



Large Group (51+)

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



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

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](#)

[2025 Pharmacy plans](#)

[2025 Vision plans](#)

[2025 Dental 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 Alaska
- Have 51 or more 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*

Funding types



Fully insured plans

Rates are established and paid on a monthly basis. The client pays a fixed rate for the contract period and Moda Health and/or Delta Dental assumes the entire risk. There's no after-the-fact settlement with the account.



Equal Funding

(25+ enrolled, medical only)

Equal Funding is a good option for employers who are looking to take more control over their healthcare plans or those interested in limiting risk in a partially self-funded environment.

Benefits include:

- 12 predictable monthly payments
- Greater insight into plan performance throughout the year
- Make more informed decisions at renewal
- No surprise separate fees

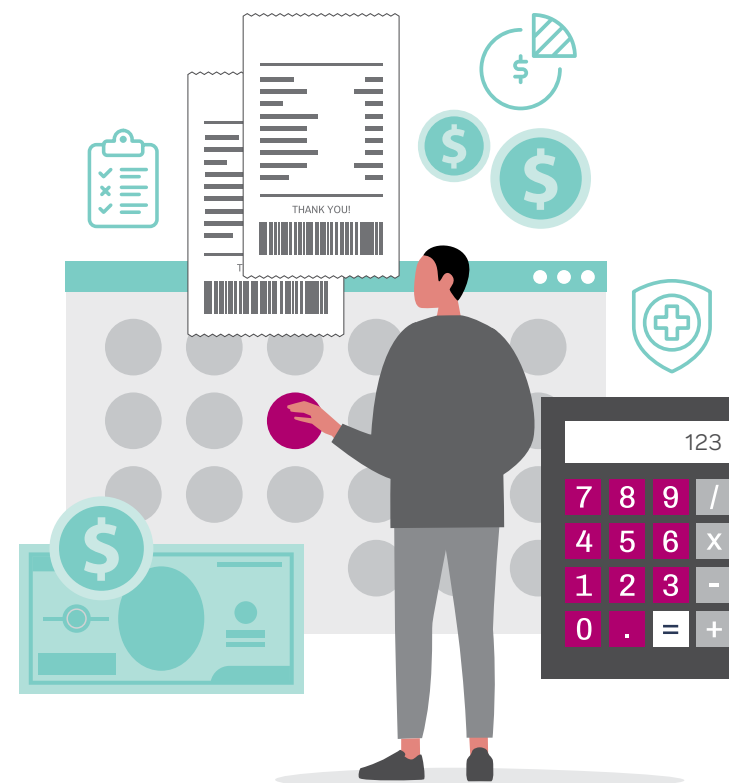


Administrative Services Only (ASO)

(Groups of 100+ enrolled)

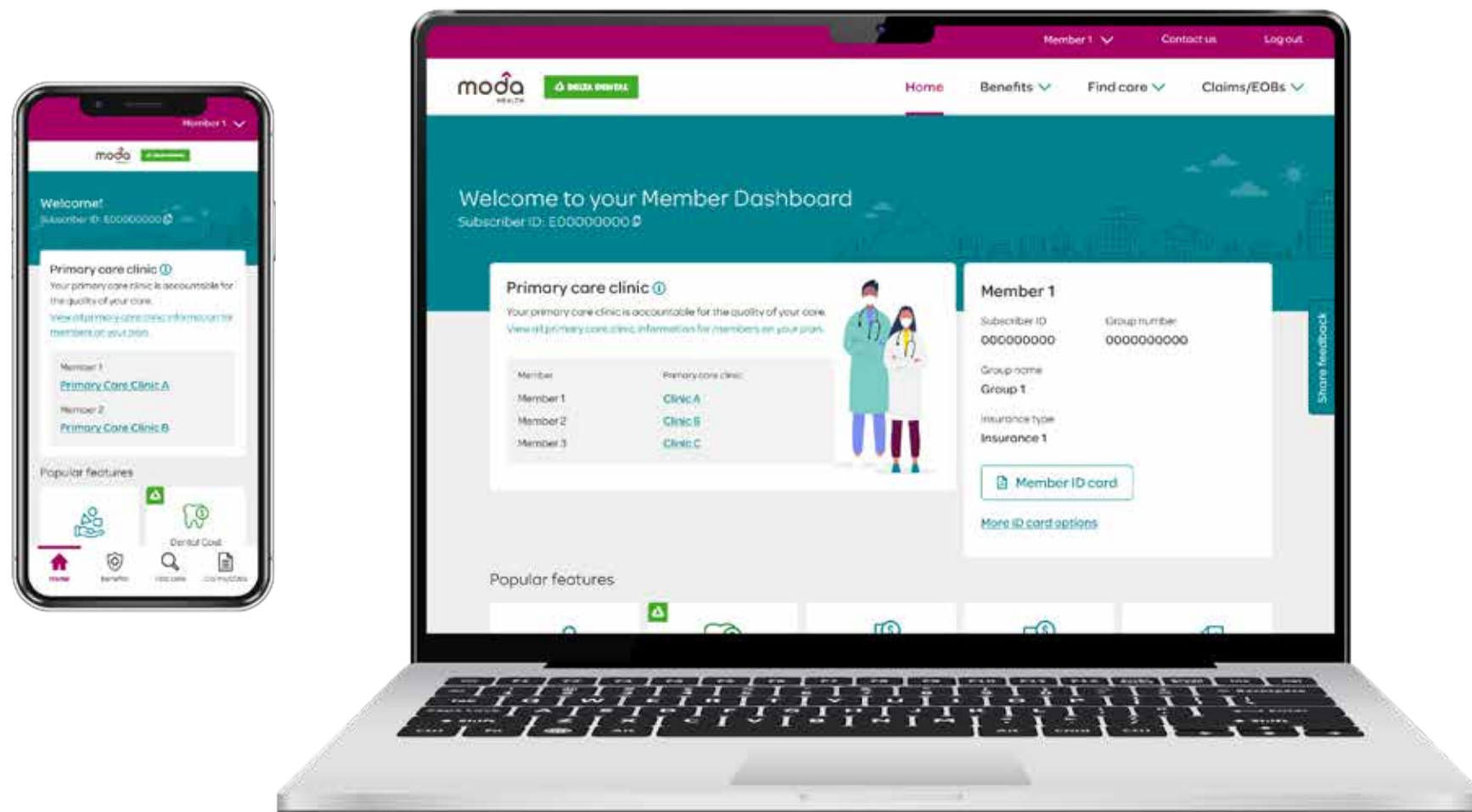
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

The employer is responsible for paying the cost of the healthcare services provided.




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

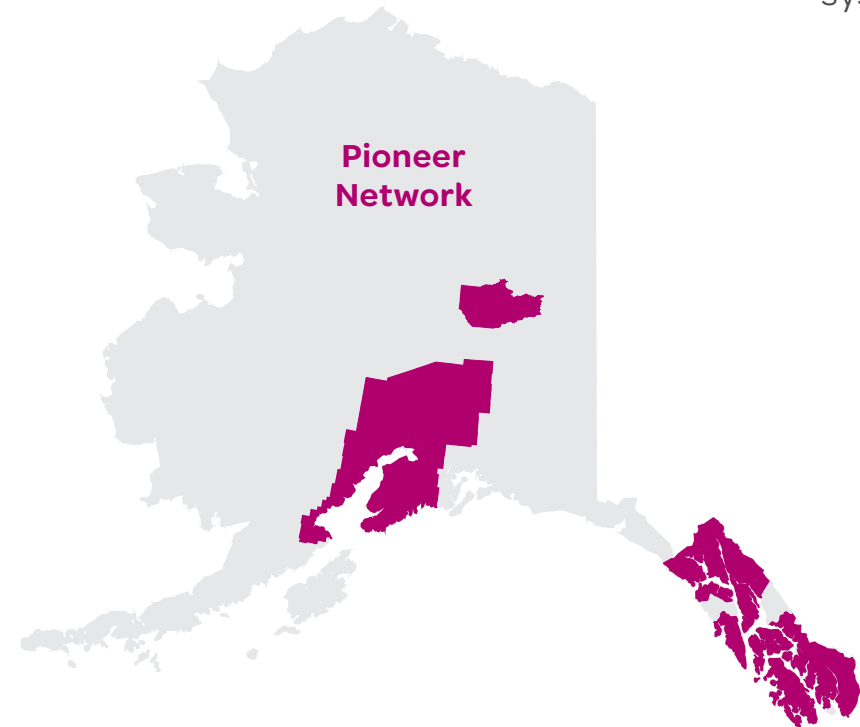


Mental health support

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

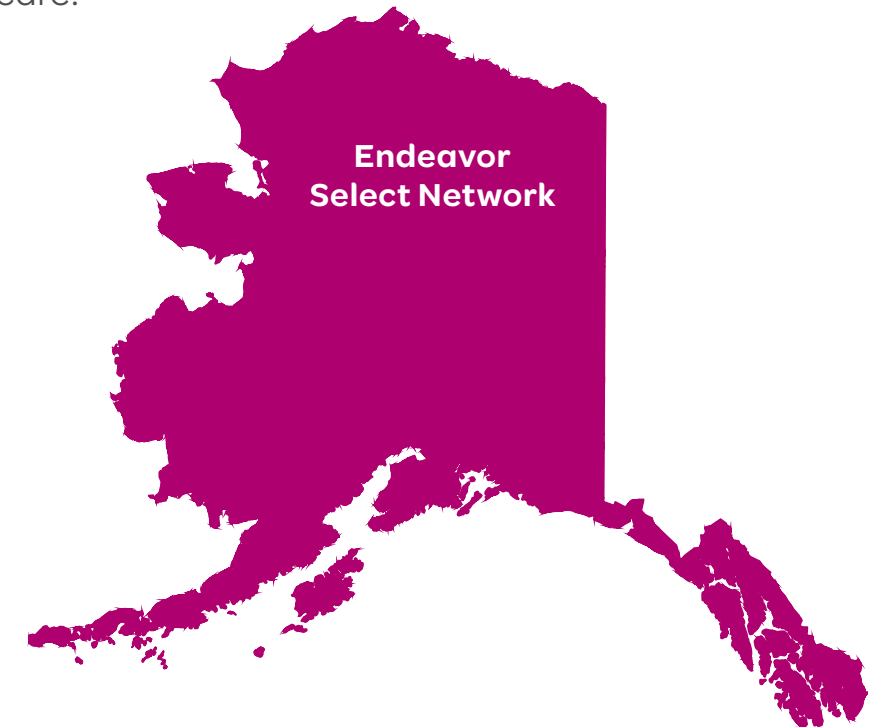


Visit modahealth.com/PioneerProviders to see a list of **Tier One** providers.

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 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.



Can members get care outside of the service area?

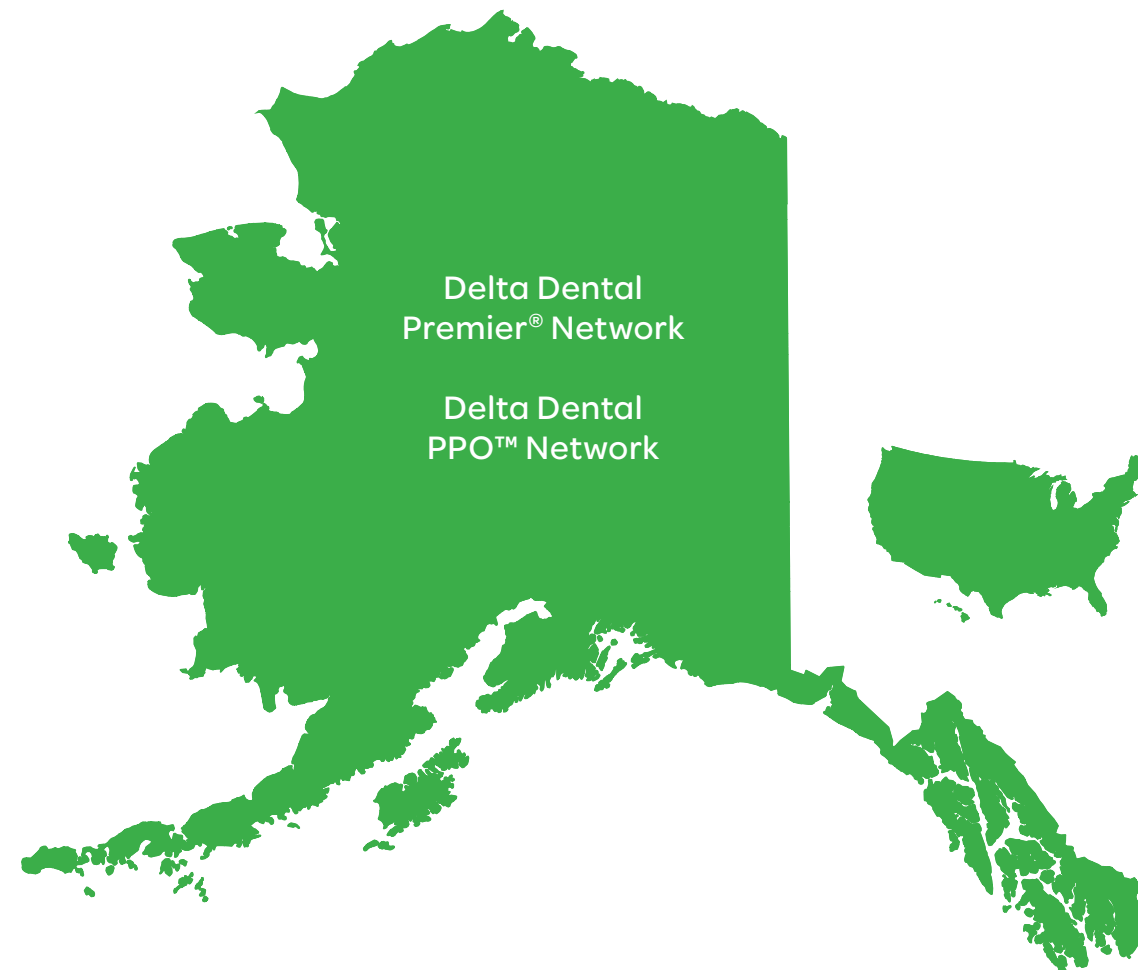
Yes! We have options based on where the care is located. Please contact our team at 888-873-1395 with questions about where members can obtain care.





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.

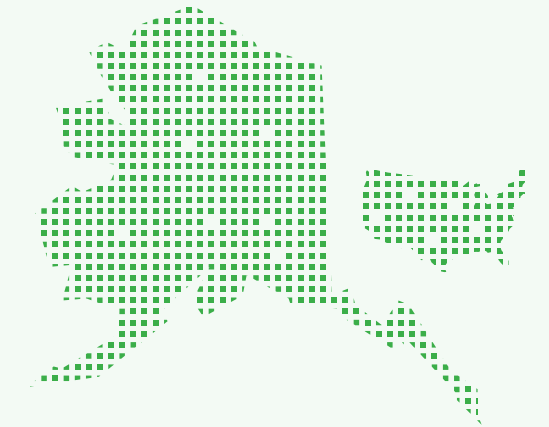


Delta Dental **PPO™** Network

bigger savings

 Lowest cost!

 Large network of dentists



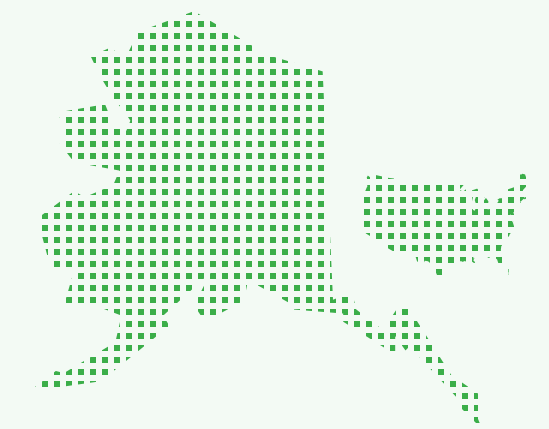
OR

Delta Dental **Premier®** Network

more choice

 Slightly higher cost

 Choose Premier network dentists





Quality coverage for your smile

When all you need is dental insurance, we've got you 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

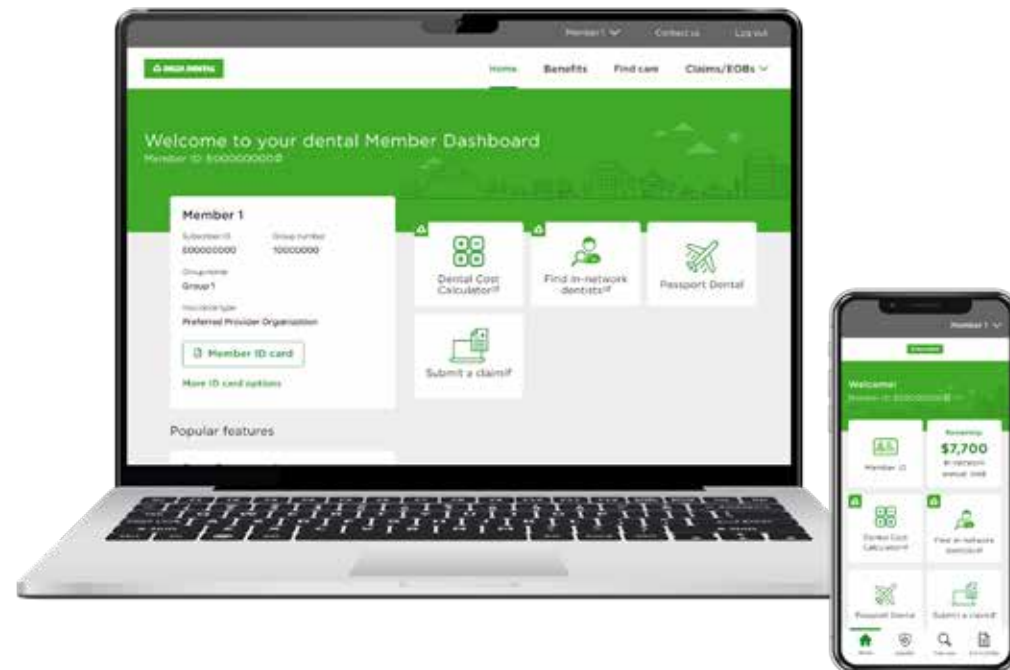


Superior customer service



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							
	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	Behavioral health office visit	Outpatient rehabilitation ¹	Acupuncture, massage therapy & spinal manipulation	
	In-network member pays			In-network member pays							
Endeavor Select Network	\$500_-\$6500_-\$20/\$50_20% ²	\$500 / \$1,000	20%	\$6,500 / \$13,000	\$20 per visit	\$50 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$50 per visit	\$20 per visit
	\$1000_-\$7000_-\$25/\$50_20% ²	\$1,000 / \$2,000	20%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	\$1500_-\$7500_-\$25/\$50_20% ²	\$1,500 / \$3,000	20%	\$7,500 / \$15,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	\$2000_-\$8150_-\$25/\$60_20% ²	\$2,000 / \$4,000	20%	\$8,150 / \$16,300	\$25 per visit	\$60 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$60 per visit	\$25 per visit
	\$2500_-\$8550_-\$30/\$60_20% ²	\$2,500 / \$5,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	\$3000_-\$8550_-\$30/\$60_20% ²	\$3,000 / \$6,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	\$4000_-\$8550_-\$30/\$65_20% ²	\$4,000 / \$8,000	20%	\$8,550 / \$17,100	\$30 per visit	\$65 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$65 per visit	\$30 per visit
	\$5000_-\$8550_-\$40/\$80_30% ²	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$40 per visit	\$80 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$80 per visit	\$40 per visit
	\$6000_-\$8550_-\$45/\$80_30% ²	\$6,000 / \$12,000	30%	\$8,550 / \$17,100	\$45 per visit	\$80 per visit	\$100 then 30% after deductible	\$45 per visit	\$45 per visit	\$80 per visit	\$45 per visit
	\$7000_-\$8550_-\$50/\$100_30% ²	\$7,000 / \$14,000	30%	\$8,550 / \$16,300	\$50 per visit	\$100 per visit	\$100 then 30% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit
	\$9000_-\$9000_-\$50/\$100_0% ²	\$9,000 / \$18,000	0%	\$9,000 / \$18,000	\$50 per visit	\$100 per visit	0% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit
	PPO \$250_-\$2000_-\$20_20% ²	\$250 / \$500	20%	\$2,000 / \$4,000	\$20 per visit	\$20 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
	PPO \$500_-\$3500_-\$20_20% ²	\$500 / \$1,000	20%	\$3,500 / \$7,000	\$20 per visit	\$20 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
	PPO \$1000_-\$4500_-\$25_20% ²	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$1500_-\$4500_-\$25_20% ²	\$1,500 / \$3,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$2000_-\$4500_-\$25_20% ²	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$2500_-\$6000_-\$30_20% ²	\$2,500 / \$5,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO \$3000_-\$6000_-\$30_20% ²	\$3,000 / \$6,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO \$4000_-\$6000_-\$30_20% ²	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO_-\$5000_-\$7150_-\$40_30% ²	\$5,000 / \$10,000	30%	\$7,150 / \$14,300	\$40 per visit	\$40 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit
PPO_-\$6000_-\$7150_-\$45_30% ²	\$6,000 / \$12,000	30%	\$7,150 / \$14,300	\$45 per visit	\$45 per visit	\$100 then 30% after deductible	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit	
PPO_-\$9000_-\$9000_-\$50_0% ²	\$9,000 / \$18,000	0%	\$9,000 / \$18,000	\$50 per visit	\$100 per visit	0% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit	
Endeavor Select Network HDHP	HDHP_-\$1650_-\$3300_20% ³	\$1,650 / \$3,300	20%	\$3,300 / \$6,600	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$2000_-\$5000_20% ³	\$2,000 / \$4,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$2500_-\$5000_20% ³	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$3000_-\$5000_20% ³	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$4000_-\$6000_20%	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$5000_-\$7000_20%	\$5,000 / \$10,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$6000_-\$7000_20%	\$6,000 / \$12,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$8000	\$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

¹ Occupational therapy, physical therapy, speech therapy. ² For Endeavor Select plans, first three in-network visits at \$5, including primary care visits, behavioral health office visits and virtual care visits. For Pioneer plans, first three Tier 1 visits at \$5, including primary care visits, behavioral health office visits and virtual care visits. ³ For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone.

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2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services						
		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	Behavioral health office visit	Outpatient rehabilitation ¹	Acupuncture, massage therapy & spinal manipulation
		In-network Tier 1 member pays			In-network Tier 1 member pays						
Pioneer Network	PPO \$500_-\$6500_-\$25_20% ²	\$500 / \$1,000	20%	\$6,500 / \$13,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	PPO \$1000_-\$7000_-\$25_20% ²	\$1,000 / \$2,000	20%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	PPO \$2000_-\$7500_-\$25_20% ²	\$2,000 / \$4,000	20%	\$7,500 / \$15,000	\$25 per visit	\$60 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$60 per visit	\$25 per visit
	PPO \$3000_-\$8000_-\$30_20% ²	\$3,000 / \$6,000	20%	\$8,000 / \$16,000	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	PPO \$4000_-\$8550_-\$30_20% ²	\$4,000 / \$8,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	PPO \$5000_-\$8550_-\$40_30% ²	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$40 per visit	\$80 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$80 per visit	\$40 per visit
Pioneer Network HDHP	HDHP_-\$1650_-\$3300_20% ³	\$1,650 / \$3,300	20%	\$3,300 / \$6,600	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$2000_-\$5000_20% ³	\$2,000 / \$4,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$2500_-\$5000_20% ³	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$3000_-\$5000_20% ³	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$4000_-\$6000_20%	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_-\$5000_-\$7000_20%	\$5,000 / \$10,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

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2025 *Pharmacy* benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.AK.25	\$0	\$10	\$30	\$50	\$10	\$150	30%
R2.AK.25	\$0	\$15	\$45	\$75	\$15	\$225	30%
R3.AK.25	\$0	\$20	\$60	50%	\$20	\$180	50%
R4.AK.25	\$0	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%

Expect quality pharmacy benefits

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

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus network includes over 90 percent of pharmacies in Alaska, plus more than 58,000 pharmacies nationwide.

This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Carrs
- CVS
- Walgreens
- Costco
- Fred Meyer
- Walmart

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



Members can visit modahealth.com/pdl and choose "Large group" to search medications and find out their medication tiers and costs.



2025 *Vision* benefit tables

Standalone plan with a Moda network

	Description
V1003	100% Vision, \$300 Max; Annual Benefit, all ages

Standalone plans with VSP®

	Copays	Frames / contact lenses	Contact exam & fitting	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

Vision rider

	Description
V1003	100% Vision, \$300 Max; Annual Benefit, all ages
Mandated Vision	Exam and lenses every year (\$130 max for contacts); frames every two years to \$130 max; two low-vision tests every two years to \$125 max; \$1,000 max every two years for all low vision aids, testing and services; age 19+
Pediatric Vision	One exam per year; one pair lenses and frames per year or one pair lenses per year and one pair frames every other year; one low-vision evaluation and four follow up visits every five years or one low-vision evaluation every year and four follow up visits every five years; one low-vision aid per year and one pair of high-power spectacles per year for under age 19.



2025 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III		
		Annual deductible	Annual plan maximum	Exams & x-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		member pays		member pays			member pays		
Delta Dental Premier® Network	Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
Voluntary Premier Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible			

¹ Class 1 services do not apply to the annual plan maximum.

Dental disclaimer: This brochure is a summary of the dental plans and dental plan benefits and is not a contract; limitations and exclusions apply. See the dental plan benefit summaries, 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 Delta Dental 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 I		Class II			Class III		
	Annual deductible	Annual plan maximum	Exams & x-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
	per member / family		In-network member pays		In-network member pays			In-network member pays		
PPO Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
PPO Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
Voluntary PPO Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
PPO Plus 1100 PPO Option B – Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
PPO Plus 1600 PPO Option B – Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
PPO Plus 2100 PPO Option B – Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible		
PPO Plus 2600 PPO Option B – Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
PPO Plus 3100 PPO Option B – Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		
PPO Plus 1100 PF PPO Option B – Family Deductible – Preventive First 25/75, 1100 ¹	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
PPO Plus 1600 PF PPO Option B – Family Deductible – Preventive First 25/75, 1600 ¹	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
PPO Plus 2100 PF PPO Option B – Family Deductible – Preventive First 25/75, 2100 ¹	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible		
PPO Plus 2600 PF PPO Option B – Family Deductible – Preventive First 25/75, 2600 ¹	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
PPO Plus 3100 PF PPO Option B – Family Deductible – Preventive First 25/75, 3100 ¹	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		

¹ Class 1 services do not apply to the annual plan maximum.

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Delta Dental PPO Plus PPO™ Network

2025 **DeltaVision**[®] benefit table

DeltaVision[®] vision plans offered by Delta Dental

	Copays	Frames / contact lenses	Contact exam & fitting	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. Enrollment in dental and vision plans must match. 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

📞 800-578-1402
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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