2026 Medical plan benefit summary



| | Tier 1 - you pay | Tier 2 - you pay | Tier 3 - you pay |
|---|---|-----------------------|----------------------|
| Calendar year costs | riei 1 - you pay | riei 2 - you pay | Hei 3 - you pay |
| Deductible per person | \$2,000 | \$2,000 | \$6,000 |
| Deductible per family | \$4,000 | \$4,000 | \$12,000 |
| Out-of-pocket max per person | \$8,200 | \$8,200 | \$27,400 |
| Out-of-pocket max per family | \$16,400 | \$16,400 | \$54,800 |
| Care & services | ÿ10, 4 00 | \$10, 4 00 | Ş5 - ,000 |
| Preventive care visit Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act | \$0/visit | \$0/visit | 50% after deductible |
| Primary care provider (PCP) office visit | \$30/visit | \$30/visit | 50% after deductible |
| Specialist office visit | \$60/visit | \$60/visit | 50% after deductible |
| Jrgent care visit | \$45/visit | \$45/visit | 50% after deductible |
| /irtual care visit | \$30/visit | \$30/visit | 50% after deductible |
| Outpatient diagnostic X-ray & lab | 25% after deductible | 25% after deductible | 50% after deductible |
| Emergency room visit | 25% after deductible | 25% after deductible | 25% after deductible |
| Ambulance | 25% after deductible | 25% after deductible | 25% after deductible |
| npatient/outpatient care | 25% after deductible | 25% after deductible | 50% after deductible |
| Behavioral health office visit | \$30/visit | \$30/visit | 50% after deductible |
| Physical, speech or occupational therapy visit | \$30/visit | \$30/visit | 50% after deductible |
| Acupuncture, spinal nanipulation & massage therapy | \$30/visit | \$30/visit | 50% after deductible |
| Dental services for under age 19 | Covered | Covered | Covered |
| ision exam for under age 19 | \$0/visit | \$0/visit | 50% |
| ision hardware for under age 19 | 0% | 0% | 50% |
| Prescription medications | One copay for a 30-day supply. | | |
| /alue | \$15 | \$15 | \$15 |
| select | \$15 | \$15 | \$15 |
| Preferred | \$30 | \$30 | \$30 |
| Non-Preferred | \$60 | \$60 | \$60 |
| Preferred Specialty | \$250 | \$250 | Not covered |
| Non-Preferred Specialty | \$250 | \$250 | Not covered |
| eatures | | | |
| Metallic level | Gold | | |
| Exchange | On and Off | | |
| 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.