



**⚠️ Required filings that relate to these 2025 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.**

	Gold plans		Silver plans			Bronze plans		
	Moda Pioneer Alaska Standard Gold	Moda Pioneer Gold 1500 <sup>1</sup>	Moda Pioneer Alaska Standard Silver	Moda Pioneer Silver 2900 Direct <sup>1</sup>	Moda Pioneer Silver 4500 <sup>1</sup>	Moda Pioneer Alaska Standard Bronze	Moda Pioneer Bronze 6500 <sup>1</sup>	Moda Pioneer Bronze HDHP 5500

What you pay for the care you receive each year based on the benefit tier you choose — **1 2 3** Members receive the **best** benefits by using **Tier 1** providers

Deductible per person	<b>1</b> \$1,500	\$1,500	\$5,000	\$2,900	\$4,500	\$7,500	\$6,500	\$5,500
	<b>2</b> \$1,500	\$3,000	\$5,000	\$5,800	\$6,000	\$7,500	\$7,500	\$6,000
	<b>3</b> \$4,500	\$9,000	\$17,700	\$17,400	\$18,000	\$22,500	\$22,500	\$18,000
Deductible per family	<b>1</b> \$3,000	\$3,000	\$10,000	\$5,800	\$9,000	\$15,000	\$13,000	\$11,000
	<b>2</b> \$3,000	\$6,000	\$10,000	\$11,600	\$12,000	\$15,000	\$15,000	\$12,000
	<b>3</b> \$9,000	\$18,000	\$35,400	\$34,800	\$36,000	\$45,000	\$45,000	\$36,000
Out-of-pocket max per person	<b>1</b> \$7,800	\$6,000	\$8,000	\$8,700	\$7,750	\$9,200	\$9,000	\$8,050
	<b>2</b> \$7,800	\$6,000	\$8,000	\$8,700	\$8,500	\$9,200	\$9,000	\$8,050
	<b>3</b> \$26,100	\$18,000	\$27,300	\$26,100	\$25,500	\$28,200	\$27,000	\$27,750
Out-of-pocket max per family	<b>1</b> \$15,600	\$12,000	\$16,000	\$17,400	\$15,500	\$18,400	\$18,000	\$16,100
	<b>2</b> \$15,600	\$12,000	\$16,000	\$17,400	\$17,000	\$18,400	\$18,000	\$16,100
	<b>3</b> \$52,200	\$36,000	\$54,600	\$52,200	\$51,000	\$56,400	\$54,000	\$55,500

**Benefits that make up your plan, and what you pay**

Primary care provider (PCP) office visit	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$50 per visit	\$45 per visit	40% after deductible
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Specialist office visit	<b>1</b>	\$60 per visit	\$50 per visit	\$80 per visit	\$70 per visit	\$60 per visit	\$100 per visit	\$75 per visit	40% after deductible
	<b>2</b>	\$60 per visit	40%	\$80 per visit	40%	40%	\$100 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Urgent care visit	<b>1</b>	\$45 per visit	\$50 per visit	\$60 per visit	\$70 per visit	\$60 per visit	\$75 per visit	\$75 per visit	40% after deductible
	<b>2</b>	\$45 per visit	40%	\$60 per visit	40%	40%	\$75 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Virtual care visit	<b>1</b>	\$30 per visit	\$15 per visit	\$40 per visit	\$25 per visit	\$20 per visit	\$50 per visit	\$35 per visit	40% after deductible
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Emergency room visit	<b>1 2 3</b>	25% after deductible	30% after deductible	40% after deductible	35% after deductible	30% after deductible	50% after deductible	30% after deductible	40% after deductible
Acupuncture, spinal manipulation and massage therapy services	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$50 per visit	\$45 per visit	40% after deductible
	<b>2</b>	\$30 per visit	40% after deductible	\$40 per visit	40% after deductible	40% after deductible	\$50 per visit	50% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Mental health and substance use disorder office visit	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$35 per visit	\$30 per visit	\$50 per visit	\$45 per visit	40% after deductible
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Outpatient rehabilitation	<b>1</b>	\$30 per visit	\$50 per visit	\$40 per visit	\$70 per visit	\$60 per visit	\$50 per visit	\$75 per visit	40% after deductible
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	40% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Inpatient/outpatient care	<b>1</b>	25% after deductible	30% after deductible	40% after deductible	35% after deductible	30% after deductible	50% after deductible	30% after deductible	40% after deductible
	<b>2</b>	25% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible

**Pharmacy benefits**

Value	<b>1 2 3</b>	\$15	\$2	\$20	\$2	\$2	\$25	\$2	\$2
Select	<b>1 2 3</b>	\$15	\$10	\$20	\$20	\$20	\$25	30% after deductible	35% after deductible
Preferred	<b>1 2 3</b>	\$30	\$45	\$40	40%	\$60	\$50 after deductible	30% after deductible	35% after deductible
Non-preferred	<b>1 2 3</b>	\$60	50% after deductible	\$80 after deductible	50% after deductible	50% after deductible	\$100 after deductible	45% after deductible	40% after deductible
Preferred specialty*	<b>1 2 3</b>	\$250	40% after deductible	\$350 after deductible	40%	40% after deductible	\$500 after deductible	35% after deductible	35% after deductible
Non-preferred specialty*	<b>1 2 3</b>	\$250	50% after deductible	\$350 after deductible	50% after deductible	50% after deductible	\$500 after deductible	45% after deductible	40% after deductible

**Things to consider when choosing your plan**

Features											
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\* Tier 3 pharmacy benefits not covered.  
1 First 2 in-person and virtual PCP visit at \$5. First 2 mental health and substance use disorder office visits at \$5.

**Plan highlights**

- 3 tiers to choose from
- 1** Pioneer Network
- 2** First Choice Network in AK
- 3** Alaska-based non-contracted providers

The Pioneer Network was developed to provide cost-effective, coordinated care. Our Pioneer plans offer three benefit levels (tiers) of healthcare. Members receive the best benefits by using Tier 1 providers.

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.



**HSA** Health savings account

Our high-deductible health plan (Bronze HDHP 5500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

**+** Included with all plans

- Unlimited mental health and substance use disorder in person office visits
- Up to 45 outpatient rehabilitation and 45 habilitation visits in a calendar year
- You can get up to 24 acupuncture, massage and spinal manipulation visits in a calendar year
- For ages 19 and above, one eye exam and one pair of lenses every year and one pair of frames every two years

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.



## Save more

In addition to a tax credit, members may be eligible for a **cost-sharing reduction plan** that lowers the amount paid out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian and Alaska Native tribes may also qualify for additional cost-sharing benefits.

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## 2025

### Cost-sharing reduction (CSR) plans

What you pay for the care you receive each year based on the benefit tier you choose – **1 2 3**

		Moda Pioneer Alaska Standard Silver			Moda Pioneer Silver 4500		
		73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR
Deductible per person	<b>1</b>	\$3,000	\$500	\$0	\$4,000	\$500	\$250
	<b>2</b>	\$3,000	\$500	\$0	\$6,000	\$1,500	\$500
	<b>3</b>	\$17,100	\$2,100	\$0	\$17,100	\$4,500	\$1,500
Deductible per family	<b>1</b>	\$6,000	\$1,000	\$0	\$8,000	\$1,000	\$500
	<b>2</b>	\$6,000	\$1,000	\$0	\$12,000	\$3,000	\$1,000
	<b>3</b>	\$34,200	\$4,200	\$0	\$36,000	\$9,000	\$3,000
Out-of-pocket max per person	<b>1</b>	\$6,400	\$3,000	\$2,000	\$6,500	\$1,500	\$500
	<b>2</b>	\$6,400	\$3,000	\$2,000	\$6,500	\$2,700	\$750
	<b>3</b>	\$21,600	\$9,000	\$5,400	\$20,550	\$8,100	\$2,250
Out-of-pocket max per family	<b>1</b>	\$12,800	\$6,000	\$4,000	\$13,000	\$3,000	\$1,000
	<b>2</b>	\$12,800	\$6,000	\$4,000	\$13,000	\$5,400	\$1,500
	<b>3</b>	\$43,200	\$18,000	\$10,800	\$41,100	\$16,200	\$4,500

### Benefits that make up your plan, and what you pay

Primary care provider (PCP) office visit	<b>1</b>	\$40 per visit	\$20 per visit	\$10 per visit	\$30 per visit	\$10 per visit	\$10 per visit
	<b>2</b>	\$40 per visit	\$20 per visit	\$10 per visit	40%	40%	40%
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible
Specialist office visit	<b>1</b>	\$80 per visit	\$40 per visit	\$10 per visit	\$50 per visit	\$45 per visit	\$40 per visit
	<b>2</b>	\$80 per visit	\$40 per visit	\$10 per visit	40%	40%	40%
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible
Urgent care visit	<b>1</b>	\$60 per visit	\$30 per visit	\$5 per visit	\$50 per visit	\$45 per visit	\$40 per visit
	<b>2</b>	\$60 per visit	\$30 per visit	\$5 per visit	40%	40%	40%
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible
Virtual care visit	<b>1</b>	\$40 per visit	\$20 per visit	\$0 per visit	\$20 per visit	\$5 per visit	\$5 per visit
	<b>2</b>	\$40 per visit	\$20 per visit	\$0 per visit	40%	40%	40%
	<b>3</b>	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Emergency room visit	<b>1 2 3</b>	40% after deductible	30% after deductible	25%	30% after deductible	30% after deductible	30% after deductible
Acupuncture, spinal manipulation and massage therapy services	<b>1</b>	\$40 per visit	\$20 per visit	\$0 per visit	\$30 per visit	\$10 per visit	\$10 per visit
	<b>2</b>	\$40 per visit	\$20 per visit	\$0 per visit	40% after deductible	40% after deductible	40% after deductible
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible
Mental health and substance use disorder office visit	<b>1</b>	\$40 per visit	\$20 per visit	\$0 per visit	\$30 per visit	\$10 per visit	\$10 per visit
	<b>2</b>	\$40 per visit	\$20 per visit	\$0 per visit	40%	40%	40%
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible
Outpatient rehabilitation	<b>1</b>	\$40 per visit	\$20 per visit	\$0 per visit	\$50 per visit	\$45 per visit	\$40 per visit
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Inpatient/outpatient care	<b>1</b>	40% after deductible	30% after deductible	25%	30% after deductible	30% after deductible	30% after deductible
	<b>2</b>	40% after deductible	30% after deductible	25%	40% after deductible	40% after deductible	40% after deductible
	<b>3</b>	60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible

### Pharmacy benefits

Value	<b>1 2 3</b>	\$20	\$10	\$0	\$2	\$2	\$2
Generic	<b>1 2 3</b>	\$20	\$10	\$0	\$20	\$20	\$20
Preferred	<b>1 2 3</b>	\$40	\$20	\$15	\$60	\$60	\$60
Non-preferred	<b>1 2 3</b>	\$80 after deductible	\$60 after deductible	\$50	50% after deductible	50% after deductible	50% after deductible
Specialty*	<b>1 2 3</b>	\$350 after deductible	\$250 after deductible	\$150	40% after deductible	40% after deductible	Not covered
Non-preferred specialty*	<b>1 2 3</b>	\$350 after deductible	\$250 after deductible	\$150	50% after deductible	50% after deductible	Not covered

### Things to consider when choosing your plan

Features						
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\*Tier 3 pharmacy benefits not covered

### Plan highlights

- 3 tiers to choose from
- 1** Pioneer Network
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### Included with all plans

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- PT** Up to 45 outpatient rehabilitation and 45 habilitation visits in a calendar year
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- For ages 19 and above, one eye exam and one pair of lenses every year and one pair of frames every two years

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