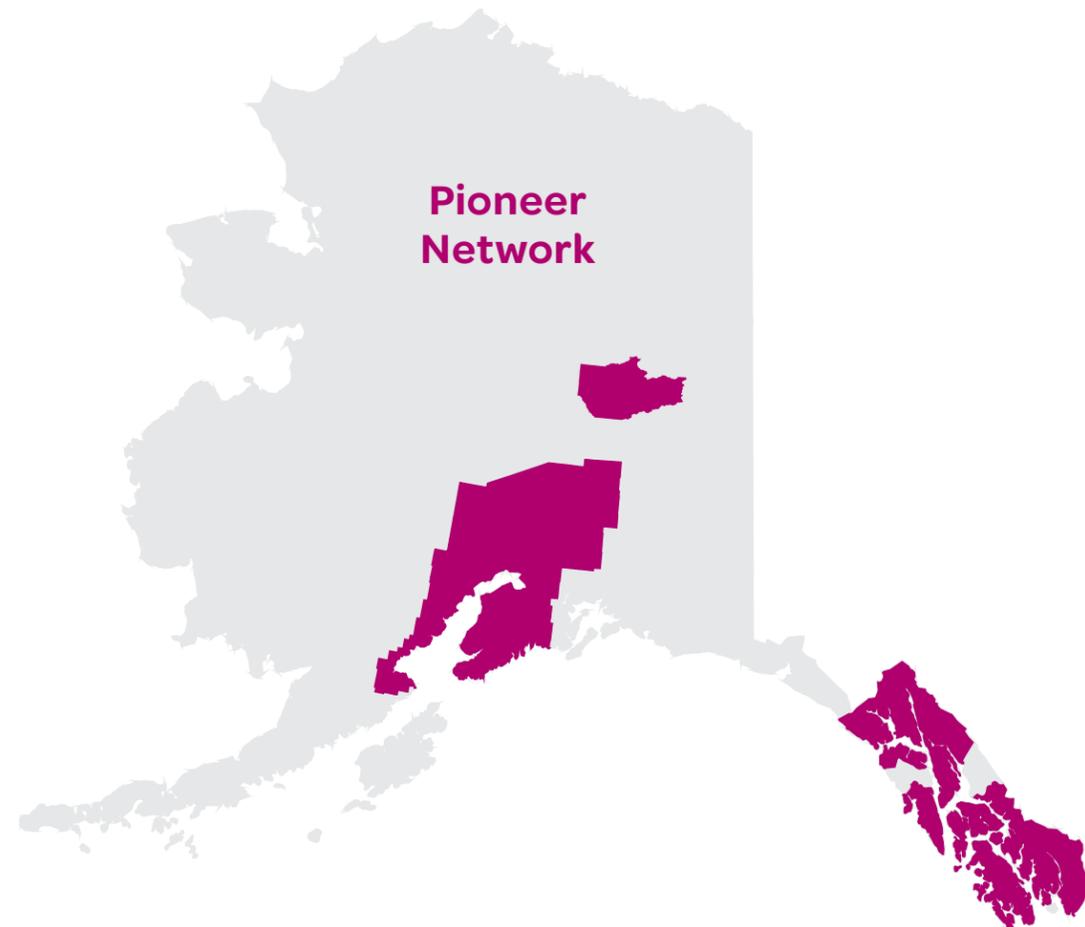
## Mental health support

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

## Benefit levels

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](https://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.

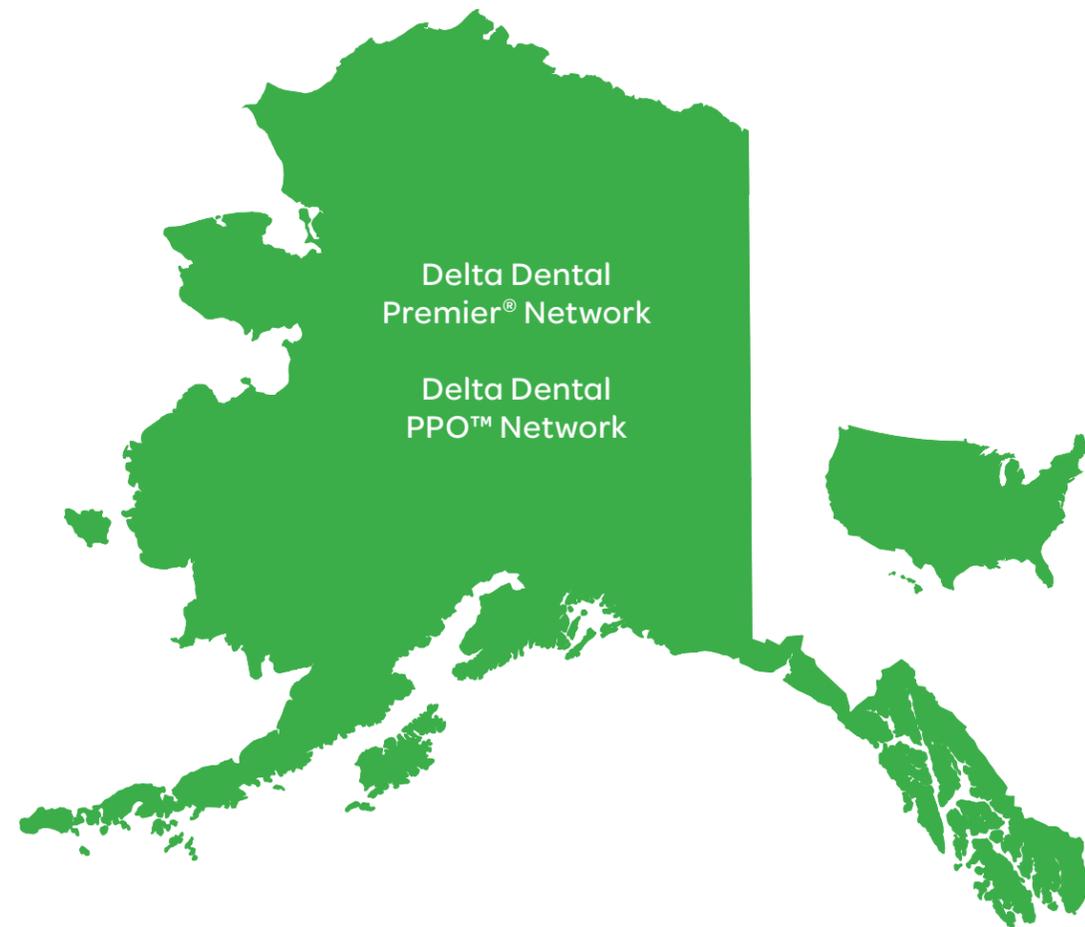


Members receive the best benefit by using **Tier One** providers.



# Delta Dental networks *go where you go*

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

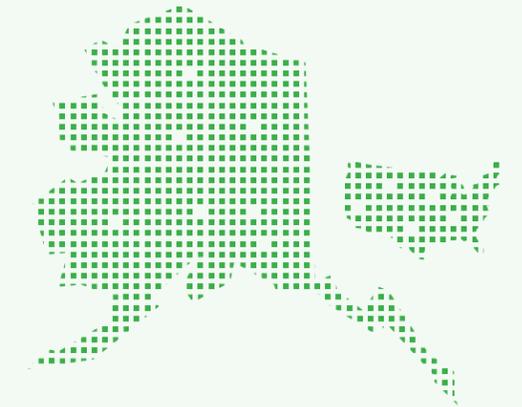


## Delta Dental **PPO™** Network

bigger savings

Lowest cost!

Large network of dentists



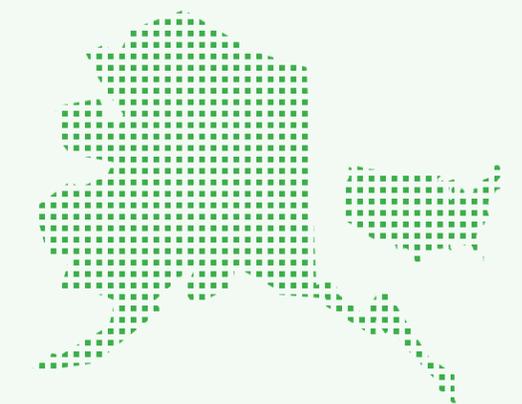
OR

## Delta Dental **Premier®** Network

more choice

Slightly higher cost

Choose Premier network dentists





# 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

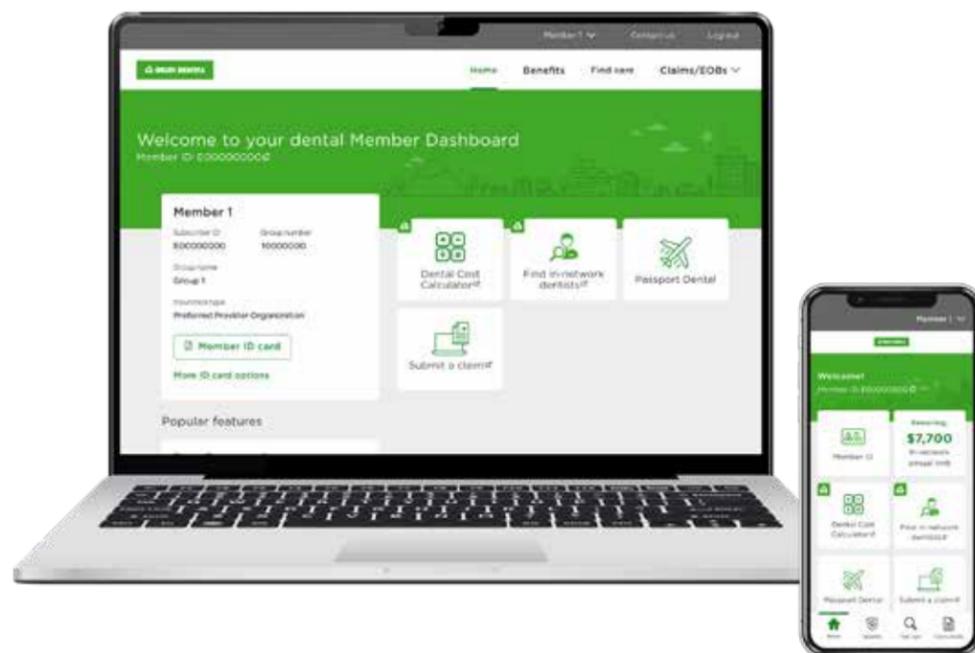


Superior customer service



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.



## 2025 *Medical plan* benefit table

Plan name	Calendar-year costs			Care & services									Prescription medication						Tier 2 + Tier 3 benefits offered
	Annual deductible per member / family	Coinsurance	Annual out-of-pocket 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	Acupuncture, massage therapy & spinal manipulation services	Inpatient / outpatient care	Value	Select	Preferred	Non-preferred	Preferred specialty	Non-preferred specialty		
	Tier 1 member pays			Tier 1 member pays									Tier 1 member pays						
<b>Pioneer Network</b> ● <a href="#">Pioneer Gold 500</a> <sup>1,2,3</sup>	\$500 / \$1,000	20%	\$4,000 / \$8,000	\$25 / visit	\$50 / visit	\$250, then 20% after deductible	\$25 / visit	\$50 / visit	\$50 / visit	\$25 / visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Gold 1000</a> <sup>1,2,3</sup>	\$1,000 / \$2,000	20%	\$4,000 / \$8,000	\$25 / visit	\$50 / visit	\$250, then 20% after deductible	\$25 / visit	\$50 / visit	\$50 / visit	\$25 / visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Gold 1500</a> <sup>1,2,3</sup>	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	\$25 / visit	\$50 / visit	\$250, then 20% after deductible	\$25 / visit	\$50 / visit	\$50 / visit	\$25 / visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Gold 2000</a> <sup>1,2,3</sup>	\$2,000 / \$4,000	15%	\$4,000 / \$8,000	\$20 / visit	\$40 / visit	\$250, then 15% after deductible	\$20 / visit	\$40 / visit	\$40 / visit	\$20 / visit	15% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Silver 2500</a> <sup>1,2,3</sup>	\$2,500 / \$5,000	30%	\$8,550 / \$17,100	\$35 / visit	\$85 / visit	\$250, then 30% after deductible	\$35 / visit	\$85 / visit	\$85 / visit	\$35 / visit	30% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
● <a href="#">Pioneer Silver 3500</a> <sup>1,2,3</sup>	\$3,500 / \$7,000	25%	\$8,550 / \$17,100	\$60 / visit	\$120 / visit	\$300, then 25% after deductible	\$60 / visit	\$120 / visit	\$120 / visit	\$60 / visit	25% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
● <a href="#">Pioneer Silver 4000</a> <sup>1,2,3</sup>	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	\$40 / visit	\$90 / visit	\$250, then 20% after deductible	\$40 / visit	\$90 / visit	\$90 / visit	\$40 / visit	20% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+	
● <a href="#">Pioneer Bronze 8550</a> <sup>1,2,3</sup>	\$8,550 / \$17,100	0%	\$8,550 / \$17,100	0% after deductible	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="#">Pioneer Gold 1650 HDHP</a> <sup>2,3,4</sup>	\$1,650 / \$3,300	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	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Silver 2800 HDHP</a> <sup>2,3,4</sup>	\$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	25% after deductible	\$0	25% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	+	
● <a href="#">Pioneer Silver 3500 HDHP</a> <sup>2,3</sup>	\$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	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	+	
● <a href="#">Pioneer Bronze 5950 HDHP</a> <sup>2,3</sup>	\$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	40% after deductible	40% after deductible	\$0	40% after deductible	40% after deductible	50% after deductible	40% after deductible	50% after deductible	+	
● <a href="#">Pioneer Bronze 7100 HDHP</a> <sup>2,3</sup>	\$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% after deductible	\$0	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	+	

<sup>1</sup> First three Tier 1 visits (including in-person or virtual primary care visits and mental health/substance use disorder office visits) \$5/visit. <sup>2</sup> One copay for a 30-day supply of medication. <sup>3</sup> This plan includes mandated hearing. For more details contact your sales and service representative. <sup>4</sup> For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone.

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.

## 2025 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum	Out-of-pocket maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia <sup>1</sup>
		per person / family	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 <sup>®</sup> Network	<a href="#">Delta Dental Premier 1000, 100/80/50, 50</a>	\$50 / \$150	\$1,000	\$425 / \$850	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	\$425 / \$850	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	\$425 / \$850	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<sup>2</sup></a>	\$50 / \$150	\$1,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	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<sup>2</sup></a>	\$50 / \$150	\$1,500 <i>Class 1 does not apply to max</i>	\$425 / \$850	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<sup>2</sup></a>	\$50 / \$150	\$2,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	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<sup>2</sup></a>	\$50 / \$150	\$2,500 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental Premier +3000, 100/80/50, 50, PF<sup>2</sup></a>	\$50 / \$150	\$3,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental Premier Preventive Mandated Plan</a>	\$25 / \$75	\$500 (applies to all ages)	N/A	0% after deductible		90% after deductible			90% after deductible		Not covered	
	<a href="#">Delta Dental Premier Radiant Smiles Plan</a>	\$50 / \$150	N/A	\$425 / \$850	0% / Not covered		40% after deductible / Not covered			50% after deductible / Not covered		50% after deductible / Not covered	
Delta Dental PPO <sup>™</sup> Network	<a href="#">Delta Dental PPO, PF 1000, 100/90/50, 50</a>	\$50 / \$150	\$1,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	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 <i>Class 1 does not apply to max</i>	\$425 / \$850	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 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	<a href="#">Delta Dental PPO, PF, +2500, 100/90/50, 50<sup>2</sup></a>	\$50 / \$150	\$2,500 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	<a href="#">Delta Dental PPO, PF, +3000, 100/90/50, 50<sup>2</sup></a>	\$50 / \$150	\$3,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	<a href="#">Delta Dental PPO Plus 1100<sup>3</sup></a>	\$25 / \$75	\$1,100	\$425 / \$850	0%		20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental PPO Plus 1600<sup>3</sup></a>	\$25 / \$75	\$1,600	\$425 / \$850	0%		20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental PPO Plus 2100<sup>3</sup></a>	\$25 / \$75	\$2,100	\$425 / \$850	0%		20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental PPO Plus 2600<sup>3</sup></a>	\$25 / \$75	\$2,600	\$425 / \$850	0%		20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental PPO Plus 3100<sup>3</sup></a>	\$25 / \$75	\$3,100	\$425 / \$850	0%		20% after deductible			50% after deductible		50% after deductible / Not covered	
	<a href="#">Delta Dental PPO, PF, Voluntary, 1000, 100/90/50, 50</a>	\$50 / \$150	\$1,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	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 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	<a href="#">Delta Dental PPO, PF, Voluntary, 2000, 100/90/50, 50</a>	\$50 / \$150	\$2,000 <i>Class 1 does not apply to max</i>	\$425 / \$850	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	

<sup>1</sup>Only medically necessary orthodontia is covered. <sup>2</sup>Nitrous oxide is covered in conjunction with a covered dental procedure done in a dental office after a 12-month exclusion period. <sup>3</sup>Out-of-network deductible \$50/\$150; out-of-network annual maximum less \$100.

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.

## 2025 *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](mailto:quotes@modahealth.com)

📞 800-578-1402  
TTY users, please call 711

🌐 [ModaHealth.com](https://ModaHealth.com) | [DeltaDentalAK.com](https://DeltaDentalAK.com)

Portland office (corporate headquarters)  
601 SW Second Ave., Portland, OR 97204-3156

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

REV5-0444 (10/24)  
2025AKSGBrochure

