



Alaska 2020  
Small group medical plans (1 - 50)

+ Dental plans that will make you smile



*Welcome to Moda Health Plan, Inc. and Delta Dental of Alaska, the place your clients go when they want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.*



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# More choices for *better care*

Your clients have a lot to think about when choosing the right medical benefits for their group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda health offers a wide selection of preferred provider organization (PPO) plans and benefit levels to support your clients on their journey to better health and wellness.

As required under the Affordable Care Act, our medical plans cover most routine preventive care. These services include:

- Preventive health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other health screenings

## VSP

Embedded pediatric vision coverage comes with all Moda Health small group plans in Alaska through the VSP Elements plan with in-network coverage through VSP's Choice provider network. Vision care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

Embedded vision coverage for adults includes routine vision exam and eyewear through the VSP Choice plan and in-network coverage through VSP's Choice provider network. All routine vision exams and eyewear claims are administered by VSP. Embedded vision coverage for adults is included in all plans except for HDHP plans.

## Pediatric dental

Embedded pediatric dental care covers members under age 19. Members can see any licensed dental care provider in Alaska or throughout the United States. Members may save money when they choose a Delta Dental Premier Network provider.

## TruHearing™

Hearing aids are costly. This benefit makes them more affordable. Benefits include a routine hearing aid exam and hearing aid coverage through TruHearing. Members can schedule an appointment by calling 866-202-2170.

## Travel Assist by Assist America®

When members need help more than 100 miles from home, they can call Assist America for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Members can learn more at [assistamerica.com](http://assistamerica.com). Or by calling 800-304-4585.

## Choosing a plan

Explore our plans and help your clients choose the right fit.

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group.

Please note that employees living in Hawaii are not covered.

If you or your clients have questions about any plan, please contact your sales and service representative. See back cover for contact information.

## PPO plans

We offer a wide selection of preferred provider organization (PPO) plans to meet your client's specific needs. Our PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO-contracted provider.

## High-deductible health plans

These plans are compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses. They can simply check to see if their financial institution has an HSA. Members with this plan option can choose a financial institution that offers HSA accounts to get the tax advantages.

## Metallic levels

- Gold plans typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- Silver plans sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- Bronze plans provide a little less coverage – about 60 percent of the total average cost of care.

# Life's *better* in the network

Health happens, whether your clients' employees are at home or on the road. We want to make sure they stay covered, no matter where they go. So, we've made it easy for their employees to find in-network coverage.

## All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

## In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may balance bill members the difference between the maximum plan allowance and their billed charges. See page eight for network specifics.

Inside Alaska, members can see any professional provider and receive the in-network benefit level. However, out-of-network providers can balance bill. Members receive the best benefit by seeing First Choice PPO providers in Alaska.

For in-network hospital care in the Anchorage area, members must visit the hospital covered by their network. Outside the Anchorage area, members can use any hospital for in-network coverage – however, out-of-network hospitals can balance bill.

## 2020 provider networks

Employers can choose the networks that fit their employees needs.

### Endeavor Select

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area. Members can see First Choice PPO panel providers in Alaska for in-network care.

### PHCS Network outside Alaska

For care outside Alaska, members can see providers in the PHCS Network for in-network care. It is the largest PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals to choose from. PHCS Network gives members plenty of choice and lower out-of-pocket costs.

## Pioneer Network

(new option for residents in the Kenai Peninsula, Anchorage and Mat-Su Boroughs)

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

- **Tier One** – Includes: Central Peninsula Hospital, Alaska Regional Hospital and Mat-Su Regional Medical Center. Visit [modahealth.com](http://modahealth.com) to see a list of Tier One providers.
- **Tier Two** – It includes the First Choice 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. Members receive the best benefit by using Tier One providers.

## First Health Network outside Alaska

Services received outside Alaska are covered at the Tier One benefit level for urgent and emergency care through providers in the First Health Network.



# Expect *quality* pharmacy benefits

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

## Medication tiers offer ways to save

All Moda Health medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amount, check the plan benefit tables in this brochure. Members can visit [modahealth.com/pdl](http://modahealth.com/pdl) and choose "Small group" to search medications and find out their medication tiers and their costs.

### Value tier medications

Commonly prescribed medications for chronic medical conditions that are safe, effective and more affordable compared to alternative medications.

### Select tier medications

Generic medications that are safe and effective and represent the most cost-effective option within their category, and certain brand medications that are both clinically favorable and cost-effective.

### Preferred tier medications

Preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

### Non-preferred tier medications:

Non-preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under value, select and/or preferred medication tiers.

### Preferred specialty tier medications:

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.

### Non-preferred specialty tier medications

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

## Our pharmacy network

In-network pharmacies are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

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

For specialty pharmacy needs, we connect members with our exclusive specialty pharmacy provider.

## Find an in-network pharmacy

Members can visit [modahealth.com](http://modahealth.com) and use Find Care. Choose the MedImpact pharmacy network to see what's nearby.



# 2020 Medical plan benefit table

|  | Endeavor Select Gold 500      |                            | Endeavor Select Gold 1000     |                            | Endeavor Select Gold 1500     |                            | Endeavor Select Gold 2000     |                            |
|--|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|
|  | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays |
| <b>Calendar year costs</b>                         |                               |                            |                               |                            |                               |                            |                               |                            |
| Deductible per person                              | \$500                         | \$1,500                    | \$1,000                       | \$3,000                    | \$1,500                       | \$4,500                    | \$2,000                       | \$6,000                    |
| Deductible per family                              | \$1,000                       | \$3,000                    | \$2,000                       | \$6,000                    | \$3,000                       | \$9,000                    | \$4,000                       | \$12,000                   |
| Out-of-pocket max per person                       | \$7,500                       | \$22,500                   | \$7,500                       | \$22,500                   | \$7,500                       | \$22,500                   | \$7,500                       | \$22,500                   |
| Out-of-pocket max per family                       | \$15,000                      | \$45,000                   | \$15,000                      | \$45,000                   | \$15,000                      | \$45,000                   | \$15,000                      | \$45,000                   |
| <b>Care &amp; services</b>                         |                               |                            |                               |                            |                               |                            |                               |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       |
| Primary care provider (PCP) visit                  | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       |
| Specialist visit                                   | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       |
| Urgent care visit                                  | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       |
| Virtual care visit                                 | \$15/visit                    | 50% after deductible       | \$15/visit                    | 50% after deductible       | \$15/visit                    | 50% after deductible       | \$15/visit                    | 50% after deductible       |
| Outpatient diagnostic X-ray & lab                  | 20%                           | 50% after deductible       | 20%                           | 50% after deductible       | 20%                           | 50% after deductible       | 20%                           | 50% after deductible       |
| Emergency room visit                               | \$250/20%/visit               | \$250/20%/visit            | \$250/20%/visit               | \$250/20%/visit            | \$250/20%/visit               | \$250/20%/visit            | \$250/20%/visit               | \$250/20%/visit            |
| Ambulance  | 20% after deductible          | 20% after deductible       | 20% after deductible          | 20% after deductible       | 20% after deductible          | 20% after deductible       | 20% after deductible          | 20% after deductible       |
| Inpatient/outpatient care                          | 20% after deductible          | 50% after deductible       | 20% after deductible          | 50% after deductible       | 20% after deductible          | 50% after deductible       | 20% after deductible          | 50% after deductible       |
| Outpatient mental health/chemical dependency visit | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       |
| Physical, speech or occupational therapy visit     | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       | \$50/visit                    | 50% after deductible       |
| Acupuncture and spinal manipulation services       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       | \$25/visit                    | 50% after deductible       |
| Embedded pediatric dental                          | Yes                           | Yes                        | Yes                           | Yes                        | Yes                           | Yes                        | Yes                           | Yes                        |
| Pediatric vision exam                              | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        |
| Pediatric vision hardware                          | 0%                            | 50%                        | 0%                            | 50%                        | 0%                            | 50%                        | 0%                            | 50%                        |
| <b>Prescription medications<sup>2</sup></b>        |                               |                            |                               |                            |                               |                            |                               |                            |
| Value  | \$2                           | \$2                        | \$2                           | \$2                        | \$2                           | \$2                        | \$2                           | \$2                        |
| Select   | \$20                          | \$20                       | \$20                          | \$20                       | \$20                          | \$20                       | \$20                          | \$20                       |
| Preferred  | \$40                          | \$40                       | \$40                          | \$40                       | \$40                          | \$40                       | \$40                          | \$40                       |
| Non-Preferred                                      | 45%                           | 45%                        | 45%                           | 45%                        | 45%                           | 45%                        | 45%                           | 45%                        |
| Preferred Specialty                                | 35%                           | Not covered                | 35%                           | Not covered                | 35%                           | Not covered                | 35%                           | Not covered                |
| Non-Preferred Specialty                            | 45%                           | Not covered                | 45%                           | Not covered                | 45%                           | Not covered                | 45%                           | Not covered                |
| <b>Features</b>                                    |                               |                            |                               |                            |                               |                            |                               |                            |
| Metallic level                                     | ● Gold                        |                            | ● Gold                        |                            | ● Gold                        |                            | ● Gold                        |                            |
| Exchange   | Out                           |                            | Out                           |                            | Out                           |                            | Out                           |                            |
| Medicare Part D creditable                         | Yes                           |                            | Yes                           |                            | Yes                           |                            | Yes                           |                            |
| Service area                                       | Statewide                     |                            | Statewide                     |                            | Statewide                     |                            | Statewide                     |                            |
| Network  | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            |

1 Preventive care required under the Affordable Care Act  
2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.  
3 This plan includes mandated hearing. For more details contact your sales and service representative.

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.

# 2020 Medical plan benefit table

|  | Pioneer Gold 750                               |                           |                           | Pioneer Gold 1500                              |                           |                           |
|--|--|---------------------------|---------------------------|--|---------------------------|---------------------------|
|  | Tier 1 member pays                             | Tier 2 member pays        | Tier 3 member pays        | Tier 1 member pays                             | Tier 2 member pays        | Tier 3 member pays        |
| <b>Calendar year costs</b>                         |  |                           |                           |  |                           |                           |
| Deductible per person                              | \$750  | \$1,500                   | \$4,500                   | \$1,500  | \$3,000                   | \$9,000                   |
| Deductible per family                              | \$1,500  | \$3,000                   | \$9,000                   | \$3,000  | \$6,000                   | \$18,000                  |
| Out-of-pocket max per person                       | \$5,000  | \$6,000                   | \$18,000                  | \$5,000  | \$6,000                   | \$18,000                  |
| Out-of-pocket max per family                       | \$10,000                                       | \$12,000                  | \$36,000                  | \$10,000                                       | \$12,000                  | \$36,000                  |
| <b>Care &amp; services</b>                         |  |                           |                           |  |                           |                           |
| Preventive care visit <sup>1</sup>                 | \$0/visit                                      | \$0/visit                 | 50% after deductible      | \$0/visit                                      | \$0/visit                 | 60% after deductible      |
| Primary care provider (PCP) office visit           | \$20/visit                                     | 40% after deductible      | 60% after deductible      | \$20/visit                                     | 40% after deductible      | 60% after deductible      |
| Specialist office visit                            | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Urgent care visit                                  | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Virtual care visit                                 | \$10/visit                                     | 40% after deductible      | 60% after deductible      | \$10/visit                                     | 40% after deductible      | 60% after deductible      |
| Outpatient diagnostic X-ray & lab                  | 20% after deductible                           | 35% after deductible      | 50% after deductible      | 20% after deductible                           | 40% after deductible      | 60% after deductible      |
| Emergency room visit                               | \$250/20%/visit                                | \$250/20%/visit           | \$250/20%/visit           | \$250/20%/visit                                | \$250/20%/visit           | \$250/20%/visit           |
| Ambulance  | \$25/20% after deductible                      | \$25/20% after deductible | \$25/20% after deductible | \$25/20% after deductible                      | \$25/20% after deductible | \$25/20% after deductible |
| Inpatient/outpatient Care                          | 20% after deductible                           | 40% after deductible      | 60% after deductible      | 20% after deductible                           | 40% after deductible      | 60% after deductible      |
| Outpatient mental health/chemical dependency visit | \$20/visit                                     | 40% after deductible      | 60% after deductible      | \$20/visit                                     | 40% after deductible      | 60% after deductible      |
| Physical, speech or occupational therapy visit     | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Acupuncture and spinal manipulation services       | \$20/visit                                     | 35% after deductible      | 50% after deductible      | \$20/visit                                     | 40% after deductible      | 60% after deductible      |
| Embedded pediatric dental                          | Yes  | Yes                       | Yes                       | Yes  | Yes                       | Yes                       |
| Pediatric vision exam                              | \$0/visit                                      | \$0/visit                 | 50%                       | \$0/visit                                      | \$0/visit                 | 50%                       |
| Pediatric vision hardware                          | 0%   | 0%                        | 50%                       | 0%   | 0%                        | 50%                       |
| <b>Prescription medications<sup>2</sup></b>        |  |                           |                           |  |                           |                           |
| Value  | \$2  | \$2                       | \$2                       | \$2  | \$2                       | \$2                       |
| Select   | \$15   | \$15                      | \$15                      | \$15   | \$15                      | \$15                      |
| Preferred  | \$30   | \$30                      | \$30                      | \$30   | \$30                      | \$30                      |
| Non-Preferred                                      | 45%  | 45%                       | 45%                       | 45%  | 45%                       | 45%                       |
| Preferred Specialty                                | 35%  | 35%                       | Not covered               | 35%  | 35%                       | Not covered               |
| Non-Preferred Specialty                            | 45% after deductible                           | 45% after deductible      | Not covered               | 45% after deductible                           | 45% after deductible      | Not covered               |
| <b>Features</b>                                    |  |                           |                           |  |                           |                           |
| Metallic level                                     | ● Gold   |                           |                           | ● Gold   |                           |                           |
| Exchange   | Out  |                           |                           | Out  |                           |                           |
| Medicare Part D creditable                         | Yes  |                           |                           | Yes  |                           |                           |
| Service area                                       | Kenai Peninsula, Anchorage and Mat-Su boroughs |                           |                           | Kenai Peninsula, Anchorage and Mat-Su boroughs |                           |                           |
| Network  | Pioneer/MedImpact                              |                           |                           | Pioneer/MedImpact                              |                           |                           |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision                  |                           |                           | Includes adult hearing/vision                  |                           |                           |

1 Preventive care required under the Affordable Care Act  
2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.  
3 This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table 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.

# 2020 Medical plan benefit table

|  | Endeavor Select Silver 2500   |                            | Endeavor Select Silver 3000   |                            | Endeavor Select Silver 4000   |                            |
|--|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|
|  | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays |
| <b>Calendar year costs</b>                         |                               |                            |                               |                            |                               |                            |
| Deductible per person                              | \$2,500                       | \$7,500                    | \$3,000                       | \$9,000                    | \$4,000                       | \$12,000                   |
| Deductible per family                              | \$5,000                       | \$15,000                   | \$6,000                       | \$18,000                   | \$8,000                       | \$24,000                   |
| Out-of-pocket max per person                       | \$8,150                       | \$24,450                   | \$8,150                       | \$24,450                   | \$8,150                       | \$24,450                   |
| Out-of-pocket max per family                       | \$16,300                      | \$48,900                   | \$16,300                      | \$48,900                   | \$16,300                      | \$48,900                   |
| <b>Care &amp; services</b>                         |                               |                            |                               |                            |                               |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       |
| Primary care provider (PCP) visit                  | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       |
| Specialist visit                                   | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       |
| Urgent care visit                                  | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       |
| Virtual care visit                                 | \$30/visit                    | 50% after deductible       | \$30/visit                    | 50% after deductible       | \$30/visit                    | 50% after deductible       |
| Outpatient diagnostic X-ray & lab                  | 40%                           | 50% after deductible       | 40%                           | 50% after deductible       | 40%                           | 50% after deductible       |
| Emergency room visit                               | \$250/40% after deductible    | \$250/40% after deductible | \$250/40% after deductible    | \$250/40% after deductible | \$250/40% after deductible    | \$250/40% after deductible |
| Ambulance  | 40% after deductible          | 40% after deductible       | 40% after deductible          | 40% after deductible       | 40% after deductible          | 40% after deductible       |
| Inpatient/outpatient care                          | 40% after deductible          | 50% after deductible       | 40% after deductible          | 50% after deductible       | 40% after deductible          | 50% after deductible       |
| Outpatient mental health/chemical dependency visit | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       |
| Physical, speech or occupational therapy visit     | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$80/visit                    | 50% after deductible       |
| Acupuncture and spinal manipulation services       | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$40/visit                    | 50% after deductible       |
| Embedded pediatric dental                          | Yes                           | Yes                        | Yes                           | Yes                        | Yes                           | Yes                        |
| Pediatric vision exam                              | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        |
| Pediatric vision hardware                          | 0%                            | 50%                        | 0%                            | 50%                        | 0%                            | 50%                        |
| <b>Prescription medications<sup>2</sup></b>        |                               |                            |                               |                            |                               |                            |
| Value  | \$2                           | \$2                        | \$2                           | \$2                        | \$2                           | \$2                        |
| Select   | \$40                          | \$40                       | \$40                          | \$40                       | \$40                          | \$40                       |
| Preferred  | \$80                          | \$80                       | \$80                          | \$80                       | \$80                          | \$80                       |
| Non-Preferred                                      | 45%                           | 45%                        | 45%                           | 45%                        | 45%                           | 45%                        |
| Preferred Specialty                                | 35%                           | Not covered                | 35%                           | Not covered                | 35%                           | Not covered                |
| Non-Preferred Specialty                            | 45%                           | Not covered                | 45%                           | Not covered                | 45%                           | Not covered                |
| <b>Features</b>                                    |                               |                            |                               |                            |                               |                            |
| Metallic level                                     | ● Silver                      |                            | ● Silver                      |                            | ● Silver                      |                            |
| Exchange   | Out                           |                            | Out                           |                            | Out                           |                            |
| Medicare Part D creditable                         | Yes                           |                            | Yes                           |                            | Yes                           |                            |
| Service area                                       | Statewide                     |                            | Statewide                     |                            | Statewide                     |                            |
| Network  | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            |

- 1 Preventive care required under the Affordable Care Act
- 2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
- 3 This plan includes mandated hearing. For more details contact your sales and service representative.

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.





# 2020 Medical plan benefit table

|  | Pioneer Silver 2500                            |                           |                           | Pioneer Silver 4000                            |                           |                           |
|--|--|---------------------------|---------------------------|--|---------------------------|---------------------------|
|  | Tier 1 member pays                             | Tier 2 member pays        | Tier 3 member pays        | Tier 1 member pays                             | Tier 2 member pays        | Tier 3 member pays        |
| <b>Calendar year costs</b>                         |  |                           |                           |  |                           |                           |
| Deductible per person                              | \$2,500  | \$5,000                   | \$15,000                  | \$4,000  | \$5,000                   | \$15,000                  |
| Deductible per family                              | \$5,000  | \$10,000                  | \$30,000                  | \$8,000  | \$10,000                  | \$30,000                  |
| Out-of-pocket max per person                       | \$8,150  | \$8,150                   | \$24,450                  | \$8,150  | \$8,150                   | \$24,450                  |
| Out-of-pocket max per family                       | \$16,300                                       | \$16,300                  | \$48,900                  | \$16,300                                       | \$16,300                  | \$48,900                  |
| <b>Care &amp; services</b>                         |  |                           |                           |  |                           |                           |
| Preventive care visit <sup>1</sup>                 | \$0/visit                                      | \$0/visit                 | 60% after deductible      | \$0/visit                                      | \$0/visit                 | 60% after deductible      |
| Primary care provider (PCP) office visit           | \$25/visit                                     | 40% after deductible      | 60% after deductible      | \$25/visit                                     | 40% after deductible      | 60% after deductible      |
| Specialist office visit                            | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Urgent care visit                                  | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Virtual care visit                                 | \$15/visit                                     | 40% after deductible      | 60% after deductible      | \$15/visit                                     | 40% after deductible      | 60% after deductible      |
| Outpatient diagnostic X-ray & lab                  | 25% after deductible                           | 40% after deductible      | 60% after deductible      | 25% after deductible                           | 40% after deductible      | 60% after deductible      |
| Emergency room visit                               | \$250/25%/visit                                | \$250/25%/visit           | \$250/25%/visit           | \$250/25%/visit                                | \$250/25%/visit           | \$250/25%/visit           |
| Ambulance  | \$25/25% after deductible                      | \$25/25% after deductible | \$25/25% after deductible | \$25/25% after deductible                      | \$25/25% after deductible | \$25/25% after deductible |
| Inpatient/outpatient Care                          | 25% after deductible                           | 40% after deductible      | 60% after deductible      | 25% after deductible                           | 40% after deductible      | 60% after deductible      |
| Outpatient mental health/chemical dependency visit | \$25/visit                                     | 40% after deductible      | 60% after deductible      | \$25/visit                                     | 40% after deductible      | 60% after deductible      |
| Physical, speech or occupational therapy visit     | \$50/visit                                     | 40% after deductible      | 60% after deductible      | \$50/visit                                     | 40% after deductible      | 60% after deductible      |
| Acupuncture and spinal manipulation services       | \$25/visit                                     | 40% after deductible      | 60% after deductible      | \$25/visit                                     | 40% after deductible      | 60% after deductible      |
| Embedded pediatric dental                          | Yes  | Yes                       | Yes                       | Yes  | Yes                       | Yes                       |
| Pediatric vision exam                              | \$0/visit                                      | \$0/visit                 | 50%                       | \$0/visit                                      | \$0/visit                 | 50%                       |
| Pediatric vision hardware                          | 0%   | 0%                        | 50%                       | 0%   | 0%                        | 50%                       |
| <b>Prescription medications<sup>2</sup></b>        |  |                           |                           |  |                           |                           |
| Value  | \$2  | \$2                       | \$2                       | \$2  | \$2                       | \$2                       |
| Select   | \$25   | \$25                      | \$25                      | \$25   | \$25                      | \$25                      |
| Preferred  | \$65   | \$65                      | \$65                      | \$65   | \$65                      | \$65                      |
| Non-Preferred                                      | 45% after deductible                           | 45% after deductible      | 45% after deductible      | 45% after deductible                           | 45% after deductible      | 45% after deductible      |
| Preferred Specialty                                | 35% after deductible                           | 35% after deductible      | Not covered               | 35% after deductible                           | 35% after deductible      | Not covered               |
| Non-Preferred Specialty                            | 45% after deductible                           | 45% after deductible      | Not covered               | 45% after deductible                           | 45% after deductible      | Not covered               |
| <b>Features</b>                                    |  |                           |                           |  |                           |                           |
| Metallic level                                     | ● Silver                                       |                           |                           | ● Silver                                       |                           |                           |
| Exchange   | Out  |                           |                           | Out  |                           |                           |
| Medicare Part D creditable                         | Yes  |                           |                           | Yes  |                           |                           |
| Service area                                       | Kenai Peninsula, Anchorage and Mat-Su boroughs |                           |                           | Kenai Peninsula, Anchorage and Mat-Su boroughs |                           |                           |
| Network  | Pioneer/MedImpact                              |                           |                           | Pioneer/MedImpact                              |                           |                           |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision                  |                           |                           | Includes adult hearing/vision                  |                           |                           |

1 Preventive care required under the Affordable Care Act  
2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.  
3 This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table 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.

# 2020 Medical plan benefit table

|  | Endeavor Select Bronze 4000   |                            | Endeavor Select Bronze 5000   |                            | Endeavor Select Bronze 5500   |                            | Endeavor Select Bronze 8150   |                            |
|--|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|-------------------------------|----------------------------|
|  | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays | In-network member pays        | Out-of-network member pays |
| <b>Calendar year costs</b>                         |                               |                            |                               |                            |                               |                            |                               |                            |
| Deductible per person                              | \$4,000                       | \$12,000                   | \$5,000                       | \$15,000                   | \$5,500                       | \$16,500                   | \$8,150                       | \$24,450                   |
| Deductible per family                              | \$8,000                       | \$24,000                   | \$10,000                      | \$30,000                   | \$11,000                      | \$33,000                   | \$16,300                      | \$48,900                   |
| Out-of-pocket max per person                       | \$8,150                       | \$24,450                   | \$8,150                       | \$24,450                   | \$8,150                       | \$24,450                   | \$8,150                       | \$24,450                   |
| Out-of-pocket max per family                       | \$16,300                      | \$48,900                   | \$16,300                      | \$48,900                   | \$16,300                      | \$48,900                   | \$16,300                      | \$48,900                   |
| <b>Care &amp; services</b>                         |                               |                            |                               |                            |                               |                            |                               |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       | \$0/visit                     | 50% after deductible       | \$0/visit                     | 0% after deductible        |
| Primary care provider (PCP) visit                  | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$75/visit                    | 0% after deductible        |
| Specialist visit                                   | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$120/visit                   | 0% after deductible        |
| Urgent care visit                                  | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$120/visit                   | 0% after deductible        |
| Virtual care visit                                 | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$30/visit                    | 50% after deductible       | \$65/visit                    | 0% after deductible        |
| Outpatient diagnostic X-ray & lab                  | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | 40% after deductible          | 50% after deductible       | 0% after deductible           | 0% after deductible        |
| Emergency room visit                               | \$250/50% after deductible    | \$250/50% after deductible | \$250/50% after deductible    | \$250/50% after deductible | \$250/40% after deductible    | \$250/40% after deductible | \$250/0% after deductible     | \$250/0% after deductible  |
| Ambulance  | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | 40% after deductible          | 40% after deductible       | 0% after deductible           | 0% after deductible        |
| Inpatient/outpatient care                          | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | 40% after deductible          | 50% after deductible       | 0% after deductible           | 0% after deductible        |
| Outpatient mental health/chemical dependency visit | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$75/visit                    | 0% after deductible        |
| Physical, speech or occupational therapy visit     | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$80/visit                    | 50% after deductible       | \$120/visit                   | 0% after deductible        |
| Acupuncture and spinal manipulation services       | 50% after deductible          | 50% after deductible       | 50% after deductible          | 50% after deductible       | \$40/visit                    | 50% after deductible       | \$75/visit                    | 0% after deductible        |
| Embedded pediatric dental                          | Yes                           | Yes                        | Yes                           | Yes                        | Yes                           | Yes                        | Yes                           | Yes                        |
| Pediatric vision exam                              | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        | \$0/visit                     | 50%                        | 0%                            | 0%                         |
| Pediatric vision hardware                          | 0%                            | 50%                        | 0%                            | 50%                        | 0%                            | 50%                        | 0%                            | 0%                         |
| <b>Prescription medications<sup>2</sup></b>        |                               |                            |                               |                            |                               |                            |                               |                            |
| Value  | \$2                           | \$2                        | \$2                           | \$2                        | \$2                           | \$2                        | \$2                           | \$2                        |
| Select   | \$40                          | \$40                       | \$40                          | \$40                       | \$40                          | \$40                       | \$40                          | \$40                       |
| Preferred  | 35% after deductible          | 35% after deductible       | 35% after deductible          | 35% after deductible       | 40% after deductible          | 40% after deductible       | 0% after deductible           | 0% after deductible        |
| Non-Preferred                                      | 45% after deductible          | 45% after deductible       | 45% after deductible          | 45% after deductible       | 40% after deductible          | 40% after deductible       | 0% after deductible           | 0% after deductible        |
| Preferred Specialty                                | 35% after deductible          | Not covered                | 35% after deductible          | Not covered                | 40% after deductible          | Not covered                | 0% after deductible           | Not covered                |
| Non-Preferred Specialty                            | 45% after deductible          | Not covered                | 45% after deductible          | Not covered                | 40% after deductible          | Not covered                | 0% after deductible           | Not covered                |
| <b>Features</b>                                    |                               |                            |                               |                            |                               |                            |                               |                            |
| Metallic level                                     | ● Bronze                      |                            | ● Bronze                      |                            | ● Bronze                      |                            | ● Bronze                      |                            |
| Exchange   | Out                           |                            | Out                           |                            | Out                           |                            | Out                           |                            |
| Medicare Part D creditable                         | No                            |                            | No                            |                            | No                            |                            | No                            |                            |
| Service area                                       | Statewide                     |                            | Statewide                     |                            | Statewide                     |                            | Statewide                     |                            |
| Network  | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            | Endeavor Select/MedImpact     |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            | Includes adult hearing/vision |                            |

1 Preventive care required under the Affordable Care Act  
2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.  
3 Endeavor Select Bronze 4000/5000 plans include mandated hearing and vision. Endeavor Select Bronze 5500/8150 plans include mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table 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.



# 2020 Medical plan benefit table

|  | Pioneer Bronze 6500                            |                            |                            |
|--|--|----------------------------|----------------------------|
|  | Tier 1 member pays                             | Tier 2 member pays         | Tier 3 member pays         |
| <b>Calendar year costs</b>                         |  |                            |                            |
| Deductible per person                              | \$6,500  | \$6,500                    | \$19,500                   |
| Deductible per family                              | \$13,000                                       | \$13,000                   | \$39,000                   |
| Out-of-pocket max per person                       | \$8,150  | \$8,150                    | \$24,450                   |
| Out-of-pocket max per family                       | \$16,300                                       | \$16,300                   | \$48,900                   |
| <b>Care &amp; services</b>                         |  |                            |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                                      | \$0/visit                  | 60% after deductible       |
| Primary care provider (PCP) office visit           | \$30/visit                                     | 40% after deductible       | 60% after deductible       |
| Specialist office visit                            | \$60/visit                                     | 40% after deductible       | 60% after deductible       |
| Urgent care visit                                  | \$60/visit                                     | 40% after deductible       | 60% after deductible       |
| Virtual care visit                                 | \$20/visit                                     | 40% after deductible       | 60% after deductible       |
| Outpatient diagnostic X-ray & lab                  | 30% after deductible                           | 50% after deductible       | 60% after deductible       |
| Emergency room visit                               | \$250/30% after deductible                     | \$250/30% after deductible | \$250/30% after deductible |
| Ambulance  | \$25/30% after deductible                      | \$25/30% after deductible  | \$25/30% after deductible  |
| Inpatient/outpatient Care                          | 30% after deductible                           | 40% after deductible       | 60% after deductible       |
| Outpatient mental health/chemical dependency visit | \$30/visit                                     | 40% after deductible       | 60% after deductible       |
| Physical, speech or occupational therapy visit     | \$60/visit                                     | 40% after deductible       | 60% after deductible       |
| Acupuncture and spinal manipulation services       | \$30 after deductible                          | 50% after deductible       | 60% after deductible       |
| Embedded pediatric dental                          | Yes  | Yes                        | Yes                        |
| Pediatric vision exam                              | \$0/visit                                      | \$0/visit                  | 50%                        |
| Pediatric vision hardware                          | 0%   | 0%                         | 50%                        |
| <b>Prescription medications<sup>2</sup></b>        |  |                            |                            |
| Value  | \$2  | \$2                        | \$2                        |
| Select   | \$25   | \$25                       | \$25                       |
| Preferred  | 30% after deductible                           | 30% after deductible       | 30% after deductible       |
| Non-Preferred                                      | 45% after deductible                           | 45% after deductible       | 45% after deductible       |
| Preferred Specialty                                | 35% after deductible                           | 35% after deductible       | Not covered                |
| Non-Preferred Specialty                            | 45% after deductible                           | 45% after deductible       | Not covered                |
| <b>Features</b>                                    |  |                            |                            |
| Metallic level                                     | ● Bronze                                       |                            |                            |
| Exchange   | Out  |                            |                            |
| Medicare Part D creditable                         | No   |                            |                            |
| Service area                                       | Kenai Peninsula, Anchorage and Mat-Su boroughs |                            |                            |
| Network  | Pioneer/MedImpact                              |                            |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing/vision                  |                            |                            |

<sup>1</sup> Preventive care required under the Affordable Care Act

<sup>2</sup> 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

<sup>3</sup> This plan includes mandated hearing and vision. For more details contact your sales and service representative.

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# Tax advantages with an HDHP

Our health savings account (HSA)-compatible, high-deductible PPO health plans (HDHP) give members flexibility and choice. Members have the freedom to choose any financial institution for their HSA. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

## Calendar year costs

### Deductible

If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the total family deductible before benefits are payable.

### Out-of-pocket maximum

After members meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent of covered care for the remainder of the year. If their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

## Eligibility

When clients offer a Moda Health HDHP, any of their eligible employees can enroll, even if they do not have an HSA.

To be eligible to participate in an HSA, members must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP. See these plans on page 23-25
- Not be covered under another non-HSA-compatible medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

# 2020 Medical HDHP plan benefit table

|  | Endeavor Select Silver HDHP 2000 |                            | Endeavor Select Silver HDHP 2500 |                            |
|--|----------------------------------|----------------------------|----------------------------------|----------------------------|
|  | In-network member pays           | Out-of-network member pays | In-network member pays           | Out-of-network member pays |
| <b>Calendar year costs</b>                         |                                  |                            |                                  |                            |
| Deductible for subscriber only                     | \$2,000                          | \$6,000                    | \$2,500                          | \$7,500                    |
| Deductible for two or more enrollees               | \$4,000                          | \$12,000                   | \$5,000                          | \$15,000                   |
| Out-of-pocket max per person                       | \$6,000                          | \$18,000                   | \$6,000                          | \$18,000                   |
| Out-of-pocket max per family                       | \$12,000                         | \$36,000                   | \$12,000                         | \$36,000                   |
| <b>Care &amp; services</b>                         |                                  |                            |                                  |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                        | 50% after deductible       | \$0/visit                        | 50% after deductible       |
| Primary care provider (PCP) office visit           | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Specialist office visit                            | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Urgent care visit                                  | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Virtual care visit                                 | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Outpatient diagnostic X-ray & lab                  | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Emergency room visit                               | 30% after deductible             | 30% after deductible       | 30% after deductible             | 30% after deductible       |
| Ambulance  | 30% after deductible             | 30% after deductible       | 30% after deductible             | 30% after deductible       |
| Inpatient/outpatient Care                          | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Outpatient mental health/chemical dependency visit | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Physical, speech or occupational therapy visit     | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Acupuncture and spinal manipulation services       | 30% after deductible             | 50% after deductible       | 30% after deductible             | 50% after deductible       |
| Embedded pediatric dental                          | Yes                              | Yes                        | Yes                              | Yes                        |
| Pediatric vision exam                              | 0% after deductible              | 50%                        | 0% after deductible              | 50%                        |
| Pediatric vision hardware                          | 0% after deductible              | 50%                        | 0% after deductible              | 50%                        |
| <b>Prescription medications<sup>2</sup></b>        |                                  |                            |                                  |                            |
| Value  | \$2                              | \$2                        | \$2                              | \$2                        |
| Select   | 30% after deductible             | 30% after deductible       | 30% after deductible             | 30% after deductible       |
| Preferred  | 30% after deductible             | 30% after deductible       | 30% after deductible             | 30% after deductible       |
| Non-Preferred                                      | 45% after deductible             | 45% after deductible       | 45% after deductible             | 45% after deductible       |
| Preferred Specialty                                | 35% after deductible             | Not covered                | 35% after deductible             | Not covered                |
| Non-Preferred Specialty                            | 45% after deductible             | Not covered                | 45% after deductible             | Not covered                |
| <b>Features</b>                                    |                                  |                            |                                  |                            |
| Metallic level                                     | ● Silver                         |                            | ● Silver                         |                            |
| Exchange   | Out                              |                            | Out                              |                            |
| Medicare Part D creditable                         | No                               |                            | No                               |                            |
| Service area                                       | Statewide                        |                            | Statewide                        |                            |
| Network  | Endeavor Select/MedImpact        |                            | Endeavor Select/MedImpact        |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing           |                            | Includes adult hearing           |                            |

<sup>1</sup> Preventive care required under the Affordable Care Act  
<sup>2</sup> 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.  
<sup>3</sup> This plan includes mandated hearing. For more details contact your sales and service representative.

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# 2020 Medical HDHP plan benefit table

|  | Endeavor Select Bronze HDHP 3300 |                            | Endeavor Select Bronze HDHP 5000 |                            | Endeavor Select Bronze HDHP 6900 |                            |
|--|----------------------------------|----------------------------|----------------------------------|----------------------------|----------------------------------|----------------------------|
|  | In-network member pays           | Out-of-network member pays | In-network member pays           | Out-of-network member pays | In-network member pays           | Out-of-network member pays |
| <b>Calendar year costs</b>                         |                                  |                            |                                  |                            |                                  |                            |
| Deductible per person                              | \$3,300                          | \$9,900                    | \$5,000                          | \$15,000                   | \$6,900                          | \$20,700                   |
| Deductible per family                              | \$6,600                          | \$19,800                   | \$10,000                         | \$30,000                   | \$13,800                         | \$41,400                   |
| Out-of-pocket max per person                       | \$6,900                          | \$20,700                   | \$6,900                          | \$20,700                   | \$6,900                          | \$20,700                   |
| Out-of-pocket max per family                       | \$13,800                         | \$41,400                   | \$13,800                         | \$41,400                   | \$13,800                         | \$41,400                   |
| <b>Care &amp; services</b>                         |                                  |                            |                                  |                            |                                  |                            |
| Preventive care visit <sup>1</sup>                 | \$0/visit                        | 50% after deductible       | \$0/visit                        | 50% after deductible       | \$0/visit                        | 0% after deductible        |
| Primary care provider (PCP) visit                  | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Specialist visit                                   | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Urgent care visit                                  | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Virtual care visit                                 | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Outpatient diagnostic X-ray & lab                  | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Emergency room visit                               | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Ambulance  | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Inpatient/outpatient care                          | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Outpatient mental health/chemical dependency visit | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Physical, speech or occupational therapy visit     | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Acupuncture and spinal manipulation services       | 50% after deductible             | 50% after deductible       | 50% after deductible             | 50% after deductible       | 0% after deductible              | 0% after deductible        |
| Embedded pediatric dental                          | Yes                              | Yes                        | Yes                              | Yes                        | Yes                              | Yes                        |
| Pediatric vision exam                              | 0% after deductible              | 50%                        | 0% after deductible              | 50%                        | 0% after deductible              | 0%                         |
| Pediatric vision hardware                          | 0% after deductible              | 50%                        | 0% after deductible              | 50%                        | 0% after deductible              | 0%                         |
| <b>Prescription medications<sup>2</sup></b>        |                                  |                            |                                  |                            |                                  |                            |
| Value  | \$2                              | \$2                        | \$2                              | \$2                        | \$2                              | \$2                        |
| Select   | 45% after deductible             | 45% after deductible       | 45% after deductible             | 45% after deductible       | 0% after deductible              | 0% after deductible        |
| Preferred  | 45% after deductible             | 45% after deductible       | 45% after deductible             | 45% after deductible       | 0% after deductible              | 0% after deductible        |
| Non-Preferred                                      | 45% after deductible             | 45% after deductible       | 45% after deductible             | 45% after deductible       | 0% after deductible              | 0% after deductible        |
| Preferred Specialty                                | 45% after deductible             | Not covered                | 45% after deductible             | Not covered                | 0% after deductible              | Not covered                |
| Non-Preferred Specialty                            | 45% after deductible             | Not covered                | 50% after deductible             | Not covered                | 0% after deductible              | Not covered                |
| <b>Features</b>                                    |                                  |                            |                                  |                            |                                  |                            |
| Metallic level                                     | ● Bronze                         |                            | ● Bronze                         |                            | ● Bronze                         |                            |
| Exchange   | Out                              |                            | Out                              |                            | Out                              |                            |
| Medicare Part D creditable                         | No                               |                            | No                               |                            | No                               |                            |
| Service area                                       | Statewide                        |                            | Statewide                        |                            | Statewide                        |                            |
| Network  | Endeavor Select/MedImpact        |                            | Endeavor Select/MedImpact        |                            | Endeavor Select/MedImpact        |                            |
| Additional benefits <sup>3</sup>                   | Includes adult hearing           |                            | Includes adult hearing           |                            | Includes adult hearing           |                            |

- 1 Preventive care required under the Affordable Care Act
- 2 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
- 3 This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This table 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.



## Limitations and exclusions for medical plans

These are some common limitations and exclusions for our Moda Health small group medical plans. For a full list of limitations and exclusions per plan, or for copies of plan summaries of benefits and coverage (SBCs), please call us toll-free at 888-374-8910.

### Limitations

- Acupuncture, massage therapy and spinal manipulations limited to 24 visits each per calendar year
- Authorization by Moda Health is required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- For plans with adult vision care, vision exam and lenses or contacts covered once per calendar year for members age 19 and older. One pair of frames covered every 2 years.
- Hearing aids are covered once every 3 calendar years
- Home healthcare limited to 130 visits per calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders). Limits apply separately to rehabilitation and habilitation services.
- Orthodontia limited to dependent children under ages 19 only when medically necessary
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy
- Skilled nursing facility limited to 60 days per calendar year
- Specialty medications must be obtained from a Moda-designated specialty pharmacy
- Transplants must be performed at a Center of Excellence facility to be eligible for coverage. Round-trip transportation and lodging up to \$7,500 per transplant.
- Vision exam and glasses or contacts are covered once per calendar year for members under age 19
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare had the member enrolled in Medicare, will be reduced by the amount Medicare paid or would have paid

### Exclusions

- Any expense paid in whole or in part by any other provision of the group health insurance plan provided by the client
- Any expense that results from an act of declared or undeclared war or armed aggression
- Any expense members or their dependents do not have to pay
- Care outside the United States, other than emergency or urgent care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Treatment of sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye





# Quality coverage for your *smile*

Healthy teeth are happy teeth. With our Delta Dental of Alaska small group plans, your clients' employees have access to Delta Dental, one of the largest dental networks across the nation.

## Dental benefit highlights

Our Delta Dental of Alaska plans connect members with great benefits and quality in-network dentists. Members can count on:

- Freedom to choose a dentist
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

## Dental tools

This set of online tools lets you store dental health information and share it with caregivers. The result? More coordinated and effective care.

To get started, log in to your Member Dashboard at [modahealth.com](http://modahealth.com) and look for Dental tools. Then try out tools like risk assessment quizzes and a treatment cost calculator. Use these dental tools to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower their costs

## Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or are pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screenings, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

## Delta Dental networks go where members go

Each Delta Dental of Alaska plan comes with a Delta Dental network. It includes thousands of dentists across the state, and the country.

## Dental networks

### Delta Dental Premier® Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and one of the largest dental networks across the nation. It includes over 75% of providers in Alaska and over 157,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands and the Virgin Islands.

### Delta Dental PPO<sup>SM</sup> Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 225 participating providers and offers access to over 114,000 Delta Dental PPO dentists nationwide.

## Is a dentist in-network?

To find out, members can visit [modahealth.com](http://modahealth.com) and use Find Care.



# Customize your coverage

We offer a variety of plans so your clients can find the right fit for their group. Your clients can choose from the following types of dental plans and select the coverage and price to suit their needs.

## Get more value with Delta Dental

By negotiating charges for certain services, we help members save on out-of-pocket costs.

Members with a Delta Dental PPO plan save the most when they see providers in our Delta Dental PPO Network. Those with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network.

Delta Dental Premier and PPO network dentists agree to accept our contracted fees as full payment. This means they don't balance bill – the difference between the reimbursement amount and out-of-network dentist fees. If members see providers outside the network, they may pay more for care.

## Delta Dental Premier® plans

Premier plans offer groups access to the Delta Dental Premier Network. Providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge. Employees with this plan have the freedom to choose their own dentist.

## Delta Dental PPO<sup>SM</sup> plans

These plans help groups located in Anchorage, Fairbanks North Star Borough, and the Mat-Su Borough save costs by connecting members with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.



## Delta Dental pediatric plan

Our Delta Dental Premier Radiant Smiles<sup>SM</sup> pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Employers can offer this plan to their employees even if no one enrolls right away.

## Delta Dental Premier Preventive Alaska Mandated Plan

This plan connects groups with the Delta Dental Premier Network. Members access coverage for preventive dental care services, as well as limited benefits for basic and major services. Their providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

## Voluntary plans

These Delta Dental voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100 percent by employees.

- Versatility to attract and retain staff
- 51 to 100 percent funded by employees
- Participation can be as low as 25 percent, with a minimum of 10 employees enrolled

## Questions?

Please contact your sales and service representative. See back cover for contact information.



# 2020 Dental plan benefit table

|   | Delta Dental Premier <sup>®</sup> , +2000, 100*/80/50, 50, PF <sup>1</sup><br>Delta Dental Premier <sup>®</sup> , +2500, 100*/80/50, 50, PF <sup>1</sup><br>Delta Dental Premier <sup>®</sup> , +3000, 100*/80/50, 50 PF <sup>1</sup> |                      | Delta Dental Premier <sup>®</sup> , 1000, 100*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , 1500, 100*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , 2000, 100*/80/50, 50 |                      | Delta Dental Premier <sup>®</sup> , 1000, 80*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , 1500, 80*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , 2000, 80*/80/50, 50 |                      |
|---|---|----------------------|--|----------------------|---|----------------------|
|   | What employees pay  |                      | What employees pay   |                      | What employees pay  |                      |
|   | Under age 19  | Ages 19+             | Under age 19   | Ages 19+             | Under age 19  | Ages 19+             |
| <b>Calendar year costs</b>                  |   |                      |  |                      |   |                      |
| Deductible per person/family                | \$50 per person / \$150 per family  |                      | \$50 per person / \$150 per family   |                      | \$50 per person / \$150 per family  |                      |
| Annual maximum plan payment limit (age 19+) | \$2,000   \$2,500   \$3,000<br>(option for groups 10-50 only)   |                      | \$1,000   \$1,500   \$2,000<br>(\$2,000 is an option for groups 10-50 only)  |                      | \$1,000   \$1,500   \$2,000<br>(\$2,000 is an option for groups 10-50 only)   |                      |
| Out-of-pocket maximum (under age 19)        | \$350 for one member/\$700 for two or more members  |                      | \$350 for one member/\$700 for two or more members   |                      | \$350 for one member/\$700 for two or more members  |                      |
| <b>Class 1</b>                              |   |                      |  |                      |   |                      |
| Exams and X-rays                            | 0%  | 0%                   | 0%   | 0%                   | 0%  | 20%                  |
| Cleanings                                   | 0%  | 0%                   | 0%   | 0%                   | 0%  | 20%                  |
| Periodontal maintenance                     | 0%  | 0%                   | 0%   | 0%                   | 0%  | 20%                  |
| Sealants                                    | 0%  | 0%                   | 0%   | 0%                   | 0%  | 20%                  |
| Topical fluoride                            | 0%  | 0% <sup>2</sup>      | 0%   | 0% <sup>2</sup>      | 0%  | 20% <sup>2</sup>     |
| Space maintainers                           | 0%  | Not covered          | 0%   | Not covered          | 0%  | Not covered          |
| <b>Class 2</b>                              |   |                      |  |                      |   |                      |
| Restorative fillings                        | 40% after deductible  | 20% after deductible | 40% after deductible   | 20% after deductible | 40% after deductible  | 20% after deductible |
| Oral surgery                                | 40% after deductible  | 20% after deductible | 40% after deductible   | 20% after deductible | 40% after deductible  | 20% after deductible |
| Endodontics                                 | 40% after deductible  | 20% after deductible | 40% after deductible   | 20% after deductible | 40% after deductible  | 20% after deductible |
| Periodontics                                | 40% after deductible  | 20% after deductible | 40% after deductible   | 20% after deductible | 40% after deductible  | 20% after deductible |
| <b>Class 3</b>                              |   |                      |  |                      |   |                      |
| Restorative crowns                          | 50% after deductible  | 50% after deductible | 50% after deductible   | 50% after deductible | 50% after deductible  | 50% after deductible |
| Partial and complete dentures               | 50% after deductible  | 50% after deductible | 50% after deductible   | 50% after deductible | 50% after deductible  | 50% after deductible |
| Implants                                    | 50% after deductible  | 50% after deductible | 50% after deductible   | 50% after deductible | 50% after deductible  | 50% after deductible |
| Orthodontia                                 | 50% after deductible <sup>3</sup>   | Not covered          | 50% after deductible <sup>3</sup>  | Not covered          | 50% after deductible <sup>3</sup>   | Not covered          |
| <b>Features</b>                             |   |                      |  |                      |   |                      |
| Provider network                            | Delta Dental Premier Network  |                      | Delta Dental Premier Network   |                      | Delta Dental Premier Network  |                      |
| Balance bill                                | Delta Dental Premier Network: No<br>Nonparticipating: Yes   |                      | Delta Dental Premier Network: No<br>Nonparticipating: Yes  |                      | Delta Dental Premier Network: No<br>Nonparticipating: Yes   |                      |

<sup>1</sup> The Delta Dental Premier +2,000, +2,500 and +3,000 plan includes coverage for nitrous with a 12-month exclusion period and Preventive First (only Class 2 and Class 3 services apply to the annual maximum).

<sup>2</sup> For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>3</sup> Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table 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.



# 2020 Dental plan benefit table

|   | Delta Dental PPO <sup>SM</sup> , 1000, 100*/90/50, 50<br>Delta Dental PPO <sup>SM</sup> , 1500, 100*/90/50, 50<br>Delta Dental PPO <sup>SM</sup> , 2000, 100*/90/50, 50 |                                   |  |                            | Delta Dental Premier <sup>®</sup> Radiant Smiles Plan     |             | Delta Dental Premier <sup>®</sup> Preventive Alaska Mandated Plan |                                  |
|---|---|-----------------------------------|--|----------------------------|---|-------------|---|----------------------------------|
|   | What employees pay  |                                   |  |                            | What employees pay  |             | What employees pay  |                                  |
|   | Under age 19<br>In-network  | Under age 19<br>Out-of-network    | Ages 19+<br>In-network   | Ages 19+<br>Out-of-network | Under age 19  | Ages 19+    | Under age 19  | Ages 19+                         |
| <b>Calendar year costs</b>                  |   |                                   |  |                            |   |             |   |                                  |
| Deductible per person/family                | \$50 per person / \$150 per family  |                                   |  |                            | \$50 per person / \$150 per family                        |             | \$25 per person/ \$75 per family                                  |                                  |
| Annual maximum plan payment limit (age 19+) | \$1,000   \$1,500   \$2,000<br>(\$2,000 is an option for groups 10-50 only)   |                                   |  |                            | N/A   |             | \$500 (applies to all ages)                                       |                                  |
| Out-of-pocket maximum (under age 19)        | N/A   |                                   |  |                            | \$350 for one member/\$700 for two or more members        |             | N/A   |                                  |
| <b>Class 1</b>                              |   |                                   |  |                            |   |             |   |                                  |
| Exams and X-rays                            | 0%  | 20%                               | 0%   | 10%                        | 0%  | Not covered | 0% after deductible   | 0% after deductible              |
| Cleanings                                   | 0%  | 20%                               | 0%   | 10%                        | 0%  | Not covered | 0% after deductible   | 0% after deductible              |
| Periodontal maintenance                     | 0%  | 20%                               | 0%   | 10%                        | 0%  | Not covered | 0% after deductible   | 0% after deductible              |
| Sealants                                    | 0%  | 20%                               | 0%   | 10%                        | 0%  | Not covered | 0% after deductible   | 0% after deductible              |
| Topical fluoride                            | 0%  | 20%                               | 0% <sup>1</sup>  | 10% <sup>1</sup>           | 0%  | Not covered | 0% after deductible   | 0% after deductible <sup>1</sup> |
| Space maintainers                           | 0%  | 20%                               | Not covered  | Not covered                | 0%  | Not covered | 0% after deductible   | Not covered                      |
| <b>Class 2</b>                              |   |                                   |  |                            |   |             |   |                                  |
| Restorative fillings                        | 0%  | 50% after deductible              | 10% after deductible   | 30% after deductible       | 40% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Oral surgery                                | 0%  | 50% after deductible              | 10% after deductible   | 30% after deductible       | 40% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Endodontics                                 | 0%  | 50% after deductible              | 10% after deductible   | 30% after deductible       | 40% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Periodontics                                | 0%  | 50% after deductible              | 10% after deductible   | 30% after deductible       | 40% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| <b>Class 3</b>                              |   |                                   |  |                            |   |             |   |                                  |
| Restorative crowns                          | 0%  | 50% after deductible              | 50% after deductible   | 50% after deductible       | 50% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Partial and complete dentures               | 0%  | 50% after deductible              | 50% after deductible   | 50% after deductible       | 50% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Implants                                    | 0%  | 50% after deductible              | 50% after deductible   | 50% after deductible       | 50% after deductible                                      | Not covered | 90% after deductible  | 90% after deductible             |
| Orthodontia                                 | 0% <sup>2</sup>   | 50% after deductible <sup>2</sup> | Not covered  | Not covered                | 50% after deductible <sup>2</sup>                         | Not covered | Not covered   | Not covered                      |
| <b>Features</b>                             |   |                                   |  |                            |   |             |   |                                  |
| Provider network                            | Delta Dental PPO Network  | All other providers               | Delta Dental PPO Network   | All other providers        | Delta Dental Premier Network                              |             | Delta Dental Premier Network                                      |                                  |
| Balance bill                                | Delta Dental PPO and Premier Networks: No<br>Nonparticipating: Yes  |                                   | Delta Dental PPO and Premier Networks: No<br>Nonparticipating: Yes |                            | Delta Dental Premier Network: No<br>Nonparticipating: Yes |             | Delta Dental Premier Network: No<br>Nonparticipating: Yes         |                                  |

<sup>1</sup> For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table 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.

# 2020 Dental plan benefit table

|   | Delta Dental Premier <sup>®</sup> , Voluntary, 1000, 100*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , Voluntary, 1500, 100*/80/50, 50 |                      | Delta Dental Premier <sup>®</sup> , Voluntary, 1000, 80*/80/50, 50<br>Delta Dental Premier <sup>®</sup> , Voluntary, 1500, 80*/80/50, 50 |                      | Delta Dental PPO <sup>SM</sup> , Voluntary, 1000, 100*/90/50, 50<br>Delta Dental PPO <sup>SM</sup> , Voluntary, 1500, 100*/90/50, 50 |                                   |  |                         |
|---|--|----------------------|--|----------------------|--|-----------------------------------|--|-------------------------|
|   | What employees pay   |                      | What employees pay   |                      | What employees pay   |                                   |  |                         |
|   | Under age 19   | Ages 19+             | Under age 19   | Ages 19+             | Under age 19 In-network  | Under age 19 Out-of-network       | Ages 19+ In-network  | Ages 19+ Out-of-network |
| <b>Calendar year costs</b>                  |  |                      |  |                      |  |                                   |  |                         |
| Deductible per person/family                | \$50 per person / \$150 per family   |                      | \$50 per person / \$150 per family   |                      | \$50 per person / \$150 per family   |                                   |  |                         |
| Annual maximum plan payment limit (age 19+) | \$1,000   \$1,500<br>(option for groups 10-50 only)  |                      | \$1,000   \$1,500<br>(option for groups 10-50 only)  |                      | \$1,000   \$1,500<br>(option for groups 10-50 only)  |                                   |  |                         |
| Out-of-pocket maximum (under age 19)        | \$350 for one member/\$700 for two or more members   |                      | \$350 for one member/\$700 for two or more members   |                      | N/A  |                                   |  |                         |
| <b>Class 1</b>                              |  |                      |  |                      |  |                                   |  |                         |
| Exams and X-rays                            | 0%   | 0%                   | 0%   | 20%                  | 0%   | 20%                               | 0%   | 10%                     |
| Cleanings                                   | 0%   | 0%                   | 0%   | 20%                  | 0%   | 20%                               | 0%   | 10%                     |
| Periodontal maintenance                     | 0%   | 0%                   | 0%   | 20%                  | 0%   | 20%                               | 0%   | 10%                     |
| Sealants                                    | 0%   | 0%                   | 0%   | 20%                  | 0%   | 20%                               | 0%   | 10%                     |
| Topical fluoride                            | 0%   | 0% <sup>1</sup>      | 0%   | 20% <sup>1</sup>     | 0%   | 20%                               | 0% <sup>1</sup>  | 10% <sup>1</sup>        |
| Space maintainers                           | 0%   | Not covered          | 0%   | Not covered          | 0%   | 20%                               | Not covered  | Not covered             |
| <b>Class 2</b>                              |  |                      |  |                      |  |                                   |  |                         |
| Restorative fillings                        | 40% after deductible   | 20% after deductible | 40% after deductible   | 20% after deductible | 0%   | 50% after deductible              | 10% after deductible   | 30% after deductible    |
| Oral surgery                                | 40% after deductible   | 20% after deductible | 40% after deductible   | 20% after deductible | 0%   | 50% after deductible              | 10% after deductible   | 30% after deductible    |
| Endodontics                                 | 40% after deductible   | 20% after deductible | 40% after deductible   | 20% after deductible | 0%   | 50% after deductible              | 10% after deductible   | 30% after deductible    |
| Periodontics                                | 40% after deductible   | 20% after deductible | 40% after deductible   | 20% after deductible | 0%   | 50% after deductible              | 10% after deductible   | 30% after deductible    |
| <b>Class 3</b>                              |  |                      |  |                      |  |                                   |  |                         |
| Restorative crowns                          | 50% after deductible   | 50% after deductible | 50% after deductible   | 50% after deductible | 0%   | 50% after deductible              | 50% after deductible   | 50% after deductible    |
| Partial and complete dentures               | 50% after deductible   | 50% after deductible | 50% after deductible   | 50% after deductible | 0%   | 50% after deductible              | 50% after deductible   | 50% after deductible    |
| Implants                                    | 50% after deductible   | 50% after deductible | 50% after deductible   | 50% after deductible | 0%   | 50% after deductible              | 50% after deductible   | 50% after deductible    |
| Orthodontia                                 | 50% after deductible <sup>2</sup>  | Not covered          | 50% after deductible <sup>2</sup>  | Not covered          | 0% <sup>2</sup>  | 50% after deductible <sup>2</sup> | Not covered  | Not covered             |
| <b>Features</b>                             |  |                      |  |                      |  |                                   |  |                         |
| Provider network                            | Delta Dental Premier Network   |                      | Delta Dental Premier Network   |                      | Delta Dental PPO Network   | All other providers               | Delta Dental PPO Network   | All other providers     |
| Balance bill                                | Delta Dental Premier Network: No<br>Nonparticipating: Yes  |                      | Delta Dental Premier Network: No<br>Nonparticipating: Yes  |                      | Delta Dental PPO and Premier Networks: No<br>Nonparticipating: Yes   |                                   | Delta Dental PPO and Premier Networks: No<br>Nonparticipating: Yes |                         |

<sup>1</sup> For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.

<sup>2</sup> Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This table 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.

# Delta Dental orthodontia riders

If your client has at least 15 enrolled employees, help them freshen up their smiles with orthodontic care. These dental plan riders close the gap on happier teeth and are available to groups that choose a non-voluntary plan.

## Orthodontia plans

|                         | 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%                      |
| Plan enrollment options | Direct through modahealth.com |                  |                  |                  |                          |                          |

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



## Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2020 Delta Dental of Alaska small group dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us toll-free at 888-374-8910.

### Limitations

- Delta Dental Premier Preventive Alaska Mandated plan includes preventive services, as well as limited benefits for basic and major services.
- Delta Dental Premier Radiant Smiles plan benefits are only available for members under age 19.

#### Class 1

- Bitewing X-rays once in a 6-month period (under age 19) and once in a 12-month period (age 19 and over)
- Exam once in a 6-month period
- Fluoride once in a 6-month period (under age 19)
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 3 months of an interim caries arresting medicament application.
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period (under age 19) and once in a 5-year period (age 19 and over)

#### Class 2 and Class 3

- Athletic mouth guard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 and over
- Bridges and dentures once in a 5-year period (under age 19) and once in a 7-year period (age 19 and over)
- Crowns and other cast restorations once in a 5-year period (under age 19) and once in a 7-year period (age 19 and over)
- Crown over implant once in a 5-year period when dentally necessary (under age 19) and once per lifetime per tooth space (age 19 and over)
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Night guard (occlusal guard) covered once per year between ages 13 and 19 at 100 percent and once every 5 years at 100 percent, up to a \$150 maximum for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Scaling and root planing once in a 2-year period

### Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide, except for IV sedation or general anesthesia with surgical procedures (Nitrous is only covered on the Delta Dental Premier, +2,000, Delta Dental Premier, +2,500 and Delta Dental Premier, +3,000 plans)
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for members age 19 and over
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary orthodontia for members under age 19 or when an orthodontia rider is included)
- Over-the-counter athletic mouth guards and night guards (occlusal guards)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as a separate benefit
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)



# Prepare your clients for a *healthy start*



Keeping your clients healthy is an investment that pays dividends. Help them begin their journey to better overall health and wellness.

## Business requirements

Here are some of the finer points about enrolling small groups in one of our plans:

- **Confirm your eligibility.** Your client’s business must be located in Alaska and have 1 – 50 full-time (or full-time equivalent) employees on average during the preceding calendar year and have at least one employee enrolled on the first day of the plan year.
- **Enroll by the 20th of the month.** New group medical/dental enrollment information must be received no later than the 20th of the month prior to the desired effective date.
- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days for medical plans.
- **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.

## Voluntary plan guidelines

For groups that don’t currently offer dental coverage, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so your clients can reduce their financial risk while offering dental benefits. Groups with 10 or more enrolled employees can choose a Delta Dental voluntary plan.

## Non-voluntary group contribution and participation

| Employees  | Minimum employer contribution |                | Minimum participation |                |
|--|-------------------------------|----------------|-----------------------|----------------|
|  | For employees                 | For dependents | For employees         | For dependents |
| Medical-only coverage, or Medical/dental integrated coverage |                               |                |                       |                |
| 1 – 4  | 50%                           | 0%             | 100%                  | 100%           |
| Medical/dental coverage                                      |                               |                |                       |                |
| 5 – 50   | 50%                           | 0%             | 70%                   | 25%            |
| Dental-only coverage   |                               |                |                       |                |
| 2-4  | 50%                           | 0%             | 100%                  | 100%           |

## Voluntary group contribution and participation

| Enrolled employees  | Minimum employer contribution |                | Maximum employer contribution |                | Minimum participation |                |
|---------------------|-------------------------------|----------------|-------------------------------|----------------|-----------------------|----------------|
|                     | For employees                 | For dependents | For employees                 | For dependents | For employees         | For dependents |
| Delta-only coverage |                               |                |                               |                |                       |                |
| 10 – 50 enrolled    | 0%                            | 0%             | 49%                           | N/A            | 25%                   | 0%             |



Member care resources

## Tools for your client's *health journey*

Moda Health and Delta Dental of Alaska are here to help your clients feel well so they can live better longer. We have a long tradition of finding new and better ways to care for members on the path to better health. We even have special programs and care teams to support them in reaching their personal health goals.

### Get started with Member Dashboard

Members will love everything they can do at Member Dashboard, their personalized member website. They can log in at [modahealth.com](http://modahealth.com) to:

- Find in-network providers and choose a PCP
- See their benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access health tools to get and stay healthy
- Look up medication prices
- Download their member ID card

### Health tools

These helpful tools and resources come with every small group health plan. Members can use them to be their healthy best! They simply log in to Member Dashboard to get started.

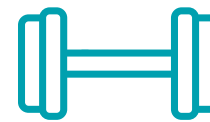


### Momentum

Members take charge of their health – and track their progress – with Momentum, powered by Moda Health.

After logging into their Member Dashboard, members choose Momentum to:

- Take a health assessment and see their “health age”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



### Active&Fit Direct™

Moda Health and Delta Dental members have access to the Active&Fit Direct™ program. For just \$25 a month they can choose from over 9,000 participating health clubs and YMCAs nationwide. The program offers:

- A free guest pass to try out a fitness center before joining (where available)
- An option to switch fitness centers to make sure they found the right fit
- Access to online directory maps and a fitness center and YMCA locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment



### Health coaching

Anytime members need a hand with their health, we're here to help. Our health coaches use evidence-based practices to help members set goals and feel their best.

Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight care



### Prescription price check

This tool lets members see prescription medication prices and their share of costs by medication tier at an in-network pharmacy.

After logging in to their Member Dashboard, members can look up medication cost estimates and generic options.





### Care coordination and case management

When members are sick, need hospitalization or surgery, or are seriously injured, we'll give them support – so they can focus on healing.

We help members:

- Understand and utilize all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Arrange care ordered by their provider
- Find community resources



### ChooseHealthy™

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Since all Moda Health Alaska small group plans include alternative care benefits, members will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes



### eDoc

Members can use eDoc to email board-certified doctors, psychologists, pharmacists, dentists, dietitians and fitness experts for medical advice about any health concern. eDoc keeps it private and customized to them.

Members benefit from:

- Guidance on treatment for illnesses, nutrition, fitness and more
- Understanding symptoms to make informed decisions about their health
- Uploading and attaching pictures to their emails
- eDocVoice – When members leave a message for a provider, they'll get a phone response within 24 hours

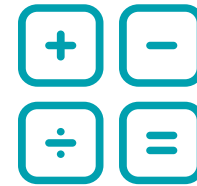


### Nurse line

Members have access to quick advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Members can call night or day for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit the doctor



### Healthcare Cost Estimator

The Healthcare Cost Estimator offers members a simple way to see what medical services may cost before they have them. This online tool gives members estimates based on their personal health benefits and usage.

Members can use the Healthcare Cost Estimator to:

- Browse or search by procedure to get cost estimates
- Compare costs across providers and clinics
- See how much they have spent and how much they have left to spend before they meet their out-of-pocket maximum
- See how having a procedure will change their balance
- Shop for cost effective alternatives
- Make better, well-informed decisions

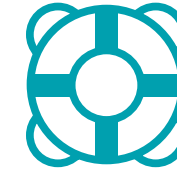


### MyIDCare

Members can keep their financial and medical information safe with complete identity protection through MyIDCare.

This program spots false claims early and finds fraud before it causes members or their family harm.

MyIDCare is offered to members at no extra cost. Enrolled members access all monitoring in one user-friendly app.



### Quitting tobacco

We help empower members to stop smoking or chewing tobacco for good by connecting them with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to stop smoking is covered in full when members see an in-network provider.

Members can tap into:

- Tips on dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by their doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



### Employee Assistance Program (EAP)

Powered by Cascade Centers, the Moda Health EAP is a free and confidential service that can assist members and their eligible family members with a variety of personal concerns including:

- Marital conflict
- Conflict at work
- Depression or anxiety
- Financial/legal/consumer concerns
- Alcohol or drug abuse

Members get up to three in-person, phone or online counseling sessions per incident.

Support tools

# We're here to help

To learn more about our health plans and resources, visit [modahealth.com](http://modahealth.com). Choose the tab for employers and explore group plans. We're also available to guide your clients through the plan selection and administration process.

## Faster benefits administration

### Employer dashboard (new)

The employer dashboard was created to help your clients quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7.

With the employer dashboard, all employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Update PCP selection (if applicable)
- Order ID cards

### Employers who do not submit Electronic Eligibility can:

- Enroll employees and dependents
- Make coverage changes
- Update employee contact information

### Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday.

See back cover for contact information.

We help every member find the right path through compassionate care – and by guiding them on their health journey, every step of the way.

***If you need a hand, please let us know!***

# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call Customer Service at:**

**888-217-2363 (TDD/TTY 711)**

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

Moda Partners, Inc.  
 Attention: Appeal Unit  
 601 SW Second Ave.  
 Portland, OR 97204  
 Fax: 503-412-4003

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
 200 Independence Ave. SW, Room 509F  
 HHH Building, Washington, DC 20201  
 800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**Dave Nesseler-Cass coordinates our nondiscrimination work:**

Dave Nesseler-Cass,  
 Chief Compliance Officer  
 601 SW Second Ave.  
 Portland, OR 97204  
 855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의：한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي): 1-877-605-3229

(URDU) توجہ دین: اگر آپ اردو بولتے ہیں تو سوائے اخراجات آپ کے لیے 1-877-605-3229 پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید۔

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အသံထုတ်: ဤ တမ်း (ဗမာပြည်က ဒေသ ဗမာပြည် အဖွဲ့အစည်း) မှ ပေးလိုက်သော အသံထုတ်များကို အသုံးပြုရန် အတွက် အသံထုတ်မှ အသံထုတ်မှ အသံထုတ်မှ 1-877-605-3229 (TTY: 711) သို့ ခေါ်ဆိုပါ။

ໂປດຊາບ: ການໃຫ້ບໍລິການເອກະຊົນ, ການຊ່ວຍເຫຼືອກຽມພາສາແມ່ນ້ຳໃຫ້ທ່ານໄດ້ຮັບເປັນເປັນ. ການ ກິດຈະກຳ ຈັດ ດ້ວຍ ບໍລິການ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консульські рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ឬប្រើភាសាខ្មែរ ក្នុងការស្រាវជ្រាវ ក្នុងកិច្ចការងាររបស់យើង យើងនឹងផ្តល់ជូនសេវាភាសា ផ្នែកភាសាខ្មែរ ឱ្យអ្នកបានស្របគ្នា។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Individual & family

Medicare



Small group

Large group

## Questions? *We're here to help.*

Call one of our offices listed below.  
TTY users, please call 711.

### **Anchorage office**

510 L Street, Suite 270  
Anchorage, AK 99501  
907-278-2626 or toll-free at 888-374-8910,  
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

### **Portland office** (corporate headquarters)

601 SW Second Ave.  
Portland, OR 97204-3156  
503-243-3948 or toll-free at 800-578-1402  
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

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



Delta Dental of Oregon & Alaska

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.