



| | Gold plans | | Silver plans | | | Bronze plans | | |
|--|-------------------------------------|-----------------------------------|---------------------------------------|--|-------------------------------------|---------------------------------------|-------------------------------------|--------------------------|
| | Moda Pioneer Gold 1500 ¹ | Moda Pioneer Alaska Standard Gold | Moda Pioneer Silver 4500 ¹ | Moda Pioneer Silver 2900 Direct ¹ | Moda Pioneer Alaska Standard Silver | Moda Pioneer Bronze 6500 ¹ | Moda Pioneer Alaska Standard Bronze | Moda Pioneer Bronze 5500 |

What you pay for the care you receive each year based on the benefit tier you choose — **1 2 3** Members receive the **best** benefits by using Tier 1 providers

| | | | | | | | | |
|------------------------------|-------------------|----------|----------|----------|----------|----------|----------|----------|
| Deductible per person | 1 \$1,500 | \$1,500 | \$4,500 | \$2,900 | \$5,900 | \$6,500 | \$7,500 | \$5,500 |
| | 2 \$3,000 | \$1,500 | \$6,000 | \$5,800 | \$5,900 | \$7,500 | \$7,500 | \$6,000 |
| | 3 \$9,000 | \$4,500 | \$18,000 | \$17,400 | \$17,700 | \$22,500 | \$22,500 | \$18,000 |
| Deductible per family | 1 \$3,000 | \$3,000 | \$9,000 | \$5,800 | \$11,800 | \$13,000 | \$15,000 | \$11,000 |
| | 2 \$6,000 | \$3,000 | \$12,000 | \$11,600 | \$11,800 | \$15,000 | \$15,000 | \$12,000 |
| | 3 \$18,000 | \$9,000 | \$36,000 | \$34,800 | \$35,400 | \$45,000 | \$45,000 | \$36,000 |
| Out-of-pocket max per person | 1 \$6,000 | \$8,700 | \$7,750 | \$8,700 | \$9,100 | \$9,000 | \$9,400 | \$9,250 |
| | 2 \$6,000 | \$8,700 | \$8,500 | \$8,700 | \$9,100 | \$9,000 | \$9,400 | \$9,250 |
| | 3 \$18,000 | \$26,100 | \$25,500 | \$26,100 | \$27,300 | \$27,000 | \$28,200 | \$27,750 |
| Out-of-pocket max per family | 1 \$12,000 | \$17,400 | \$15,500 | \$17,400 | \$18,200 | \$18,000 | \$18,800 | \$18,500 |
| | 2 \$12,000 | \$17,400 | \$17,000 | \$17,400 | \$18,200 | \$18,000 | \$18,800 | \$18,500 |
| | 3 \$36,000 | \$52,200 | \$51,000 | \$52,200 | \$54,600 | \$54,000 | \$56,400 | \$55,500 |

Benefits that make up your plan, and what you pay

| | | | | | | | | | |
|---|--------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Primary care provider (PCP) office visit | 1 | \$25 per visit | \$30 per visit | \$30 per visit | \$35 per visit | \$40 per visit | \$45 per visit | \$50 per visit | 40% after deductible |
| | 2 | 40% | \$30 per visit | 40% | 40% | \$40 per visit | 40% after deductible | \$50 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Specialist office visit | 1 | \$50 per visit | \$60 per visit | \$60 per visit | \$70 per visit | \$80 per visit | \$75 per visit | \$100 per visit | 40% after deductible |
| | 2 | 40% | \$60 per visit | 40% | 40% | \$80 per visit | 40% after deductible | \$100 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Urgent care visit | 1 | \$50 per visit | \$45 per visit | \$60 per visit | \$70 per visit | \$60 per visit | \$75 per visit | \$75 per visit | 40% after deductible |
| | 2 | 40% | \$45 per visit | 40% | 40% | \$60 per visit | 40% after deductible | \$75 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Virtual care visit | 1 | \$15 per visit | \$30 per visit | \$20 per visit | \$25 per visit | \$40 per visit | \$35 per visit | \$50 per visit | 40% after deductible |
| | 2 | 40% | \$30 per visit | 40% | 40% | \$40 per visit | 40% after deductible | \$50 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Emergency room visit | 1 2 3 | 30% after deductible | 25% after deductible | 30% after deductible | 35% after deductible | 40% after deductible | 30% after deductible | 50% after deductible | 40% after deductible |
| Acupuncture, spinal manipulation and massage therapy services | 1 | \$25 per visit | \$30 per visit | \$30 per visit | \$35 per visit | \$40 per visit | \$45 per visit | \$50 per visit | 40% after deductible |
| | 2 | 40% after deductible | \$30 per visit | 40% after deductible | 40% after deductible | \$40 per visit | 50% after deductible | \$50 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Mental health and substance use disorder office visit | 1 | \$25 per visit | \$30 per visit | \$30 per visit | \$35 per visit | \$40 per visit | \$45 per visit | \$50 per visit | 40% after deductible |
| | 2 | 40% | \$30 per visit | 40% | 40% | \$40 per visit | 40% after deductible | \$50 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Outpatient rehabilitation | 1 | \$50 per visit | \$30 per visit | \$60 per visit | \$70 per visit | \$40 per visit | \$75 per visit | \$50 per visit | 40% after deductible |
| | 2 | 40% | \$30 per visit | 40% | 40% | \$40 per visit | 40% after deductible | \$50 per visit | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |
| Inpatient/outpatient care | 1 | 30% after deductible | 25% after deductible | 30% after deductible | 35% after deductible | 40% after deductible | 30% after deductible | 50% after deductible | 40% after deductible |
| | 2 | 40% after deductible | 25% after deductible | 40% after deductible | 40% after deductible | 40% after deductible | 50% after deductible | 50% after deductible | 50% after deductible |
| | 3 | 60% after deductible | 50% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible | 60% after deductible |

Pharmacy benefits

| | | | | | | | | | |
|--------------------------|--------------|----------------------|-------|----------------------|----------------------|------------------------|----------------------|------------------------|----------------------|
| Value | 1 2 3 | \$2 | \$15 | \$2 | \$2 | \$20 | \$2 | \$25 | \$2 |
| Generic | 1 2 3 | \$10 | \$15 | \$20 | \$20 | \$20 | 30% after deductible | \$25 | 35% after deductible |
| Preferred | 1 2 3 | \$45 | \$30 | \$60 | 40% | \$40 | 30% after deductible | \$50 after deductible | 35% after deductible |
| Non-preferred | 1 2 3 | 50% after deductible | \$60 | 50% after deductible | 50% after deductible | \$80 after deductible | 45% after deductible | \$100 after deductible | 40% after deductible |
| Specialty* | 1 2 3 | 40% after deductible | \$250 | 40% after deductible | 40% | \$350 after deductible | 35% after deductible | \$500 after deductible | 35% after deductible |
| Non-preferred specialty* | 1 2 3 | 50% after deductible | \$250 | 50% after deductible | 50% after deductible | \$350 after deductible | 45% after deductible | \$500 after deductible | 40% after deductible |

Things to consider when choosing your plan

| | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|
| Features | | | | | | | | | |
|----------|--|--|--|--|--|--|--|--|--|

Plan highlights

- 3 tiers to choose from
- 1** Pioneer Network
- 2** First Choice Network in AK
- 3** Non-contracted providers

The Pioneer Network was developed to provide cost-effective, coordinated care. Our Pioneer plans offer three benefit levels (tiers) of healthcare. Members receive the best benefits by using Tier 1 providers.

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.



Included with all plans

- Unlimited mental health and substance disorder in person office visits
- PT** 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 in a 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

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 document 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.

*Tier 3 pharmacy benefits not covered
1 First 2 in-person and virtual PCP visits at \$5. First 2 mental health and/or substance use disorder office visits at \$5.



Save more

In addition to a tax credit, members may be eligible for a **cost-sharing reduction plan** that lowers the amount paid out-of-pocket for deductibles, coinsurance, and copays. Members of federally recognized American Indian and Alaska Native tribes may also qualify for additional cost-sharing benefits.



2024

Cost-sharing reduction (CSR) plans

| | Moda Pioneer Silver 4500 ¹ | | | Moda Pioneer Alaska Silver Standard | | |
|---|---|--------------------------------|-------------------------------|-------------------------------------|--------------------------------|--------------------------------|
| | CSV1 73% CSR | CSV2 87% CSR | CSV3 94% CSR | CSV1 73% CSR | CSV2 87% CSR | CSV3 94% CSR |
| What you pay for the care you receive each year based on the benefit tier you choose – 1 2 3 | | | | | | |
| Deductible per person | 1: \$4,000 2: \$6,000 3: \$18,000 | \$500 \$1,500 \$4,500 | \$250 \$500 \$1,500 | \$5,700 \$5,700 \$17,100 | \$700 \$700 \$2,100 | \$0 \$0 \$0 |
| Deductible per family | 1: \$8,000 2: \$12,000 3: \$36,000 | \$1,000 \$3,000 \$9,000 | \$500 \$1,000 \$3,000 | \$11,400 \$11,400 \$34,200 | \$1,400 \$1,400 \$4,200 | \$0 \$0 \$0 |
| Out-of-pocket max per person | 1: \$6,850 2: \$6,850 3: \$20,550 | \$1,500 \$2,700 \$8,100 | \$500 \$750 \$2,250 | \$7,200 \$7,200 \$21,600 | \$3,000 \$3,000 \$9,000 | \$1,800 \$1,800 \$5,400 |
| Out-of-pocket max per family | 1: \$13,700 2: \$13,700 3: \$41,100 | \$3,000 \$5,400 \$16,200 | \$1,000 \$1,500 \$4,500 | \$14,400 \$14,400 \$43,200 | \$6,000 \$6,000 \$18,000 | \$3,600 \$3,600 \$10,800 |

Benefits that make up your plan, and what you pay

| | | | | | | |
|---|---|--|--|--|--|---------------------|
| Primary care provider (PCP) office visit | 1: \$30 per visit 2: 40% 3: 60% after deductible | \$10 per visit 40% 60% after deductible | \$10 per visit 40% 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$20 per visit \$20 per visit 60% after deductible | \$0 \$0 60% |
| Specialist office visit | 1: \$50 per visit 2: 40% 3: 60% after deductible | \$45 per visit 40% 60% after deductible | \$40 per visit 40% 60% after deductible | \$80 per visit \$80 per visit 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$10 \$10 60% |
| Urgent care visit | 1: \$50 per visit 2: 40% 3: 60% after deductible | \$45 per visit 40% 60% after deductible | \$40 per visit 40% 60% after deductible | \$60 per visit \$60 per visit 60% after deductible | \$30 per visit \$30 per visit 60% after deductible | \$5 \$5 60% |
| Virtual care visit | 1: \$20 per visit 2: 40% 3: 60% after deductible | \$5 per visit 40% 60% after deductible | \$5 per visit 40% 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$20 per visit \$20 per visit 60% after deductible | \$0 \$0 60% |
| Emergency room visit | 1 2 3: 30% after deductible | 30% after deductible | 30% after deductible | 40% after deductible | 30% after deductible | 25% |
| Acupuncture, spinal manipulation and massage therapy services | 1: \$30 per visit 2: 40% after deductible 3: 60% after deductible | \$10 per visit 40% after deductible 60% after deductible | \$10 per visit 40% after deductible 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$20 per visit \$20 per visit 60% after deductible | \$0 \$0 60% |
| Mental health and substance use disorder office visit | 1: \$30 per visit 2: 40% 3: 60% after deductible | \$10 per visit 40% 60% after deductible | \$10 per visit 40% 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$20 per visit \$20 per visit 60% after deductible | \$0 \$0 60% |
| Outpatient rehabilitation | 1: \$50 per visit 2: 40% 3: 60% after deductible | \$45 per visit 40% 60% after deductible | \$40 per visit 40% 60% after deductible | \$40 per visit \$40 per visit 60% after deductible | \$20 per visit \$20 per visit 60% after deductible | \$0 \$0 60% |
| Inpatient/outpatient care | 1: 30% after deductible 2: 40% after deductible 3: 60% after deductible | 30% after deductible 40% after deductible 60% after deductible | 30% after deductible 40% after deductible 60% after deductible | 40% after deductible 40% after deductible 60% after deductible | 30% after deductible 30% after deductible 60% after deductible | 25% 25% 60% |

Pharmacy benefits

| | | | | | | |
|--------------------------|-----------------------------|----------------------|----------------------|------------------------|------------------------|-------|
| Value | 1 2 3: \$2 | \$2 | \$2 | \$20 | \$10 | \$0 |
| Generic | 1 2 3: \$20 | \$20 | \$20 | \$20 | \$10 | \$0 |
| Preferred | 1 2 3: \$60 | \$60 | \$60 | \$40 | \$20 | \$15 |
| Non-preferred | 1 2 3: 50% after deductible | 50% after deductible | 50% after deductible | \$80 after deductible | \$60 after deductible | \$50 |
| Specialty* | 1 2 3: 40% after deductible | 40% after deductible | 40% after deductible | \$350 after deductible | \$250 after deductible | \$150 |
| Non-preferred specialty* | 1 2 3: 50% after deductible | 50% after deductible | 50% after deductible | \$350 after deductible | \$250 after deductible | \$150 |

Things to consider when choosing your plan

| | | | | | | |
|----------|--|--|--|--|--|--|
| Features | | | | | | |
|----------|--|--|--|--|--|--|

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