

Small Group (1-50)

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



Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



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

experience offering insurance plans for **over 70 years**

Easy

with **no referrals** required for specialists

Convenient

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



A local health partner

With a team based in Alaska, a local office, and a passion for giving back to the community, we're here to support the health of your clients' employees.



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



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

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

500,000+

members in our
medical plans

More than

900,000

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2026 Medical plans

2026 Dental plans



2026 Vision plans

Networks

Enrollment, made easy

Member perks

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 the Moda Select Network service area 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 you and your clients quickly access and manage the details of benefits administration.

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

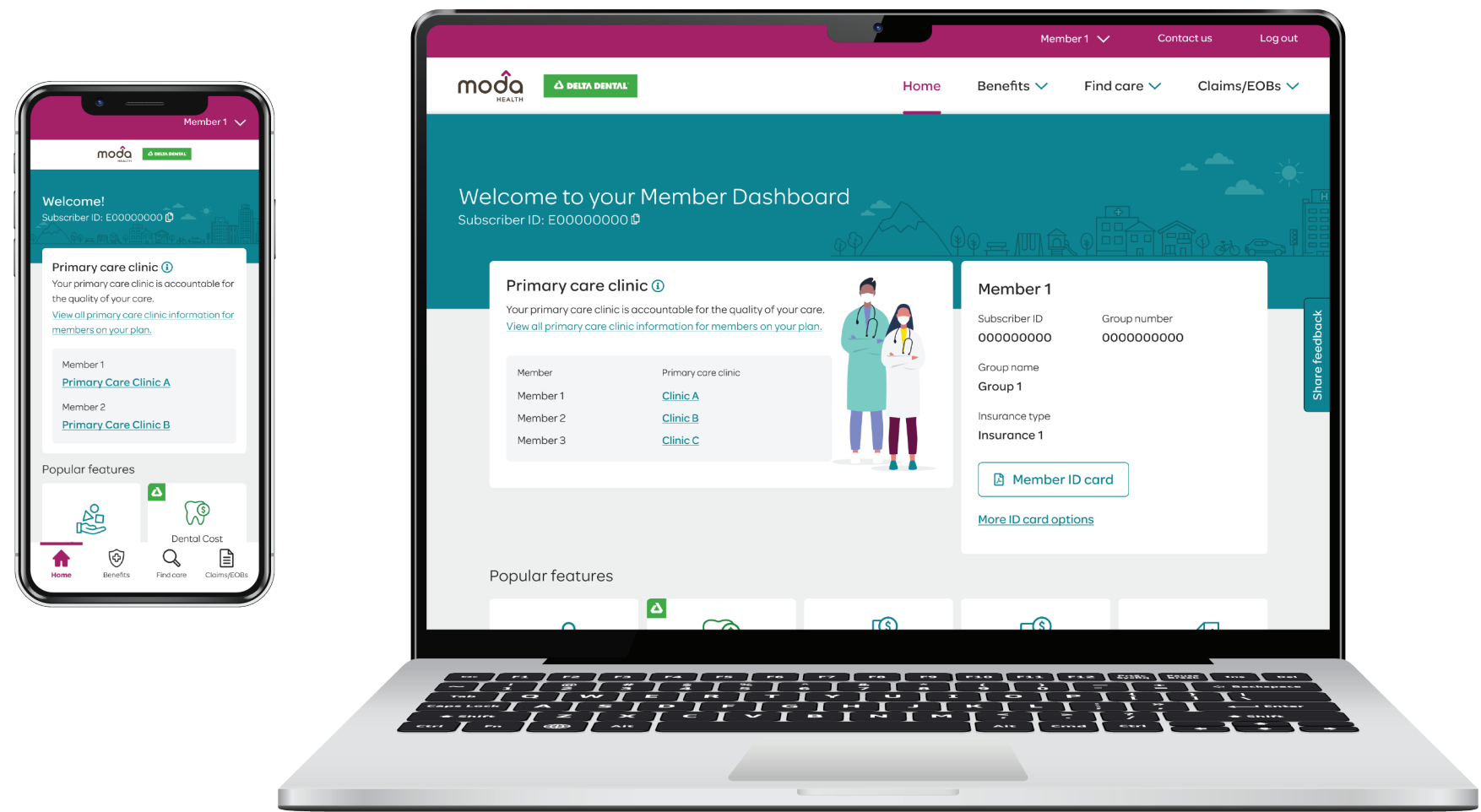
- Review employee-enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 907-278-2628*

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 



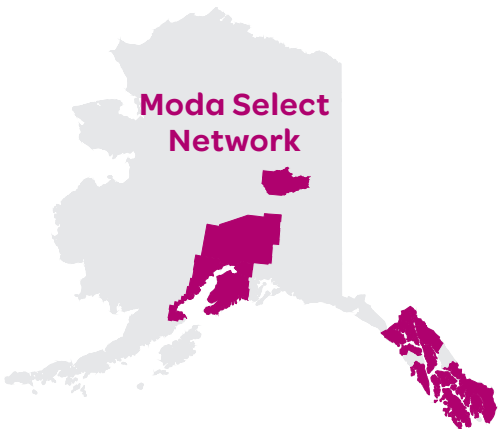
Mental health support

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 your clients' employees will have better value and better care.



The **Moda Select Network** is for your small group clients with business locations and *all employees residing* in this service area:

- Municipality of Anchorage

Fairbanks North Star

Haines

Kenai Peninsula

Ketchikan Gateway
- Mat-Su

Petersburg and Municipality of Skagway boroughs

City and Borough of Juneau

City and Borough of Sitka
- City and Borough of Wrangell

Hoonah-Angoon Census Area

Prince of Wales-Hyder Census Area

Care when *outside* of Alaska

- When members are traveling outside of Alaska, they will get full-service medical care with in-network benefits through:
- Moda Select service areas in Idaho and Texas
 - Affinity Network service areas in Oregon
 - Aetna® PPO Network through Aetna Signature Administrators® nationwide. This includes service areas outside the Moda Select Network in Idaho, Texas and outside the Affinity Network in Oregon.

Benefit levels

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

Tier One



Visit modahealth.com/ModaSelect 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.

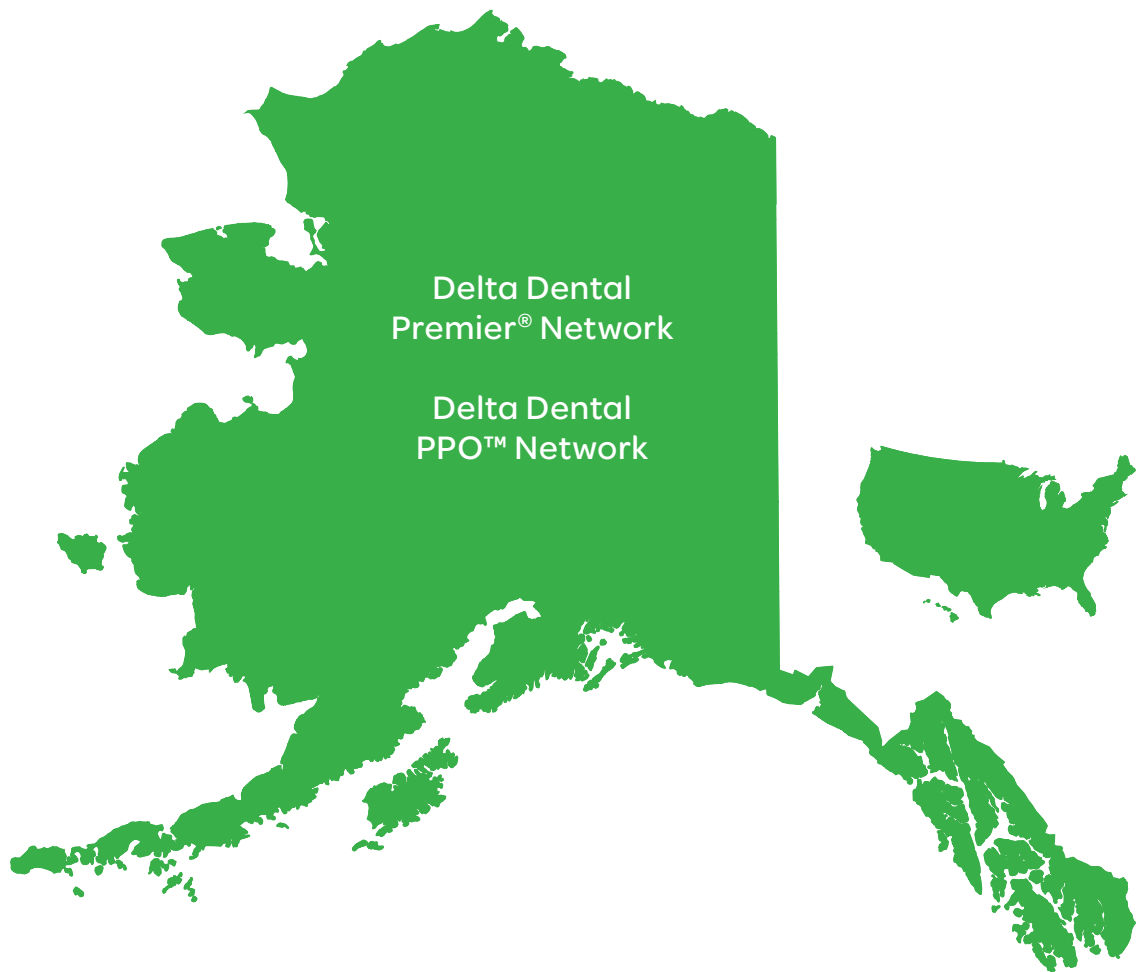


Members receive the best benefit by using **Tier One** providers.



Delta Dental networks *go where members go*

With thousands of dentists across the and country, in-network dentists agree to accept our contracted fees as full payment, saving members 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 every member's smile

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

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



Savings from in-network dentists



Annual cleanings

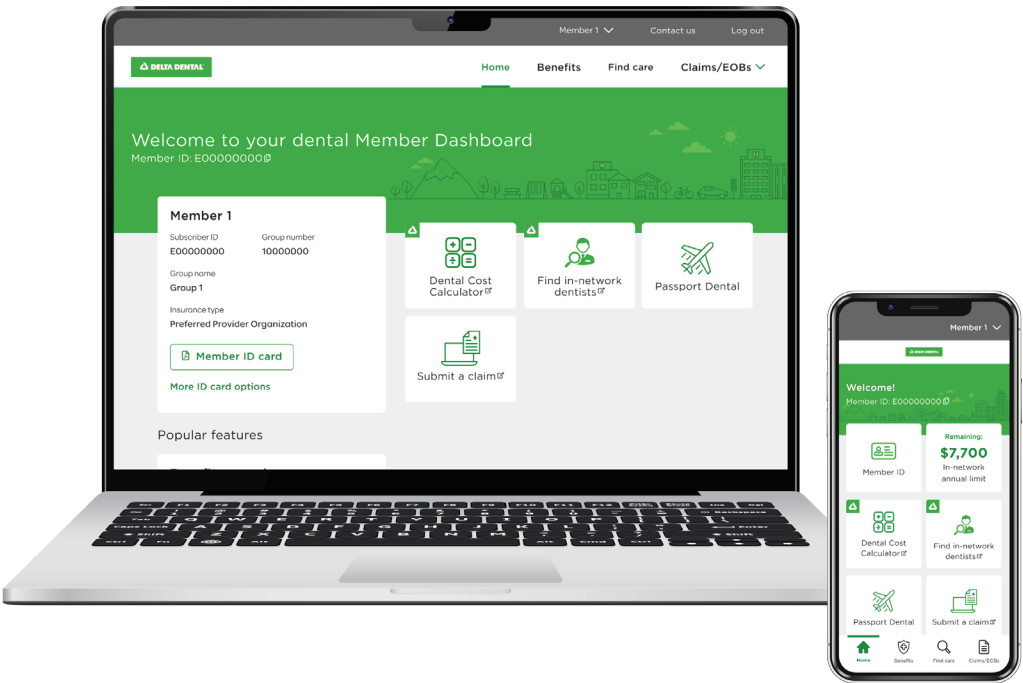


Superior customer service



Freedom to choose a dentist

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



Teledentistry.com is now in-network with Delta Dental!

With the Delta Dental of Alaska provider network both in-person and virtual dental appointment options are available.

Through Teledentistry.com we offer the flexibility and convenience of virtual visits 24/7 to meet members' needs from wherever they are. Members can use Delta Dental virtual visits when they:

- Have a dental problem after hours
- Need urgent care and don't have a regular dentist
- Want to talk to a dentist from home
- Are traveling and need dentist assistance



2026 *Medical plan* benefit table

Health savings account (HSA): Our HSA-compatible high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have HSA administration with our preferred partner, BenefitHelp Solutions or another institution. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar-year costs			Care and services								Prescription medication						
		Annual deductible per member / family	Coinsurance	Annual out-of-pocket maximum per member / family	Primary Care Provider (PCP) office visit ¹	Specialist office visit	Emergency room visit	Virtual care visit ¹	Mental health and substance use disorder office visit ¹	Outpatient rehabilitation	Acupuncture, massage therapy and 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						Tier 2 and Tier 3 benefits offered
Moda Select Network	● Moda Select Gold 500	\$500 / \$1,000	20%	\$4,800 / \$9,600	\$25 per visit	\$50 per visit	\$250, then 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+
	● Moda Select Gold 1000	\$1,000 / \$2,000	20%	\$4,000 / \$8,000	\$25 per visit	\$50 per visit	\$250, then 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+
	● Moda Select Gold 1500	\$1,500 / \$3,000	20%	\$4,000 / \$8,000	\$25 per visit	\$50 per visit	\$250, then 20% after deductible	\$25 per visit	\$50 per visit	\$50 per visit	\$25 per visit	20% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+
	● Moda Select Gold 2000	\$2,000 / \$4,000	15%	\$4,000 / \$8,000	\$20 per visit	\$40 per visit	\$250, then 15% after deductible	\$20 per visit	\$40 per visit	\$40 per visit	\$20 per visit	15% after deductible	\$0	\$15	\$30	\$100	20% after deductible	50% after deductible	+
	● Moda Select Silver 2500	\$2,500 / \$5,000	30%	\$8,550 / \$17,100	\$35 per visit	\$85 per visit	\$250, then 30% after deductible	\$35 per visit	\$85 per visit	\$85 per visit	\$35 per visit	30% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+
	● Moda Select Silver 3500	\$3,500 / \$7,000	25%	\$8,550 / \$17,100	\$60 per visit	\$120 per visit	\$300, then 25% after deductible	\$60 per visit	\$120 per visit	\$120 per visit	\$60 per visit	25% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+
	● Moda Select Silver 4000	\$4,000 / \$8,000	20%	\$8,900 / \$17,800	\$40 per visit	\$90 per visit	\$250, then 20% after deductible	\$40 per visit	\$90 per visit	\$90 per visit	\$40 per visit	20% after deductible	\$0	\$20	\$60	\$135	30% after deductible	50% after deductible	+
	● Moda Select Bronze 8550	\$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	+
	● Moda Select Gold 1700 HDHP ²	\$1,700 / \$3,400	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	20% after deductible	\$0	20% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	+
	● Moda Select Silver 2800 HDHP ²	\$2,800 / \$5,600	25%	\$7,100 / \$14,200	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	+
	● Moda Select Silver 3500 HDHP	\$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	+
● Moda Select Bronze 5950 HDHP	\$5,950 / \$11,900	40%	\$7,300 / \$14,600	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	+	
● Moda Select Bronze 7100 HDHP	\$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	+	

1 For non-HDHP plans, \$5 copay for the first three Tier 1 in-network primary care provider, other practitioner, outpatient mental/behavioral health, or outpatient substance abuse disorder visits combined per year prior to the deductible being met. NOTE: CirrusMD not included in virtual visits described here.

2 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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum	Out-of-pocket maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia ¹
		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® Network	Delta Dental Premier 1000, 100/80/50, 50	\$50 / \$150	\$1,000	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier 1500, 100/80/50, 50	\$50 / \$150	\$1,500	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier 2000, 100/80/50, 50	\$50 / \$150	\$2,000	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier, +1000, 100/80/50, 50, PF ²	\$50 / \$150	\$1,000	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier, +1500, 100/80/50, 50, PF ²	\$50 / \$150	\$1,500	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier, +2000, 100/80/50, 50, PF ²	\$50 / \$150	\$2,000	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier, +2500, 100/80/50, 50, PF ²	\$50 / \$150	\$2,500	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier, +3000, 100/80/50, 50, PF ²	\$50 / \$150	\$3,000	\$450 / \$900	0%		40% after deductible / 20% after deductible			50% after deductible		50% after deductible / Not covered	
	Delta Dental Premier Preventive Mandated Plan	\$25 / \$75	\$500 (applies to all ages)	N/A	0% after deductible		90% after deductible			90% after deductible		Not covered	

1 Only medically necessary orthodontia is covered

2 Nitrous oxide is covered when in conjunction with a covered dental procedure after a 12-month exclusion period.

Class 1 services other than cone beam X-rays do not apply to the 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.

2026 *Dental plan* benefit table

	Plan name	Calendar-year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum	Out-of-pocket maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia ¹
		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 PPO™ Network	Delta Dental PPO, PF 1000, 100/90/50, 50 ²	\$50 / \$150	\$1,000	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, 1500, 100/90/50, 50 ²	\$50 / \$150	\$1,500	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, 2000, 100/90/50, 50 ²	\$50 / \$150	\$2,000	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, +2500, 100/90/50, 50 ^{2,3}	\$50 / \$150	\$2,500	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, +3000, 100/90/50, 50 ^{2,3}	\$50 / \$150	\$3,000	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, Voluntary, 1000, 100/90/50, 50 ²	\$50 / \$150	\$1,000	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, Voluntary, 1500, 100/90/50, 50 ²	\$50 / \$150	\$1,500	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	
	Delta Dental PPO, PF, Voluntary, 2000, 100/90/50, 50 ²	\$50 / \$150	\$2,000	\$450 / \$900	0%		0% / 10% after deductible			0% / 50% after deductible		0% / Not covered	

1 Only medically necessary orthodontia is covered

2 Class 1 services other than cone beam x-rays do not apply to the annual maximum.

3 Nitrous oxide is covered when in conjunction with a covered dental procedure after a 12-month exclusion period.

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.

2026 *Orthodontia plan* riders

	Child Ortho 1000	Child Ortho 1500	Adult Ortho 1000	Adult Ortho 1500	Adult and Child Ortho 1000	Adult and 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%

1 For members under 19, treatment must start prior to child's 17th birthday



2026 *DeltaVision*® benefit table

DeltaVision® vision plans offered by Delta Dental

	Copays	Frames / contact lenses benefit max	Contact exam and fitting copay	Exam / lenses	Frames
	In-network, members pay				
VSP Choice Value	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months
VSP Choice Value Voluntary	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months
VSP Choice Select Voluntary	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months
VSP Choice Premium Voluntary	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months

* Available when electing one of our dental plans.
This is not a standalone offer.

DeltaVision plans

Delta Dental has partnered with VSP®, a national leader in vision benefits, to offer your clients an exciting new addition to our dental benefits program. DeltaVision®, which combines dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

907-278-2628
TTY users, please call 711

 ModaHealth.com | 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.

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2026AKSGBrochure

