

# Moda Select

## Individual & family

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

moda  
HEALTH

 DELTA DENTAL®



2026





Better value and a  
**better experience** with  
the flexibility you want

When you choose Moda Health and Delta Dental of Alaska, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



Proven  
experience offering insurance  
plans for over 70 years

## Plans that put *you first*



### **\$0 Preventive care**

Preventive exams, women's annual exams, well-baby care, and many immunizations and screenings, so you can stay healthy



### **Prescription benefits**

Comprehensive prescription drug coverage and an online approved drug list tool [modahealth.com/pdl](https://modahealth.com/pdl), so you can confirm what's covered



### **One of the largest networks of dentists**

Experience top-of-the-line dental care from one of the largest dental networks in Alaska and across the country



### **24/7 doctor access**

[CirrusMD app](#), so you can connect to a doctor in under a minute, anytime, anywhere, at no cost



**Choose a better experience.**

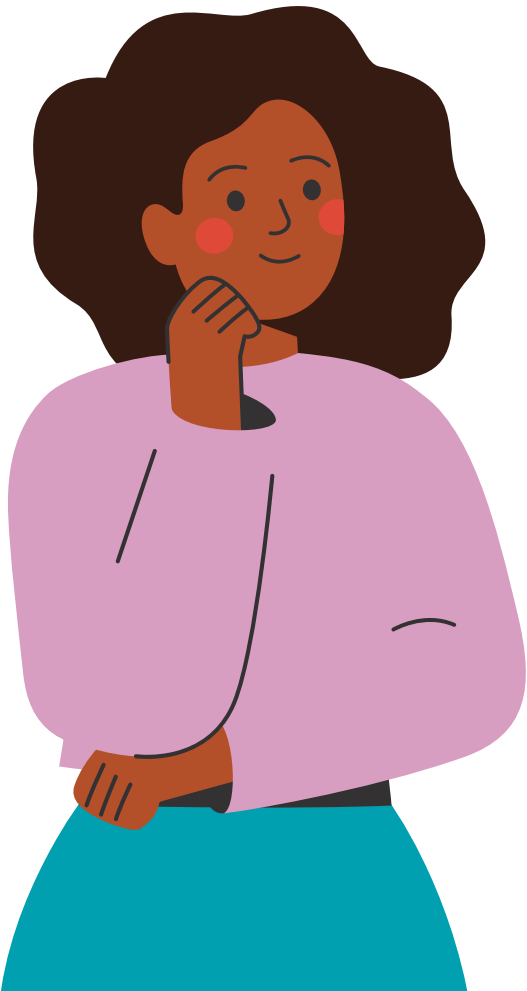
Enroll today at [modahealth.com/shop](https://modahealth.com/shop)



# Make a better choice

**Insurance can be confusing.** We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:



**Is my provider in my network?**

Learn more on page 10.



**How does the plan work?**

Look at our plan comparison chart on page 14.



**What plan is right for me?**

Learn about your plan options on page 5.



**Are my medications covered?**

Look them up on the medication search page at [modahealth.com/pdl](https://modahealth.com/pdl).



**Where can I find medical plan rates and premium details for my family?**

Visit [modahealth.com/shop](https://modahealth.com/shop).



See if your doctor is in-network at [modahealth.com/modaselect](https://modahealth.com/modaselect)

# Find a health plan that fits your life



Jessica likes **Affordability.**  
Great if she doesn't see her doctor much but wants protection from big bills.



**Bronze**

- Lower monthly premium
- You pay more when you get care



Dave likes **Stability.**  
A smart choice if he wants more coverage without paying too much each month.



**Silver**

- Balanced monthly premium and care costs
- You might save more if you qualify for extra help



Karin likes **Security.**  
This is her best option if she sees doctors often and takes medicine every day.



**Gold**

- Higher monthly premium
- You pay less when you get care

## Not sure which plan to pick?

Ask yourself these questions. If you answer "yes," the checked plan might be right for you.

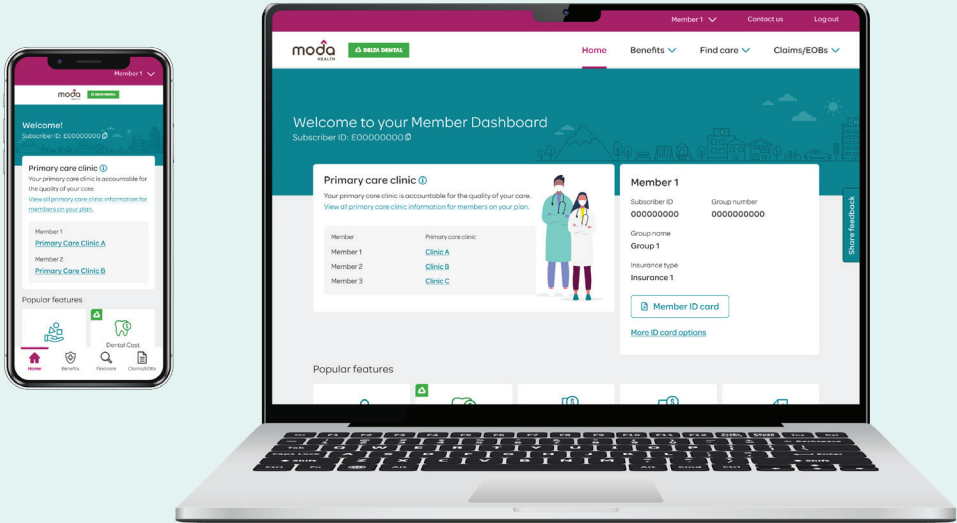
	Bronze	Silver	Gold
Will I see a doctor or specialist often?		✓	✓
Will I have higher medical bills this year?			✓
Do I take ongoing medications?		✓	✓
Am I covering a spouse or family?		✓	
Do I mostly need checkups?	✓		
Do I like knowing what I'll pay (like copays)?		✓	✓
Do I qualify for extra help paying for care?		✓	✓



**Ready to choose?**  
Make your selection at [modahealth.com/shop](https://modahealth.com/shop)

# Member perks to reach *your health goals*

Save money as you work toward better health with exclusive discounts, programs and tools for members.



Support  
for life's everyday  
challenges —  
*at no cost to you*



### Tools

- Health assessments
- Prescription price check
- Text a doctor 24/7



### Discounts

- Alternative care (acupuncture, chiropractic and therapeutic massage)
- Popular health and fitness brands (Vitamix® and Garmin®)



### Coaching and care

- Health coaching
- Care coordination
- Individual Assistance Program (See page 7 for details)
- Emergency medical assistance when traveling
- Travel and care coordination for elective surgeries



### Mental health support

- 12 weeks of mobile therapy from a private therapist through your smartphone

### We all need a little help sometimes.

Your plan includes free, confidential help through the Individual Assistance Program (IAP). You and your eligible family members can use this support for a variety of personal concerns, including:

- Marital/relationship issues
- Feeling stressed or anxious
- Dealing with grief or loss
- Finding childcare or eldercare
- Legal advice
- And more

You'll talk with professional counselors who can help you identify problems, set goals and make a plan that works for you.

### You also get free mental health care when you need it, including:

- 4 free virtual therapy visits from in-network providers
- You can keep seeing the same provider after the 4 free visits
- 24/7 support and help finding care

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

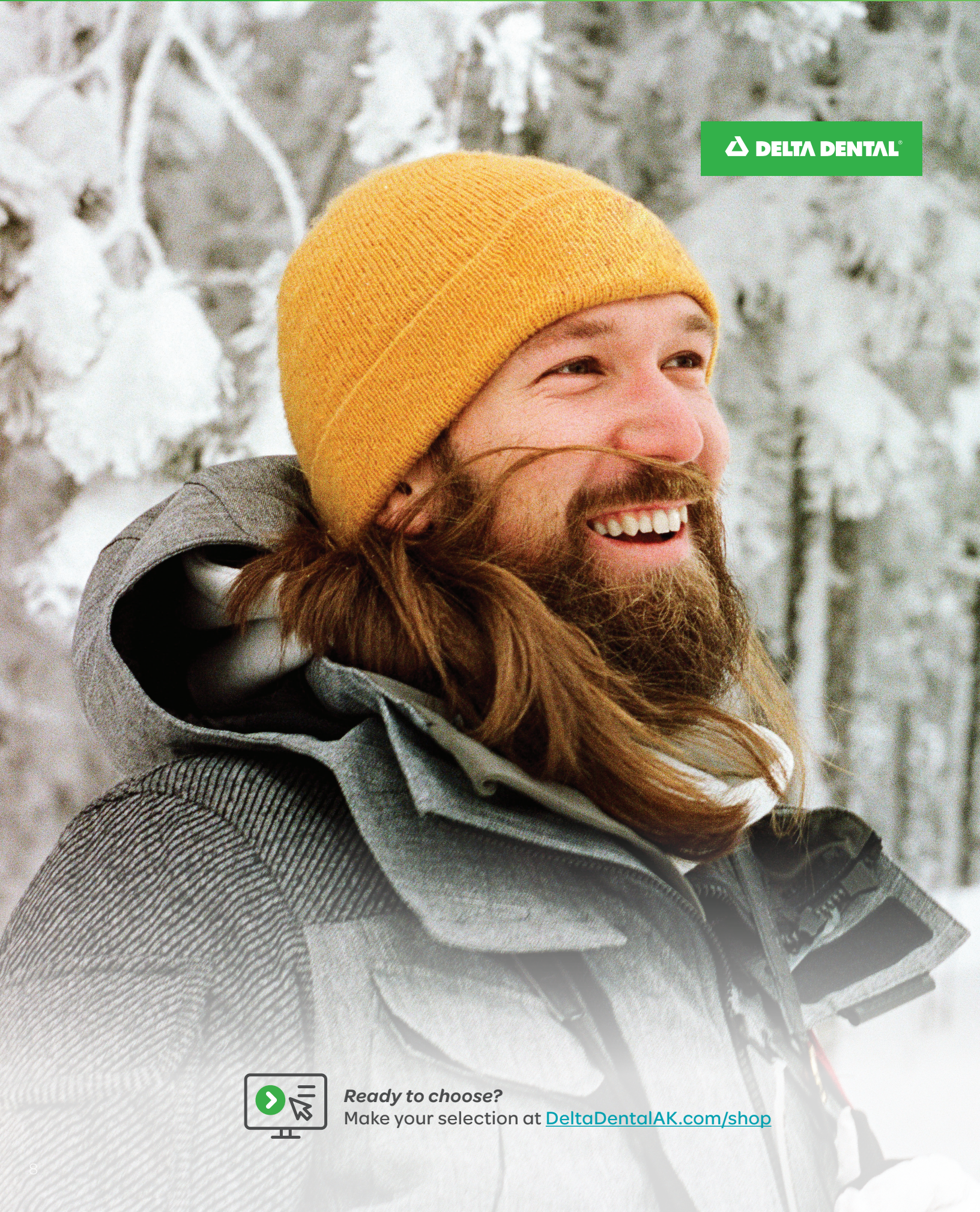


**Choose a better experience.**  
Enroll today at [modahealth.com/shop](https://modahealth.com/shop)



**Choose a better experience.**  
Enroll today at [modahealth.com/shop](https://modahealth.com/shop)





# Quality coverage *for your smile*

We offer dental insurance options. This way,  
your whole health is covered.

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



Savings from  
in-network  
dentists



Annual  
cleanings

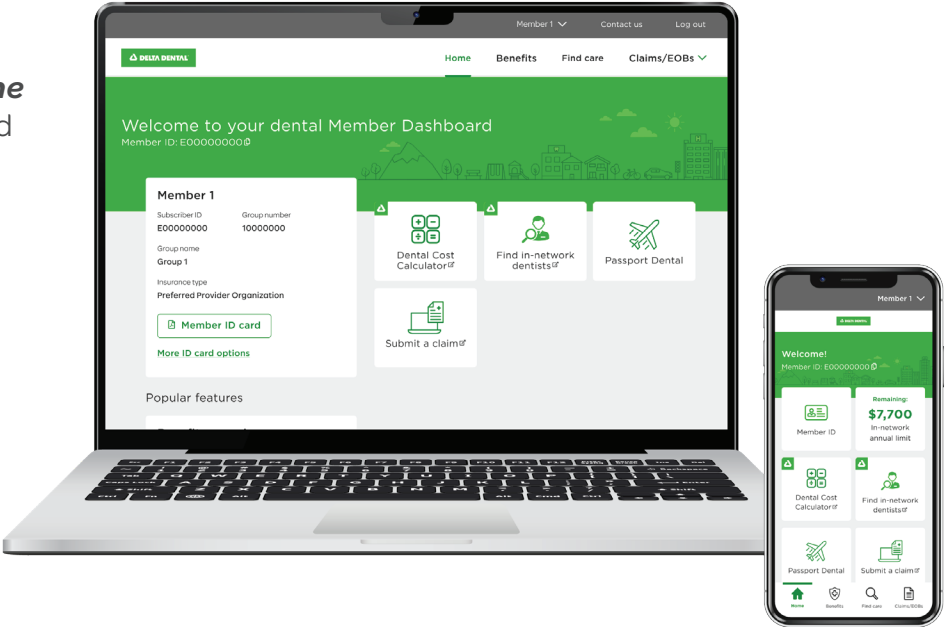


Superior  
customer service

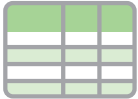


Freedom to  
choose a dentist

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



Ready to choose?  
Make your selection at [DeltaDentalAK.com/shop](https://DeltaDentalAK.com/shop)

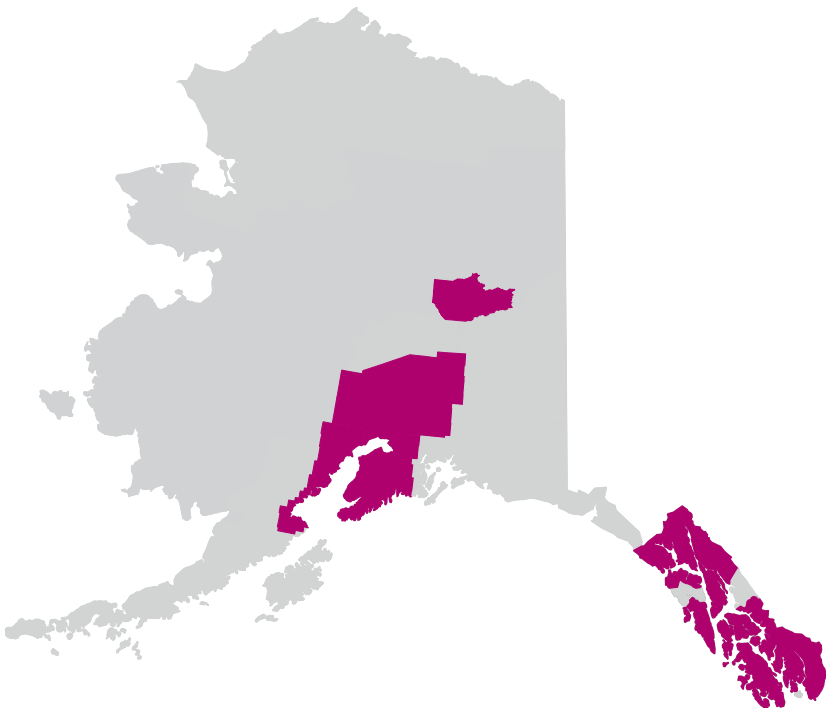


Review your dental plan  
options on pages 16-18



# A network that connects you to care

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



The **Moda Select Network** is for residents of:

- |                              |                           |                                 |                                   |
|------------------------------|---------------------------|---------------------------------|-----------------------------------|
| Municipality of Anchorage    | Ketchikan Gateway Borough | Municipality of Skagway Borough | City and Borough of Wrangell      |
| Fairbanks North Star Borough | Matanuska-Susitna Borough | City and Borough of Juneau      | Hoonah-Angoon Census Area         |
| Haines Borough               | Petersburg Borough        | City and Borough of Sitka       | Prince of Wales-Hyder Census Area |
| Kenai Peninsula Borough      |                           |                                 |                                   |



See if your doctor is in-network at [modahealth.com/modaselect](https://modahealth.com/modaselect)

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

### Tier 1

When you receive care from a provider in the **Tier 1** network, you'll pay the least amount. That's because we've made cost agreements with these providers and the plan pays more of the cost.



### Tier 2

**Tier 2** includes more providers and health systems through the **First Choice Alaska network**, so you have more options.



When you receive care from a provider in the Tier 2 network, you will have *higher* out-of-pocket costs. That's because the plans will cover a lower percentage of the costs for care received from Tier 2 providers.

### Tier 3

**Tier 3** includes **out-of-network providers** not included in Tiers 1 and 2. You can see any professional provider or hospital in Alaska, but because these providers have not contracted with Moda Health, you will pay the *highest* out-of-pocket costs for care in Tier 3.



### Care when outside of Alaska

When you're traveling outside of Alaska, you'll get full-service medical care with in-network benefits through:

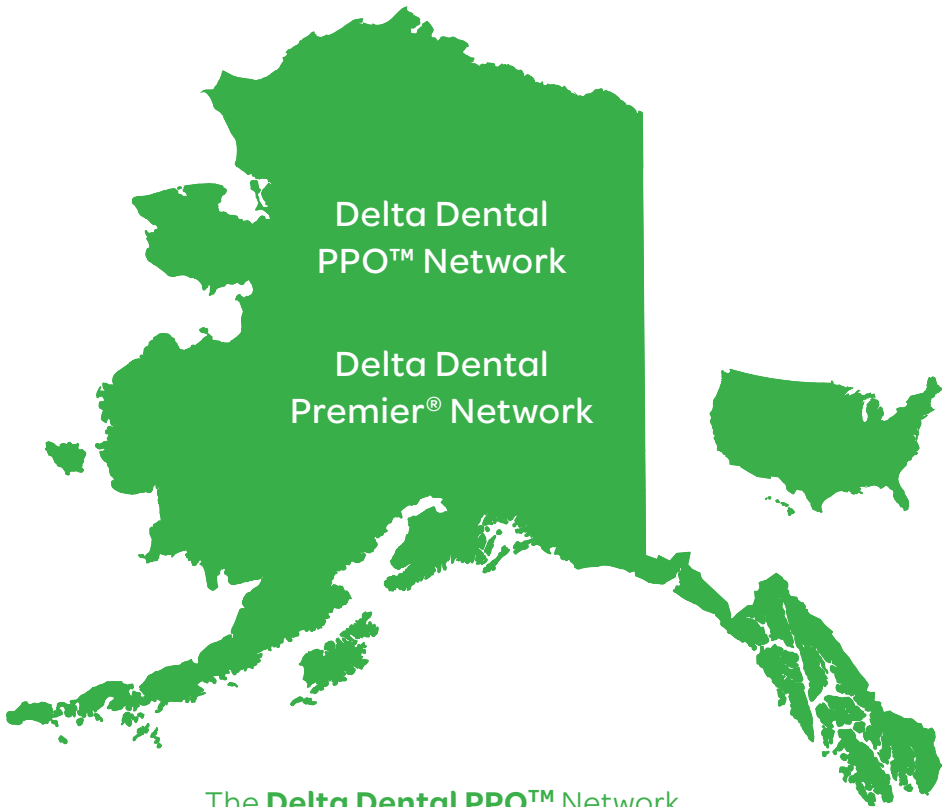
- **Moda Select** service areas in Idaho and Texas
- **Affinity Network** service areas in Oregon
- **Aetna® PPO Network through Aetna Signature Administrators®** nationwide. This includes service areas *outside* the **Moda Select Network** in Idaho, Texas and *outside* the **Affinity Network** in Oregon.

To get started, go to [modahealth.com/findcare](https://modahealth.com/findcare) and select your network.



# Delta Dental networks *that work for you*

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



The **Delta Dental PPO™** Network  
offers these dental plans:  
Delta Dental PPO™ 1000 • Delta Dental PPO™ 1500  
Delta Dental PPO™ 2000 Direct


The **Delta Dental Premier®** Network  
offers these dental plans:  
Delta Dental Premier® Healthy Smiles  
Delta Dental Premier® Plan • Delta Dental Premier® 1000 Direct  
Delta Dental Premier® Preventive Alaska Mandated Plan





**See if your dentist** is in-network at  
[DeltaDentalAK.com/DentistSearch](https://DeltaDentalAK.com/DentistSearch)

Delta Dental **PPO™** Network

bigger savings

 **Lowest cost!**


 **Large network of dentists**





OR

Delta Dental **Premier®** Network

more choice

 **Slightly higher cost**

 **Choose Premier network dentists**





2026 *Medical plan* benefit table



Direct plan

This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. 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.

		Gold plans		Silver plans			Bronze plans		
		Moda Select Alaska Standard Gold	Moda Select Alaska Gold 1500 <sup>1</sup>	Moda Select Alaska Standard Silver	Moda Select Alaska Silver 4500 <sup>1</sup>	Moda Select Alaska Silver 2900 Direct <sup>1</sup>	Moda Select Alaska Standard Bronze	Moda Select Alaska Bronze HDHP 5500	Moda Select Alaska Bronze 6500 <sup>1</sup>
What you pay for the care you receive each year based on the benefit tier you choose – <b>1</b> <b>2</b> <b>3</b>									
Deductible per person	<b>1</b>	\$2,000	\$1,500	\$6,000	\$4,500	\$2,900	\$7,500	\$5,500	\$6,500
	<b>2</b>	\$2,000	\$3,000	\$6,000	\$6,000	\$5,800	\$7,500	\$6,000	\$7,500
	<b>3</b>	\$6,000	\$9,000	\$18,000	\$18,000	\$17,400	\$22,500	\$18,000	\$22,500
Deductible per family	<b>1</b>	\$4,000	\$3,000	\$12,000	\$9,000	\$5,800	\$15,000	\$11,000	\$13,000
	<b>2</b>	\$4,000	\$6,000	\$12,000	\$12,000	\$11,600	\$15,000	\$12,000	\$15,000
	<b>3</b>	\$12,000	\$18,000	\$36,000	\$36,000	\$34,800	\$45,000	\$36,000	\$45,000
Out-of-pocket max per person	<b>1</b>	\$8,200	\$6,000	\$8,900	\$7,750	\$8,700	\$10,000	\$8,050	\$9,000
	<b>2</b>	\$8,200	\$6,000	\$8,900	\$8,500	\$8,700	\$10,000	\$8,050	\$9,000
	<b>3</b>	\$27,400	\$18,000	\$26,700	\$25,500	\$26,100	\$30,000	\$27,750	\$27,000
Out-of-pocket max per family	<b>1</b>	\$16,400	\$12,000	\$17,800	\$15,500	\$17,400	\$20,000	\$16,100	\$18,000
	<b>2</b>	\$16,400	\$12,000	\$17,800	\$17,000	\$17,400	\$20,000	\$16,100	\$18,000
	<b>3</b>	\$54,800	\$36,000	\$53,400	\$51,000	\$52,200	\$60,000	\$55,500	\$54,000
Benefits that make up your plan, and what you pay									
Primary care provider (PCP) office visit	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Specialist office visit	<b>1</b>	\$60 per visit	\$50 per visit	\$80 per visit	\$60 per visit	\$70 per visit	\$100 per visit	40% after deductible	\$75 per visit
	<b>2</b>	\$60 per visit	40%	\$80 per visit	40%	40%	\$100 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Urgent care visit	<b>1</b>	\$45 per visit	\$50 per visit	\$60 per visit	\$60 per visit	\$70 per visit	\$75 per visit	40% after deductible	\$75 per visit
	<b>2</b>	\$45 per visit	40%	\$60 per visit	40%	40%	\$75 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Virtual care visit	<b>1</b>	\$30 per visit	\$15 per visit	\$40 per visit	\$20 per visit	\$25 per visit	\$50 per visit	40% after deductible	\$35 per visit
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Outpatient diagnostic X-ray and lab	<b>1</b>	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
	<b>2</b>	25% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Emergency room visit	<b>1</b> <b>2</b> <b>3</b>	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
Acupuncture, spinal manipulation and massage therapy services	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
	<b>2</b>	\$30 per visit	40% after deductible	\$40 per visit	40% after deductible	40% after deductible	\$50 per visit	50% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Behavioral health office visit	<b>1</b>	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Physical, speech or occupational therapy visit	<b>1</b>	\$30 per visit	\$50 per visit	\$40 per visit	\$60 per visit	\$70 per visit	\$50 per visit	40% after deductible	\$75 per visit
	<b>2</b>	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Inpatient/outpatient care	<b>1</b>	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
	<b>2</b>	25% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
	<b>3</b>	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Pharmacy benefits <sup>2</sup>									
Value	<b>1</b> <b>2</b> <b>3</b>	\$15	\$2	\$20	\$2	\$2	\$25	\$2	\$2
Select	<b>1</b> <b>2</b> <b>3</b>	\$15	\$10	\$20	\$20	\$20	\$25	35% after deductible	30% after deductible
Preferred	<b>1</b> <b>2</b> <b>3</b>	\$30	\$45	\$40	\$60	40%	\$50 after deductible	35% after deductible	30% after deductible
Non-preferred	<b>1</b> <b>2</b> <b>3</b>	\$60	50% after deductible	\$80 after deductible	50% after deductible	50% after deductible	\$100 after deductible	40% after deductible	45% after deductible
Preferred specialty*	<b>1</b> <b>2</b>	\$250	40% after deductible	\$350 after deductible	40% after deductible	40%	\$500 after deductible	35% after deductible	35% after deductible
Non-preferred specialty*	<b>1</b> <b>2</b>	\$250	50% after deductible	\$350 after deductible	50% after deductible	50% after deductible	\$500 after deductible	40% after deductible	45% after deductible
Things to consider when choosing your plan									
Features									

Plan highlights



3 tiers to choose from:



Moda Select Network



First Choice Network in AK



Alaska-based non-contracted providers

The **Moda Select Network** was developed to provide cost-effective, coordinated care. Our Moda Select plans offer three benefit levels (tiers) of healthcare. Members receive the **best** benefits by using Tier 1 providers. *Learn more on page 10.*

Scan the QR code, then click on Alaska to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.



Direct plan

Our Direct plan is *only* available for purchase through Moda Health. It is not available at healthcare.gov. If you are not eligible for tax credits, you may save on premiums by purchasing this plan at [modahealth.com/shop](https://modahealth.com/shop).



Health savings account (HSA)

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



Included with *all* plans:



Unlimited mental health and substance use disorder in-person office visits



Up to 45 outpatient rehabilitation and 45 habilitation visits in a calendar year



You can get up to 24 acupuncture, massage and spinal manipulation visits each in a calendar year



Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per calendar year











For ages 19 and above, one eye exam and one pair of lenses every year and one pair of frames every two years

14 \* Tier 3 pharmacy benefits not covered.  
1 First 2 in-person and virtual PCP visits at \$5. First 2 behavioral health office visits at \$5.  
2 One copay for a 30-day supply of prescription medication.



2026 *Dental plan* benefit table

							 Special Youth-Only Plan	 Direct Only Non-Certified Plans		
	Delta Dental PPO™ 1000 Plan <sup>1,2,3</sup>		Delta Dental PPO™ 1500 Plan <sup>1,2,3</sup>		Delta Dental Premier® Plan <sup>1,2,3</sup>		Delta Dental Premier® Healthy Smiles <sup>3</sup>	Delta Dental Premier® 1000 Direct Only Non Certified Plan <sup>4,5,6</sup>	Delta Dental PPO™ 2000 Direct Only Non Certified Plan <sup>4,5,6</sup>	
Benefits covered for	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Age 0-18	Age 19+	All ages	All ages
What you pay for the <i>in-network</i> care you receive each year — out-of-network services may be covered at a different rate										
Deductible (per person/family)	\$50 / \$150		\$50 / \$150		\$0		\$0	Not covered	\$50 / \$150 for all ages	\$100 / \$200 for all ages
Annual maximum (ages 19+)	\$1,000		\$1,500		\$1,100		N/A	Not covered	\$1,000 for all ages	\$2,000 for all ages
Out-of-pocket maximum per person (ages 0-18)	\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members (in-network only)		\$450 for 1 member / \$900 for 2+ members		\$450 for 1 member / \$900 for 2+ members	Not covered	N/A	N/A
Out-of-network benefits available								Not covered		
Class 1										
Exams and X-rays	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Cleanings	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Periodontal maintenance	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Sealants	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Topical fluoride	0%	0%	0%	0%	15%	20%	15%	Not covered	0%	0%
Class 2										
Space maintainers	50% after deductible	Not covered	50% after deductible	Not covered	60%	Not covered	60%	Not covered	20% after deductible	20% after deductible
Restorative fillings	50% after deductible	20% after deductible	50% after deductible	20% after deductible	60%	35%	60%	Not covered	20% after deductible	20% after deductible
Class 3										
Oral surgery	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Endodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Periodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Restorative crowns	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Bridges	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Partial and complete dentures	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Anesthesia	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	50% after deductible	50% after deductible
Implants	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70%	Not covered	Not covered	Not covered
Features										
Provider network (in-network)	Delta Dental PPO™ Network		Delta Dental PPO™ Network		Delta Dental Premier® Network		Delta Dental Premier® Network		Delta Dental Premier® Network	Delta Dental PPO™ Network
Service area	Anchorage, Mat-su Valley, Fairbanks North Star Borough		Anchorage, Mat-su Valley, Fairbanks North Star Borough		Statewide		Statewide		Statewide	Anchorage, Mat-su Valley, Fairbanks North Star Borough

Plan highlights



Direct Only  
Non-Certified Plans

Delta Dental Premier® 1000 Direct and Delta Dental PPO™ 2000 Direct are non-certified dental plans that do not include the ACA Pediatric benefits. Members of any age can enroll in these plans. Only available directly at [DeltaDentalAK.com/shop](https://DeltaDentalAK.com/shop).



Healthy Smiles

Healthy Smiles is a special youth-only Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.



Out-of-network  
available

For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.



1 For Class 2 services, 6-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19.

2 For Class 3 services, 12-month exclusion period applies for ages 19 and over. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy. For PPO plans, the exclusion period also applies to out-of-network services for under age 19.

3 Only medically necessary orthodontia is covered.

4 For Class 2 services, 6-month exclusion period applies if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

5 For Class 3 services, 12-month exclusion period applies if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

6 Pediatric limitations do not apply. Follow Delta Dental standard limitations.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



2026 *Dental plan* benefit table


	Delta Dental Premier® Preventive Alaska Mandated Plan <sup>1, 2</sup>
Benefits covered for	All ages
What you pay for the <i>in-network</i> care you receive each year	
Deductible (per person/family)	\$25 / \$75 for all ages
Annual maximum	\$500 for all ages
Out-of-pocket maximum per person (ages 0-18)	N/A
Out-of-network benefits available	✔
Class 1	
Exams and X-rays	0% after deductible
Cleanings	0% after deductible
Periodontal maintenance	0% after deductible
Sealants	0% after deductible
Topical fluoride	0% after deductible
Space maintainers	0% after deductible
Class 2	
Restorative fillings	90% after deductible
Oral surgery	90% after deductible
Endodontics	90% after deductible
Periodontics	90% after deductible
Anesthesia	90% after deductible
Class 3	
Restorative crowns	90% after deductible
Bridges	90% after deductible
Partial and complete dentures	90% after deductible
Implants	90% after deductible
Orthodontia	Not covered
Features	
Provider network (in-network)	Delta Dental Premier® Network
Service area	Statewide

Plan highlights

✔

Out-of-network available

For out-of-network benefits, scan the QR code, then click on Alaska to view Summaries of Benefits (SOBs) with detailed information on each plan.



1 For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

2 For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the new Delta Dental policy.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Calculate what you *pay each month*

Our plans offer competitive premiums, the amount you pay each month for coverage. If you want great benefits and value, you’re in good hands.

When selecting your dental plan, you want to know:


? Who are these premiums for?  
These premiums apply to members who live anywhere in Alaska.

? What affects my premium?  
The plan, your age and the ages of your dependents may affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 have a premium based on their actual age. Having a birthday during a plan year won’t affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

2026 plan rates							
(Premiums effective Jan. 1, 2026 through Dec. 31, 2026)							
Age	Delta Dental PPO™ 1000	Delta Dental PPO™ 1500	Delta Dental Premier®	Delta Dental Premier® Healthy Smiles	Delta Dental Premier® 1000 Direct Only	Delta Dental PPO™ 2000 Direct Only	Delta Dental Premier® Preventive Alaska Mandated Plan
0-18	\$59.00	\$59.00	\$65.00	\$65.00	\$39.00	\$59.00	\$34.00
19-24	\$35.00	\$41.00	\$35.00	N/A	\$37.00	\$53.00	\$34.00
25-29	\$35.00	\$41.00	\$35.00	N/A	\$37.00	\$53.00	\$34.00
30-34	\$37.00	\$43.00	\$37.00	N/A	\$39.00	\$55.00	\$34.00
35-39	\$40.00	\$47.00	\$41.00	N/A	\$43.00	\$61.00	\$34.00
40-44	\$41.00	\$48.00	\$42.00	N/A	\$44.00	\$62.00	\$34.00
45-49	\$43.00	\$50.00	\$43.00	N/A	\$45.00	\$64.00	\$34.00
50-54	\$46.00	\$53.00	\$46.00	N/A	\$49.00	\$68.00	\$34.00
55-59	\$50.00	\$59.00	\$51.00	N/A	\$54.00	\$76.00	\$34.00
60-63	\$54.00	\$64.00	\$55.00	N/A	\$58.00	\$83.00	\$34.00
64+	\$57.00	\$67.00	\$58.00	N/A	\$61.00	\$86.00	\$34.00



# Ready to choose *better health?*

- 1 Select a health plan
- 2 Decide on dental 
- 3 Enroll and get started...

Shop our plans at [modahealth.com/shop](https://modahealth.com/shop)

Call us at 855-718-1767 or your agent to enroll

Enroll online at [modahealth.com/shop](https://modahealth.com/shop)

## What happens after you enroll?

### 1. After you enroll...

You'll get your welcome materials and member ID card in the mail. It tells you what's in your plan and how to use it to get the most out of your benefits. Be sure to keep your ID card handy when you visit your doctor or pick up medicine.

### 2. Create your Member Dashboard account

Go to [modahealth.com](https://modahealth.com) and select "Create an account." Your personal dashboard helps you see your claims, search for doctors and manage your plan. It's quick and easy to set up.

### 3. Pay your first bill

After you sign up, we'll send you an invoice. Your first payment starts your plan, so make sure to pay it on time to start your coverage.



ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-605-3229 (TTY: 711) or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 1-877-605-3229 (TTY: 711) o hable con su proveedor.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (Người khuyết tật: 1-877-605-3229 (TTY: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

주의: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-605-3229 (TTY: 711)번으로 전화하거나 서비스 제공업체에 문의하십시오.

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-605-3229 (TTY: 711) или обратитесь к своему поставщику услуг.

注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-605-3229 (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-605-3229 (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-605-3229 (TTY: 711) o makipag-usap sa iyong provider.

УВАГА: Якщо ви розмовляєте українська мова, вам доступні безкоштовні мовні послуги. Відповідні допоміжні засоби та послуги для надання інформації у доступних форматах також доступні безкоштовно. Зателефонуйте за номером 1-877-605-3229 (TTY: 711) або зверніться до свого постачальника».

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር 1-877-605-3229 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac 1-877-605-3229 (TTY: 711) ama la hadal bixiyahaaga.

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-605-3229 (TTY: 711) ou parlez à votre fournisseur.

注意：如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电（文本电话：1-877-605-3229 (TTY: 711) ）或咨询您的服务提供商。

ද්‍රව්‍යය: ටෑෆෲන්ඳ්ෲෆෲෲ
ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 1-877-605-3229 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

หมายเหตุ: หากคุณใช้ภาษาไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-605-3229 (TTY: 711) หรือปรึกษาผู้ให้บริการของคุณ

توجه دیں: اگر آپ اردو بولتے ہیں، تو آپ کے لیے زبان کی مفت مدد کی خدمات دستیاب ہیں۔ قابل رسائی فارمیٹس میں معلومات فراہم کرنے کے لیے مناسب معاون امداد اور خدمات بھی مفت دستیاب ہیں۔ - کئندہ سے بات کریں۔” 1-877-605-3229 (TTY: 711) پر کال کریں یا اپنے فراہم کنندہ سے بات کریں۔”

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 1-877-605-3229 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

सावधान: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका लागि निःशुल्क भाषिक सहायता सेवाहरू उपलब्ध छन्। पहुँचयोग्य ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायता र सेवाहरू पनि निःशुल्क उपलब्ध छन्। 1-877-605-3229 (TTY: 711) मा फोन गर्नुहोस् वा आफ्नो प्रदायकसँग कुरा गर्नुहोस्।

ശ്രദ്ധിക്കുക: നിങ്ങൾ മലയാളം ഭാഷ സംസാരിക്കുമെങ്കിൽ, സൗജന്യ ഭാഷാ സഹായ സേവനങ്ങൾ നിങ്ങൾക്ക് ലഭ്യമാണ്. ആക്സസ് ചെയ്യാവുന്ന ഫോർമാറ്റുകളിൽ വിവരങ്ങൾ നൽകാനുള്ള ഉചിതമായ അനുബന്ധ സഹായങ്ങളും സേവനങ്ങളും കൂടെ സൗജന്യമായി ലഭ്യമാണ്. 1-877-605-3229 (TTY: 711) ലേക്ക് വിളിക്കുക അല്ലെങ്കിൽ നിങ്ങളുടെ ഭാരതവിനോദ സംസാരിക്കുക.

PANANGIKASO: No agsasaoka iti Ilocano, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao. Libre met laeng a magun-odan dagiti maitutop a katulongan ken serbisio a mangipaay iti impormasion kadagiti ma-akses a pormat. Awagan ti 1-877-605-3229 (TTY: 711) wenno makisarita iti mangipapaay kenka.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-605-3229 (TTY: 711) पर कल करें या अपने प्रदाता से बात करें।

సావధానం: మీరు తెలుగు మాట్లాడితే, మీకు ఉచిత భాషా సహాయ సేవలు అందుబాటులో ఉంటాయి. యాక్సెస్ చేయగల ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక సహాయాలు మరియు సేవలు కూడా ఉచితంగా అందుబాటులో ఉంటాయి. 1-877-605-3229 (TTY: 711) కి కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 877-605-3229 (TTY: 711) أو تحدث إلى مقدم الخدمة".

AKIYESI: Ti o ba sọ Yorùbá, awọn işe iranlọwọ ede ọfẹ wa fun ọ. Awọn iranlọwọ iranlọwọ ti o yẹ ati awọn işe lati pese alaye ni awọn ọna kika wiwọle tun wa laisi idiyele. Pe 1-877-605-3229 (TTY: 711) tabi sọrọ si olupese rẹ.

MAKINIKA: Ikiwa wewe huzungumza Kiswahili, msaada na huduma za lugha bila malipo unapatikana kwako. Vifaa vya usaidizi vinavyofaa na huduma bila malipo ili kutoa taarifa katika mifumo inayofikiwa pia inapatikana bila malipo. Piga simu 1-877-605-3229 (TTY: 711) au zungumza na mtoa huduma wako.

ATENÇÃO: Se você fala Português do Brasil, serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-877-605-3229 (TTY: 711) ou fale com seu provedor.



Individual & family

Medicare Supplement

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  
855-718-1767

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

601 SW Second Ave.  
Portland, OR 97204-3156  
855-718-1767

**ModaHealth.com**

**DeltaDentalAK.com**



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 provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association.