2026 Medical plan benefit summary

Moda Select Alaska Bronze 6500 - AI/AN Zero

	Indian Health Care Provider (IHCP) you pay	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs				
Deductible per person	$0	$0	$0	$0
Deductible per family	$0	$0	$0	$0
Out-of-pocket max per person	$0	$0	$0	$0
Out-of-pocket max per family	$0	$0	$0	$0
Care & services				
Preventive care visit	0%	0%	0%	0%
Primary care provider (PCP) office visit	0%	0%	0%	0%
Specialist office visit	0%	0%	0%	0%
Urgent care visit	0%	0%	0%	0%
Virtual care visit	0%	0%	0%	0%
Outpatient diagnostic X-ray & lab	0%	0%	0%	0%
Emergency room visit	0%	0%	0%	0%
Ambulance	0%	0%	0%	0%
Inpatient/outpatient care	0%	0%	0%	0%
Behavioral health office visit	0%	0%	0%	0%
Physical, speech or occupational therapy visit	0%	0%	0%	0%
Acupuncture, spinal manipulation & massage therapy	0%	0%	0%	0%
Dental services for under age 19	0%	0%	0%	0%
Vision exam for under age 19	0%	0%	0%	0%
Vision hardware for under age 19	0%	0%	0%	0%
Prescription medications				
Value	0%	0%	0%	0%
Select	0%	0%	0%	0%
Preferred	0%	0%	0%	0%
Non-Preferred	0%	0%	0%	0%
Preferred Specialty	0%	0%	0%	Not covered
Non-Preferred Specialty	0%	0%	0%	Not covered
Features				
Metallic level	Expanded Bronze			
Exchange	On			
Medicare Part D creditable	Creditable			
Network	Tier 1 - Moda Select network, Tier 2 - First Choice network in Alaska, Tier 3 - Other providers in Alaska, Dental Services - Delta Dental Premier network			
Service area	Municipality of Anchorage, Fairbanks North Star Borough, Haines Borough, Kenai Peninsula Borough, Ketchikan Gateway, Matanuska-Susitna Borough, Petersburg Borough, Municipality of Skagway, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area, Prince of Wales-Hyder Census Area			
Additional benefits	Includes hearing exam/hearing aid and adult vision			

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.