

Choose a better
experience with your
health insurance



Alaska 2023 | Small Group (1-50)



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

with nearly **70 years** of offering insurance plans

Easy

with **no referrals** required for specialists

Convenient

with **modern ways** to stay healthy, like texting a doctor and virtual appointments



Quality, evidence-based plans

Our flexible benefit designs support the long-term health of your clients' employees, including preventive exams, women's annual exams, well-baby care and many immunizations and screenings.



Prescriptions with choice

Your clients' employees get integrated pharmacy benefits with a comprehensive formulary design that provides them with maximum choice. Approved drug list: modahealth.com/pdl



Benefits admin, made easy

Online tools put the power in your clients' hands, so they can jump on whenever they need to make a change, run reports, access resources and manage their bill.



modahealth.com

Founded in **1955**

we've been **helping our members** with evidence-based health plans, diverse provider networks, innovative member programs and **our signature caring customer service.**

Moda has

333,000+

members in our
medical plans

More than

1 million

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2023 Medical plans

2023 Dental plans



Networks

Enrollment, made easy

Member perks

Contact us



Your guide to *plan management*

We want to make it easy for you and your clients to enroll and manage their account.



Enrollment, made easy

1 Confirm client's eligibility Your client's business must:

- Be in Alaska
- Have one to 50 full-time (or full-time-equivalent) employees on average during the preceding calendar year
- Have at least one employee enrolled on the first day of the plan year

2 Enroll by the 10th of the month

New group enrollment information must be received no later than the 10th of the month prior to the desired effective date. Late enrollment can be accommodated upon request.

3 Choose an employee eligibility waiting period

It cannot exceed 90 days for integrated dental/ medical or medical only plans.

4 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.

Faster benefits administration

The Employer Dashboard was created to help your clients quickly access and manage the details of benefits administration.

It's self-service, easy-to-use and available 24/7.

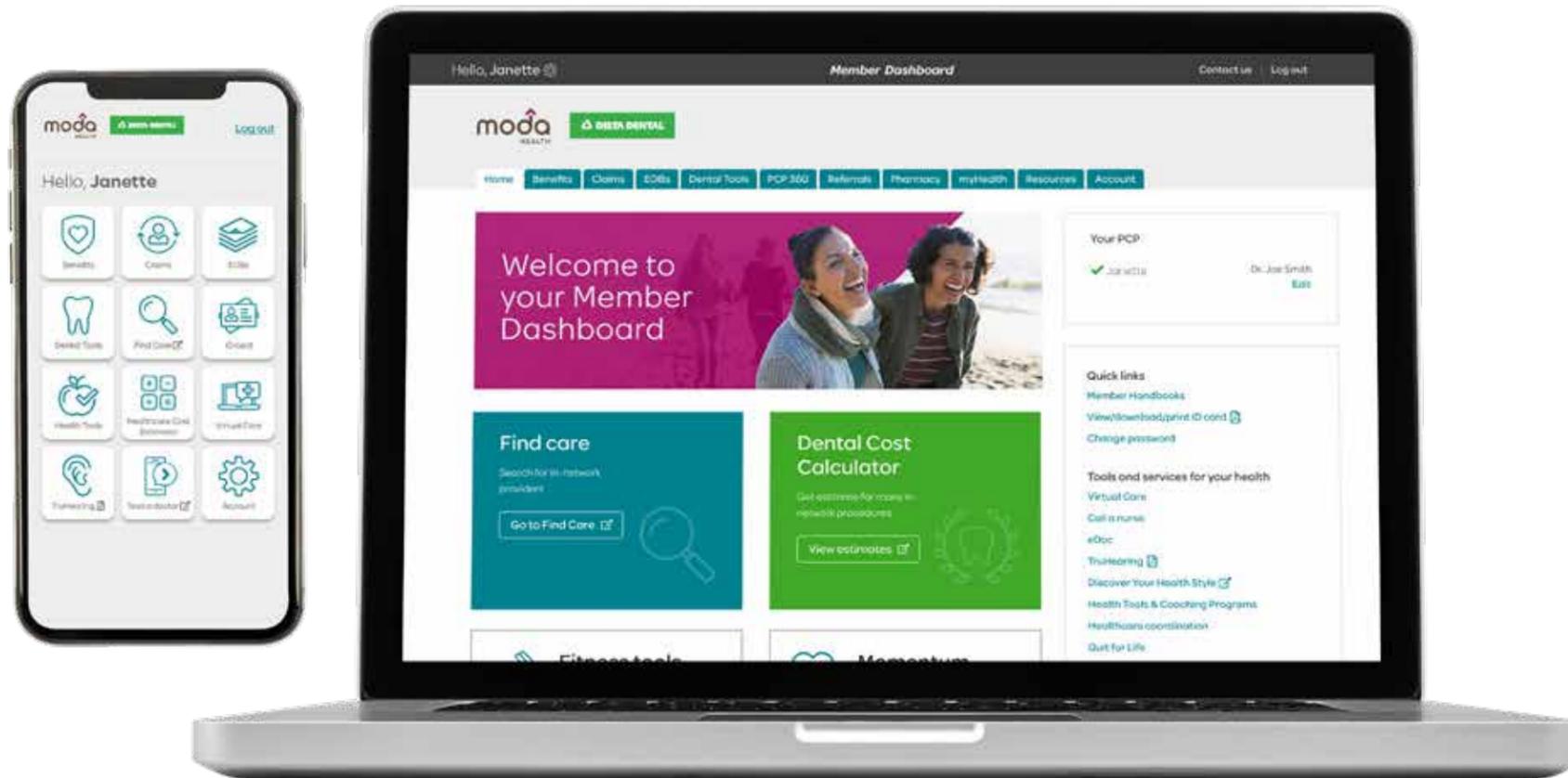
- Review employee enrollment information and history
- Generate an enrollment census of covered employees and/or dependents
- View benefit and plan details and Member Handbooks
- Manage billing with eBill
- Send secure messages
- Order ID cards



To learn more about the Employer Dashboard, contact your *Moda Health sales representative at 888-374-8910*

Member perks to improve *health and save*

Our comprehensive wellness programs have something for every employee, supporting their work toward better health with exclusive discounts, programs and tools.



Discounts

- Acupuncture, chiropractic, therapeutic massage (*once alternative care benefit limit has been reached*)
- Hearing aids and exams [↗](#)
- Popular health and fitness brands (*Vitamix® and Garmin®*)



Tools

- Health assessments [↗](#)
- Prescription price check
- Text a doctor 24/7 [📄](#)
- Employee Assistance Program [📄](#)
- Identity protection services



Coaching and care

- Health coaching [📄](#)
- Care coordination [↗](#)
- Diabetes management
- Tobacco cessation
- Emergency medical assistance when traveling
- Travel and care coordination for elective surgeries

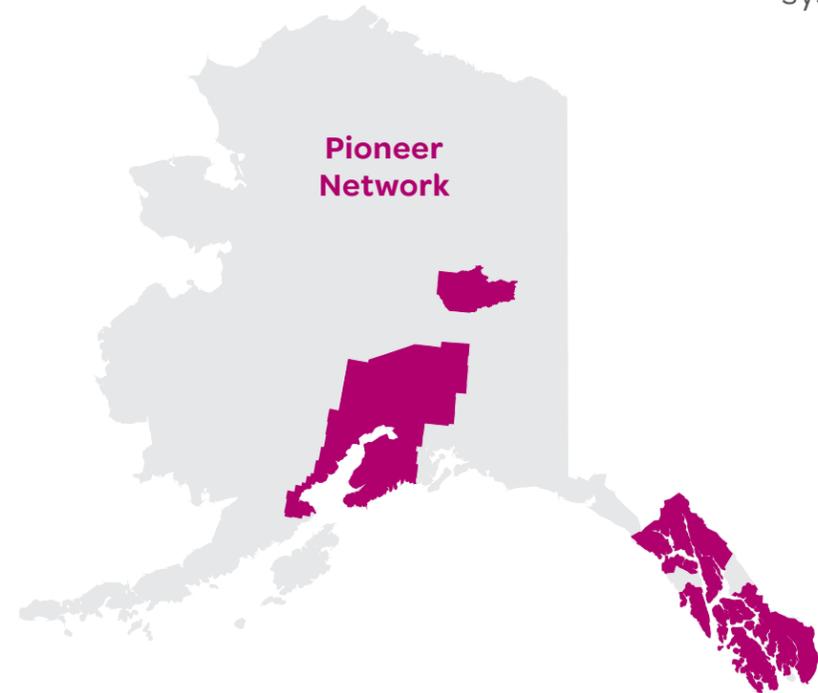


Mental health support

12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone [↗](#)

Life's *better* in the network

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.



Pioneer Network

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

Tier One

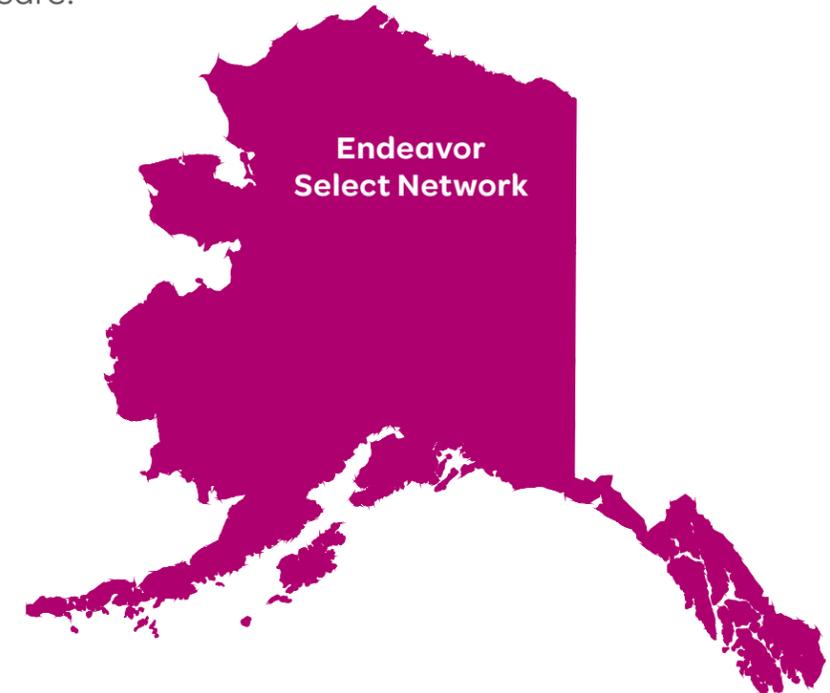


Visit modahealth.com/PioneerProviders to see a list of **Tier One** providers.

Tier Two  **First Choice Health.**
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 when permitted by law. Members receive the best benefit by using Tier One providers.



Endeavor Select Network

The **Endeavor Select Network** includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area. Inside Alaska, members can see any professional provider and receive the in-network benefit level. Outside of the Anchorage area, members can use any Alaska hospital for in-network coverage – however, out-of-network hospitals can balance bill when permitted by law.



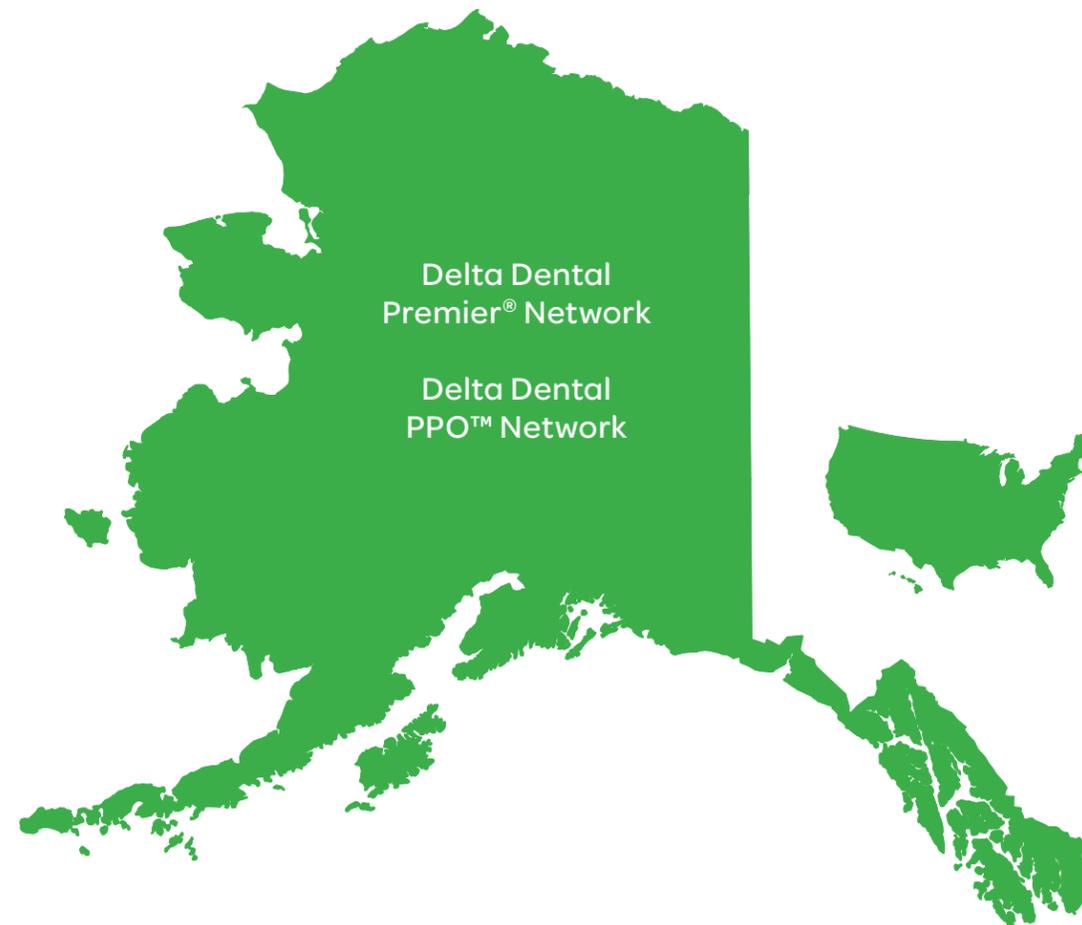
Aetna® PPO Network through Aetna Signature Administrators®

For care outside of Alaska, members can see providers in the Aetna® PPO Network.



Delta Dental networks *go where you go*

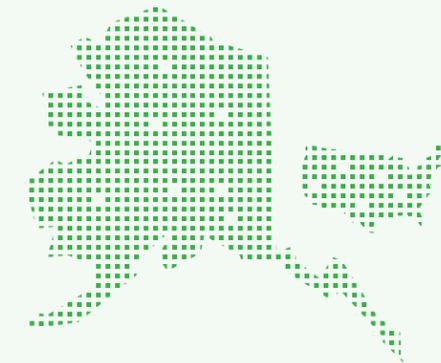
With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental **PPO™** Network

Potential savings in-network = \$\$\$

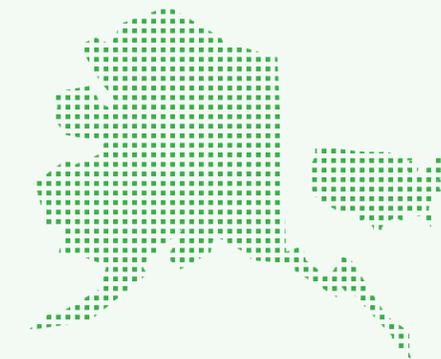
Choose from a large selection of dentists



Delta Dental **Premier®** Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Alaska





Quality coverage for your smile

Our plans come with dental insurance options.
This way, your whole health is covered.

With Delta Dental of Alaska plans, you'll have access to Delta Dental, 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



Cleanings every six months



Superior customer service



Freedom to choose a dentist

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



2023 *Medical plan* benefit table

| Plan name | Calendar year costs | | | Care & services | | | | | | | | Prescriptions | | | | | | Additional tier benefits available |
|--|---------------------------------------|-------------|--|--|----------------------------------|------------------------------|-----------------------|--|--|--|-------|----------------------|----------------------|----------------------|----------------------|-------------------------|---|------------------------------------|
| | Annual deductible per person / family | Coinsurance | Annual OOP maximum per person / family | PCP visits | Specialist visits | Emergency room visits | Virtual office visits | Mental health and substance use disorder office visits | Outpatient rehabilitation ¹ | Acupuncture, spinal manipulations and massage therapy services | Value | Select | Preferred | Non-Preferred | Preferred Specialty | Non-Preferred Specialty | | |
| | Tier 1 member pays | | | Tier 1 member pays | | | | | | | | Tier 1 member pays | | | | | | |
| Pioneer Network | | | | | | | | | | | | | | | | | | |
| Pioneer Gold 500 | \$500 / \$1,000 | 20% | \$6,400 / \$12,800 | First 3 visits \$0 then \$25 / visit (Under age 19: \$0 / visit) ³ | \$50 / visit | \$250 / 20% after deductible | \$25 / visit | \$50 / visit ² | \$50 / visit | \$25 / visit | \$0 | \$15 | \$30 | \$100 | 20% after deductible | 50% after deductible | + | |
| Pioneer Gold 1000 | \$1,000 / \$2,000 | 20% | \$6,400 / \$12,800 | First 3 visits \$0 then \$25 / visit (Under age 19: \$0 / visit) ³ | \$50 / visit | \$250 / 20% after deductible | \$25 / visit | \$50 / visit ² | \$50 / visit | \$25 / visit | \$0 | \$15 | \$30 | \$100 | 20% after deductible | 50% after deductible | + | |
| Pioneer Gold 1500 | \$1,500 / \$3,000 | 20% | \$6,000 / \$12,000 | First 3 visits \$0 then \$25 / visit (Under age 19: \$0 / visit) ³ | \$50 / visit | \$250 / 20% after deductible | \$25 / visit | \$50 / visit ² | \$50 / visit | \$25 / visit | \$0 | \$15 | \$30 | \$100 | 20% after deductible | 50% after deductible | + | |
| Pioneer Gold 2000 | \$2,000 / \$4,000 | 15% | \$5,000 / \$10,000 | First 3 visits \$0 then \$20 / visit (Under age 19: \$0 / visit) ³ | \$40 / visit | \$250 / 15% after deductible | \$20 / visit | \$40 / visit ² | \$40 / visit | \$20 / visit | \$0 | \$15 | \$30 | \$100 | 20% after deductible | 50% after deductible | + | |
| Pioneer Silver 2200 | \$2,200 / \$4,400 | 30% | \$8,800 / \$17,600 | First 3 visits \$0 then \$50 / visit (Under age 19: \$0 / visit) ³ | \$100 / visit | \$300 / 30% after deductible | \$50 / visit | \$100 / visit ² | \$100 / visit | \$50 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Silver 2500 | \$2,500 / \$5,000 | 30% | \$8,550 / \$17,100 | \$35 / visit | \$85 / visit | \$250 / 30% after deductible | \$35 / visit | \$85 / visit | \$85 / visit | \$35 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Silver 3500 | \$3,500 / \$7,000 | 25% | \$9,100 / \$18,200 | First 3 visits \$0 then \$60 / visit (Under age 19: \$0 / visit) ³ | \$120 / visit | \$300 / 25% after deductible | \$60 / visit | \$120 / visit ² | \$120 / visit | \$60 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Silver 4000 | \$4,000 / \$8,000 | 20% | \$8,900 / \$17,800 | First 3 visits \$0 then \$40 / visit (Under age 19: \$0 / visit) ³ | \$90 / visit | \$250 / 20% after deductible | \$40 / visit | \$90 / visit ² | \$90 / visit | \$40 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Bronze 6700 | \$6,700 / \$13,400 | 35% | \$9,100 / \$18,200 | \$85 / visit | \$145 / visit | \$400 / 35% after deductible | \$85 / visit | \$145 / visit | \$145 / visit | \$85 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Bronze 7500 | \$7,500 / \$15,000 | 30% | \$9,100 / \$18,200 | \$85 / visit | \$145 / visit | \$400 / 30% after deductible | \$85 / visit | \$145 / visit | \$145 / visit | \$85 / visit | \$0 | \$20 | \$60 | \$135 | 30% after deductible | 50% after deductible | + | |
| Pioneer Bronze 8550 | \$8,550 / \$17,100 | 0% | \$8,550 / \$17,100 | First 3 visits \$0 then 0% after deductible (Under age 19: \$0 / visit) ³ | 0% after deductible ² | 0% after deductible | 0% after deductible | 0% after deductible ² | 0% after deductible | 0% after deductible | \$0 | \$20 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | + | |
| Pioneer Gold 1500 HDHP | \$1,500 / \$3,000 | 20% | \$3,500 / \$7,000 | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | \$0 | 20% after deductible | 20% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | + | |
| Pioneer Silver 2800 HDHP | \$2,800 / \$5,600 | 25% | \$6,900 / \$13,800 | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | \$0 | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 50% after deductible | + | |
| Pioneer Silver 3500 HDHP | \$3,500 / \$7,000 | 20% | \$6,900 / \$13,800 | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | \$0 | 20% after deductible | 20% after deductible | 50% after deductible | 20% after deductible | 50% after deductible | + | |
| Pioneer Bronze 5950 HDHP | \$5,950 / \$11,900 | 40% | \$7,000 / \$14,000 | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | \$0 | 40% after deductible | 40% after deductible | 50% after deductible | 40% after deductible | 50% after deductible | + | |
| Pioneer Bronze 6900 HDHP | \$6,900 / \$13,800 | 0% | \$6,900 / \$13,800 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | \$0 | 0% after deductible | + | |

1 Occupational therapy, physical therapy, speech therapy
 2 No cost sharing for first 3 mental health or substance use disorder office visits
 3 Under age 19: No cost sharing including virtual care visits
 Age 19+: No cost sharing for first 3 PCP visits per year combined with virtual care visits, then cost sharing applies.

Medical disclaimer: This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2023 *Medical plan* benefit table

| Plan name | Calendar year costs | | | Care & services | | | | | | | Prescriptions | | | | | |
|--|---------------------------------------|-------------|--|------------------------|----------------------|------------------------------|-----------------------|--|--|--|------------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|
| | Annual deductible per person / family | Coinsurance | Annual OOP maximum per person / family | PCP visits | Specialist visits | Emergency room visits | Virtual office visits | Mental health and substance use disorder office visits | Outpatient rehabilitation ¹ | Acupuncture, spinal manipulations and massage therapy services | Value | Select | Preferred | Non-Preferred | Preferred Specialty | Non-Preferred Specialty |
| | In network member pays | | | In network member pays | | | | | | | In network member pays | | | | | |
| ● Endeavor Select Gold No Deductible | \$0 | 30% | \$8,550 / \$17,100 | 30% | 30% | \$250 / 30% | 30% | 30% | 30% | 30% | \$0 | 30% | 30% | 50% | 30% | 50% |
| ● Endeavor Select Gold 500 | \$500 / \$1,000 | 20% | \$7,500 / \$15,000 | \$30 / visit | \$60 / visit | \$250 / 20% after deductible | \$30 / visit | \$60 / visit | \$60 / visit | \$30 / visit | \$0 | \$20 | \$40 | \$115 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Gold 1000 | \$1,000 / \$2,000 | 20% | \$6,700 / \$13,400 | \$25 / visit | \$50 / visit | \$250 / 20% after deductible | \$25 / visit | \$50 / visit | \$50 / visit | \$25 / visit | \$0 | \$20 | \$40 | \$115 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Gold 1500 | \$1,500 / \$3,000 | 20% | \$6,000 / \$12,000 | \$25 / visit | \$50 / visit | \$250 / 20% after deductible | \$25 / visit | \$50 / visit | \$50 / visit | \$25 / visit | \$0 | \$20 | \$40 | \$115 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Gold 2000 | \$2,000 / \$4,000 | 20% | \$6,000 / \$12,000 | \$30 / visit | \$60 / visit | \$250 / 20% after deductible | \$30 / visit | \$60 / visit | \$60 / visit | \$30 / visit | \$0 | \$20 | \$40 | \$115 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Silver 2500 | \$2,500 / \$5,000 | 40% | \$8,900 / \$17,800 | \$40 / visit | \$90 / visit | \$250 / 40% after deductible | \$40 / visit | \$90 / visit | \$90 / visit | \$40 / visit | \$0 | \$25 | \$70 | \$150 | 30% after deductible | 50% after deductible |
| ● Endeavor Select Silver 3000 | \$3,000 / \$6,000 | 35% | \$8,900 / \$17,800 | \$40 / visit | \$90 / visit | \$250 / 35% after deductible | \$40 / visit | \$90 / visit | \$90 / visit | \$40 / visit | \$0 | \$25 | \$70 | \$150 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Silver 4000 | \$4,000 / \$8,000 | 30% | \$8,900 / \$17,800 | \$50 / visit | \$100 / visit | \$250 / 30% after deductible | \$50 / visit | \$100 / visit | \$100 / visit | \$50 / visit | \$0 | \$20 | \$60 | \$135 | 20% after deductible | 50% after deductible |
| ● Endeavor Select Bronze 8150 | \$8,150 / \$16,300 | 0% | \$8,150 / \$16,300 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | \$0 | \$20 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible |
| ● Endeavor Select Bronze 8550 | \$8,550 / \$17,100 | 0% | \$8,550 / \$17,100 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | \$0 | \$20 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible |
| ● Endeavor Select Gold HDHP 1500 | \$1,500 / \$3,000 | 20% | \$3,500 / \$7,000 | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | 20% after deductible | \$0 | 20% after deductible | 20% after deductible | 50% after deductible | 20% after deductible | 50% after deductible |
| ● Endeavor Select Silver HDHP 2500 | \$2,500 / \$5,000 | 25% | \$7,150 / \$14,300 | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | \$0 | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 50% after deductible |
| ● Endeavor Select Silver HDHP 3250 | \$3,250 / \$6,500 | 25% | \$7,000 / \$14,000 | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | 25% after deductible | \$0 | 25% after deductible | 25% after deductible | 50% after deductible | 25% after deductible | 50% after deductible |
| ● Endeavor Select Bronze HDHP 5950 | \$5,950 / \$11,900 | 40% | \$7,000 / \$14,000 | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | \$0 | 40% after deductible | 40% after deductible | 50% after deductible | 40% after deductible | 50% after deductible |
| ● Endeavor Select Bronze HDHP 7000 | \$7,000 / \$14,000 | 0% | \$7,000 / \$14,000 | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | 0% after deductible | \$0 | 0% after deductible |

Endeavor Select Network

¹ Occupational therapy, physical therapy, speech therapy

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2023 *Dental plan* benefit table

| | Plan name | Calendar year costs | | | Class 1 | | Class 2 | | | Class 3 | | | |
|-------------------------------|---|---|--|----------------------------------|---|-----------|---|----------------------|------------|---|-------------------------------|-----------------------------------|-------------|
| | | Deductible | Annual maximum options for groups 10-50 (age 19+) | Out-of-pocket maximum (under 19) | Exams & X-rays | Cleanings | Restorative fillings | Oral surgery | Anesthesia | Restorative crowns | Partial and complete dentures | Implants | Orthodontia |
| | | per person / family | | 1 member / 2+ members | In-network member pays (under age 19 / 19+) | | In-network member pays (under age 19 / 19+) | | | In-network member pays (under age 19 / 19+) | | | |
| Delta Dental Premier® Network | Delta Dental Premier Radiant Smiles Plan | \$50 / \$150 | NA | \$375 / \$750 | 0% / Not covered | | 40% after deductible / Not covered | | | 50% after deductible / Not covered | | 50% after deductible ¹ | |
| | Delta Dental Premier Preventive Mandated Plan | \$25 / \$75 | \$500 (applies to all ages) | NA | 0% after deductible | | 90% after deductible | | | 90% after deductible | | Not covered | |
| | Delta Dental Premier, +3000, 100*/80/50, 50, PF | \$50 / \$150 | \$3,000 ² | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier, +2500, 100*/80/50, 50, PF | \$50 / \$150 | \$2,500 ² | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier, +2000, 100*/80/50, 50, PF | \$50 / \$150 | \$2,000 ² | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier, +1500, 100*/80/50, 50, PF | \$50 / \$150 | \$1,500 ² | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier, +1000, 100*/80/50, 50, PF | \$50 / \$150 | \$1,000 ² | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier 2000, 100*/80/50, 50 | \$50 / \$150 | \$2,000 | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | 20% after deductible | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier 1500, 100*/80/50, 50 | \$50 / \$150 | \$1,500 | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | 20% after deductible | | 50% after deductible | | 50% after deductible ¹ | |
| | Delta Dental Premier 1000, 100*/80/50, 50 | \$50 / \$150 | \$1,000 | \$375 / \$750 | 0% | | 40% after deductible / 20% after deductible | 20% after deductible | | 50% after deductible | | 50% after deductible ¹ | |
| Delta Dental PPO™ Network | Delta Dental PPO, PF, Voluntary, 2000, 100*/90/50, 50 | \$50 / \$150 | \$2,000 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, Voluntary, 1500, 100*/90/50, 50 | \$50 / \$150 | \$1,500 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, Voluntary, 1000, 100*/90/50, 50 | \$50 / \$150 | \$1,000 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, +3000, 100*/90/50, 50 | \$50 / \$150 | \$3,000 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, +2500, 100*/90/50, 50 | \$50 / \$150 | \$2,500 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, 2000, 100*/90/50, 50 | \$50 / \$150 | \$2,000 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF, 1500, 100*/90/50, 50 | \$50 / \$150 | \$1,500 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | Delta Dental PPO, PF 1000, 100*/90/50, 50 | \$50 / \$150 | \$1,000 ² | \$375 / \$750 | 0% | | 0% / 10% after deductible | | | 0% / 50% after deductible | | 0% ¹ / Not covered | |
| | PPO Plus 1 | In-network: \$25 / \$75 Out-of-network: \$50 / \$150 | In-network: \$1,100 Out-of-network: \$1,000 (applies to all ages) ² | NA | 0% | | 20% after deductible | | | 50% after deductible | | | |
| | PPO Plus 2 | | In-network: \$1,600 Out-of-network: \$1,500 (applies to all ages) ² | NA | 0% | | 20% after deductible | | | 50% after deductible | | | |
| | PPO Plus 3 | | In-network: \$2,100 Out-of-network: \$2,000 (applies to all ages) ² | NA | 0% | | 20% after deductible | | | 50% after deductible | | | |
| | PPO Plus 4 | | In-network: \$2,600 Out-of-network: \$2,500 (applies to all ages) ² | NA | 0% | | 20% after deductible | | | 50% after deductible | | | |
| | PPO Plus 5 | | In-network: \$3,100 Out-of-network: \$3,000 (applies to all ages) ² | NA | 0% | | 20% after deductible | | | 50% after deductible | | | |

¹ Only medically necessary orthodontia is covered, and only to age 19.

² Class 1 services to not count against your annual max.

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental Plan 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. These benefits and Delta Dental Plan of Alaska 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.

2023 *Orthodontia plan* riders

| | 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% ¹ | 50% ¹ | Not covered | Not covered | 50% | 50% |

¹ Treatment must start prior to child's 17th birthday.





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

800-578-1402
TTY users, please call 711

ModaHealth.com | DeltaDentalAK.com

Portland office (corporate headquarters)
601 SW Second Ave., Portland, OR 97204-3156

For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. 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. Delta Dental is a trademark of Delta Dental Plans Association

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