

Choose a better
experience with your
health insurance



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.



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

430,000+

members in our
medical plans

More than

750,000

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2024 Medical plans

2024 Pharmacy plans

2024 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 51 or more 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*

Funding types



Fully insured plans

Rates are established and paid on a monthly basis. The client pays a fixed rate for the contract period and Moda Health assumes the entire risk. There's no after-the-fact settlement with the account.



Equal Funding

(25+ enrolled, medical only)

Equal Funding is a good option for employers who are looking to take more control over their healthcare plans or those interested in limiting risk in a partially self-funded environment.

Benefits include:

- 12 predictable monthly payments
- Greater insight into plan performance throughout the year
- Make more informed decisions at renewal
- No surprise separate fees

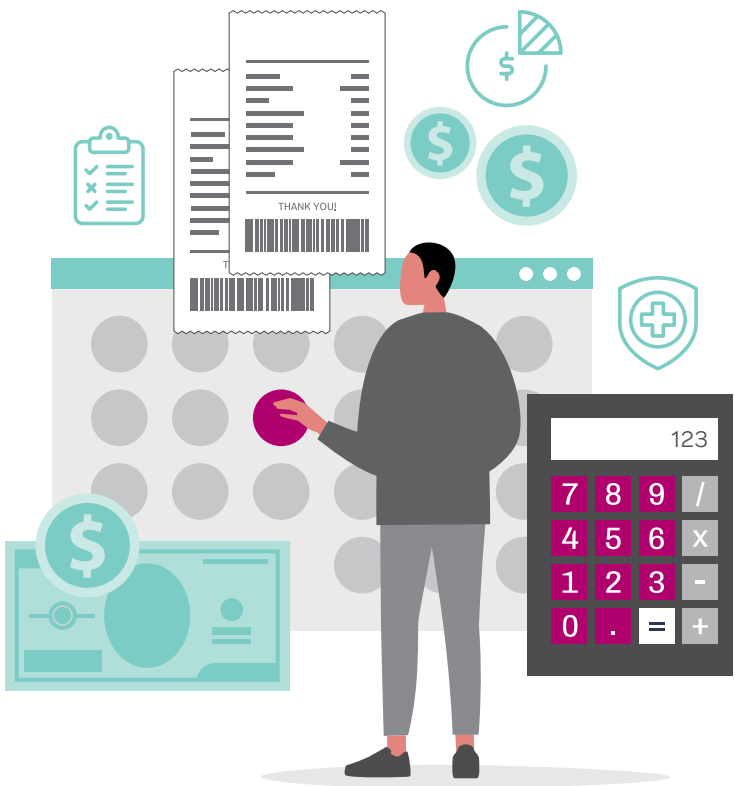


Administrative Services Only (ASO)

(Groups of 100+ enrolled)

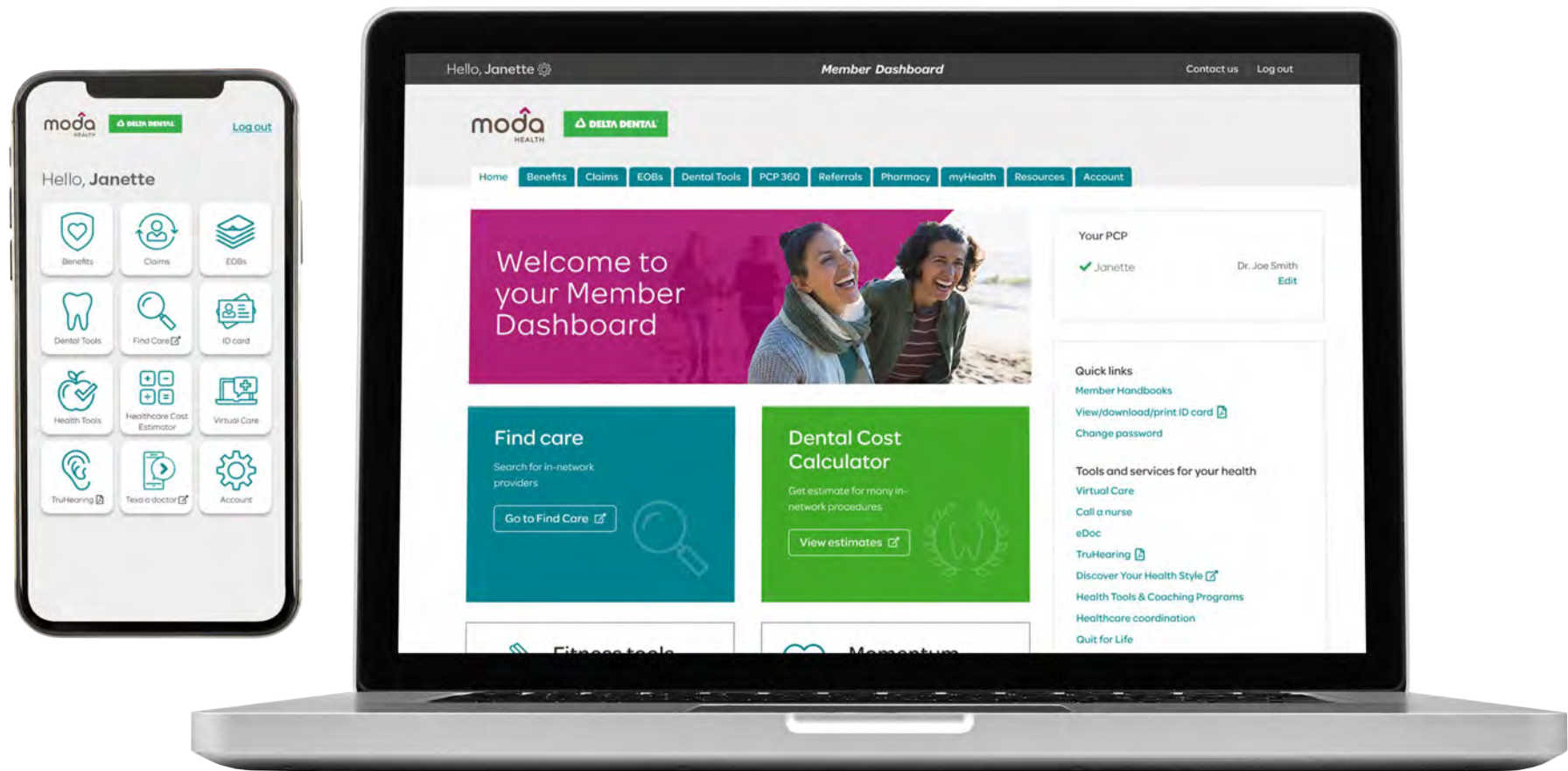
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

The employer is responsible for paying the cost of the healthcare services provided.



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

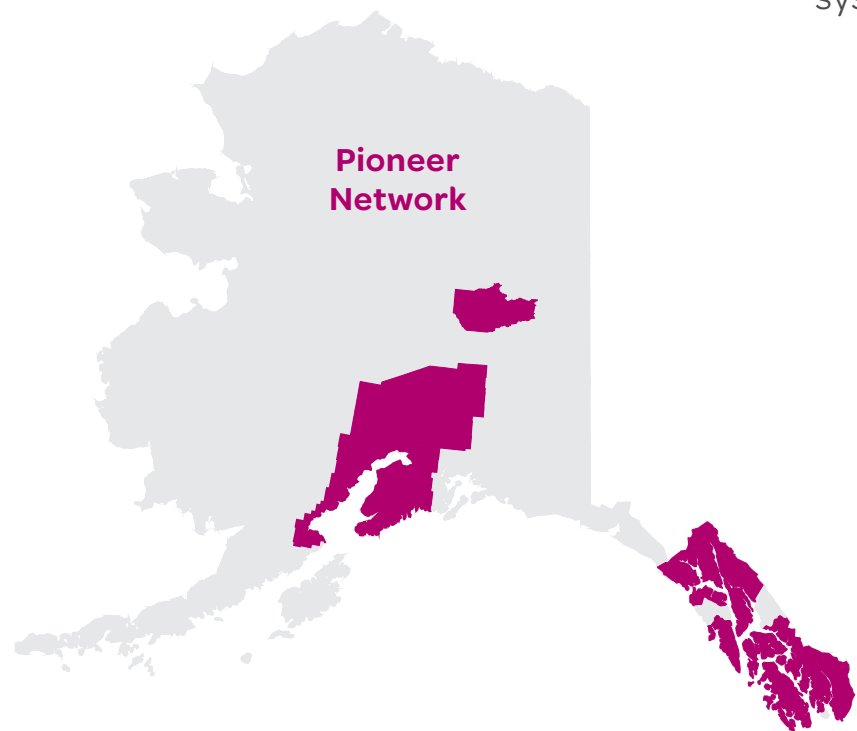


Mental health support

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.



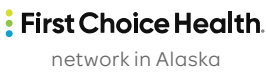
The **Pioneer Network** was developed to provide cost-effective, coordinated care. Pioneer offers **three benefit levels** (tiers) of healthcare:

Tier One



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

Tier Two



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.



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.



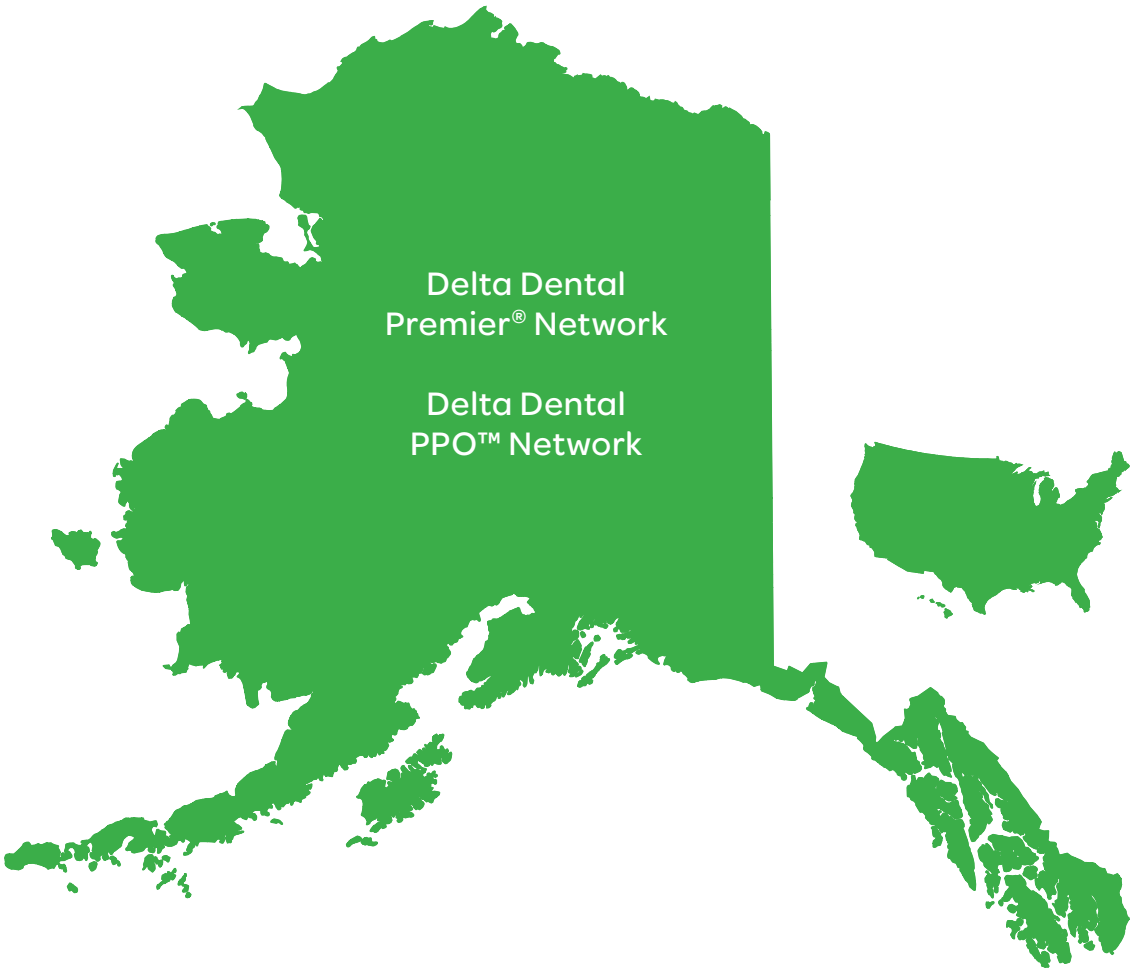
Aetna® PPO Network through Aetna Signature Administrators®

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



Delta Dental networks *go where you go*

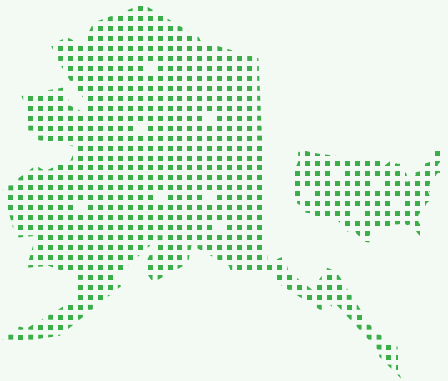
With thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



Delta Dental **PPO**™ Network

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

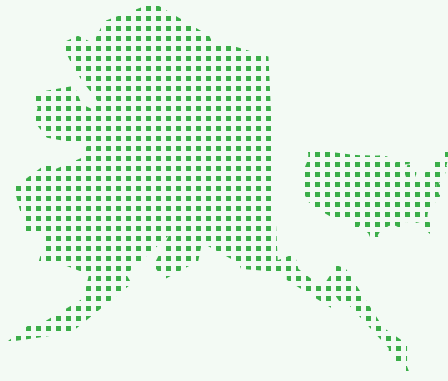
Choose from a large selection of dentists



Delta Dental **Premier**® Network

Potential savings in-network = \$\$

Get more choice with the largest dental network in Alaska





Quality coverage *for your smile*

When all you need is dental insurance, we’ve got you 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.



2024 *Medical plan* benefit table

	Plan name	Calendar year costs			Care & services						
		Annual deductible per member / family	Coinsurance	Annual OOP maximum per member / family	Primary Care Provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health & substance use disorder office visit	Outpatient rehabilitation¹	Acupuncture, massage therapy & spinal manipulation
		In-network member pays			In-network member pays						
Endeavor Select Network	\$500_\$6500_\$20/\$50_20%²	\$500 / \$1,000	20%	\$6,500 / \$13,000	\$20 per visit	\$50 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$50 per visit	\$20 per visit
	\$1000_\$7000_\$25/\$50_20%²	\$1,000 / \$2,000	20%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	\$1500_\$7500_\$25/\$50_20%²	\$1,500 / \$3,000	20%	\$7,500 / \$15,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	\$2000_\$8150_\$25/\$60_20%²	\$2,000 / \$4,000	20%	\$8,150 / \$16,300	\$25 per visit	\$60 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$60 per visit	\$25 per visit
	\$2500_\$8550_\$30/\$60_20%²	\$2,500 / \$5,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	\$3000_\$8550_\$30/\$60_20%²	\$3,000 / \$6,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	\$4000_\$8550_\$30/\$65_20%²	\$4,000 / \$8,000	20%	\$8,550 / \$17,100	\$30 per visit	\$65 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$65 per visit	\$30 per visit
	\$5000_\$8550_\$40/\$80_30%²	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$40 per visit	\$80 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$80 per visit	\$40 per visit
	\$6000_\$8550_\$45/\$80_30%²	\$6,000 / \$12,000	30%	\$8,550 / \$17,100	\$45 per visit	\$80 per visit	\$100 then 30% after deductible	\$45 per visit	\$45 per visit	\$80 per visit	\$45 per visit
	\$7000_\$8550_\$50/\$100_30%²	\$7,000 / \$14,000	30%	\$8,550 / \$16,300	\$50 per visit	\$100 per visit	\$100 then 30% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit
	\$9000_\$9000_\$50/\$100_0%²	\$9,000 / \$18,000	0%	\$9,000 / \$18,000	\$50 per visit	\$100 per visit	0% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit
	PPO \$250_\$2000_\$20_20%²	\$250 / \$500	20%	\$2,000 / \$4,000	\$20 per visit	\$20 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
	PPO \$500_\$3500_\$20_20%²	\$500 / \$1,000	20%	\$3,500 / \$7,000	\$20 per visit	\$20 per visit	\$100 then 20% after deductible	\$20 per visit	\$20 per visit	\$20 per visit	\$20 per visit
	PPO \$1000_\$4500_\$25_20%²	\$1,000 / \$2,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$1500_\$4500_\$25_20%²	\$1,500 / \$3,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$2000_\$4500_\$25_20%²	\$2,000 / \$4,000	20%	\$4,500 / \$9,000	\$25 per visit	\$25 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$25 per visit	\$25 per visit
	PPO \$2500_\$6000_\$30_20%²	\$2,500 / \$5,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO \$3000_\$6000_\$30_20%²	\$3,000 / \$6,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO \$4000_\$6000_\$30_20%²	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	\$30 per visit	\$30 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$30 per visit	\$30 per visit
	PPO_\$5000_\$7150_\$40_30%²	\$5,000 / \$10,000	30%	\$7,150 / \$14,300	\$40 per visit	\$40 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$40 per visit	\$40 per visit
	PPO_\$6000_\$7150_\$45_30%²	\$6,000 / \$12,000	30%	\$7,150 / \$14,300	\$45 per visit	\$45 per visit	\$100 then 30% after deductible	\$45 per visit	\$45 per visit	\$45 per visit	\$45 per visit
	PPO_\$9000_\$9000_\$50_0%²	\$9,000 / \$18,000	0%	\$9,000 / \$18,000	\$50 per visit	\$100 per visit	0% after deductible	\$50 per visit	\$50 per visit	\$100 per visit	\$50 per visit
Endeavor Select Network HDHP											
	HDHP_\$1600_\$3200_20%	\$1,600 / \$3,200	20%	\$3,200 / \$6,400	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2000_\$5000_20%	\$2,000 / \$4,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5000_20%	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$3000_\$5000_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$4000_\$6000_20%	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$5000_\$7000_20%	\$5,000 / \$10,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$6000_\$7000_20%	\$6,000 / \$12,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$8000	\$8,000 / \$16,000	0%	\$8,000 / \$16,000	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible

1 Occupational therapy, physical therapy, speech therapy 2 First 3 visits at \$5, including primary care provider visits, mental health and substance use disorder office visits and virtual care visits

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2024 *Medical plan* benefit table

	Plan name	Calendar year costs			Care & services						
		Annual deductible per member / family	Coinsurance	Annual OOP maximum per member / family	Primary Care Provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Mental health & substance use disorder office visit	Outpatient rehabilitation¹	Acupuncture, massage therapy & spinal manipulation
		In-network member pays			In-network member pays						
Pioneer Network	PPO \$500_\$6500_\$25_20%²	\$500 / \$1,000	20%	\$6,500 / \$13,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	PPO \$1000_\$7000_\$25_20%²	\$1,000 / \$2,000	20%	\$7,000 / \$14,000	\$25 per visit	\$50 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 per visit	\$25 per visit
	PPO \$2000_\$7500_\$25_20%²	\$2,000 / \$4,000	20%	\$7,500 / \$15,000	\$25 per visit	\$60 per visit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$60 per visit	\$25 per visit
	PPO \$3000_\$8000_\$30_20%²	\$3,000 / \$6,000	20%	\$8,000 / \$16,000	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	PPO \$4000_\$8550_\$30_20%²	\$4,000 / \$8,000	20%	\$8,550 / \$17,100	\$30 per visit	\$60 per visit	\$100 then 20% after deductible	\$30 per visit	\$30 per visit	\$60 per visit	\$30 per visit
	PPO \$5000_\$8550_\$40_30%²	\$5,000 / \$10,000	30%	\$8,550 / \$17,100	\$40 per visit	\$80 per visit	\$100 then 30% after deductible	\$40 per visit	\$40 per visit	\$80 per visit	\$40 per visit
Pioneer Network HDHP	HDHP_\$1600_\$3200_20%	\$1,600 / \$3,200	20%	\$3,200 / \$6,400	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2000_\$5000_20%	\$2,000 / \$4,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$2500_\$5000_20%	\$2,500 / \$5,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$3000_\$5000_20%	\$3,000 / \$6,000	20%	\$5,000 / \$10,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$4000_\$6000_20%	\$4,000 / \$8,000	20%	\$6,000 / \$12,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
	HDHP_\$5000_\$7000_20%	\$5,000 / \$10,000	20%	\$7,000 / \$14,000	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible

¹ Occupational therapy, physical therapy, speech therapy ² First 3 visits at \$5, including primary care provider visits, mental health and substance use disorder office visits and virtual care visits

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2024 *Pharmacy* benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.OR.24	\$0	\$10	\$30	\$50	\$10	\$150	30%
R2.OR.24	\$0	\$15	\$45	\$75	\$15	\$225	30%
R3.OR.24	\$0	\$20	\$60	50%	\$20	\$180	50%
R4.AK.24	\$0	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%	Greater of \$15 or 50%

One copay for each 30 day supply.

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great health plan. We’re here to support the pharmacy needs of your clients’ employees, every step of the way.

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network. The Navitus Network includes over 90 percent of pharmacies in Alaska, plus more than 58,000 pharmacies nationwide.

This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Carrs
 - Costco
- CVS
 - Fred Meyer
- Walgreens
 - Walmart

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Costco.



Members can visit modahealth.com/pdl and choose “Large group” to search medications and find out their medication tiers and costs



2024 *Dental plan* benefit table

Plan name		Calendar year costs		Class I		Class II			Class III		
		Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		In-network member pays		In-network member pays			In-network member pays		
Delta Dental Premier® Network	Premier Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Premier Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
Delta Dental PPO™ Network	PPO Option B – Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
	PPO Option B – Family Deductible – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		

1 Class 1 services do not apply to the annual plan maximum

Dental disclaimer: This brochure is a summary of the dental plans and dental plan benefits and is not a contract; limitations and exclusions apply. See the dental plan benefit summaries, 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 Delta Dental policies are subject to change in order to be compliant with state and federal guidelines.

2024 *Dental plan* benefit table

Plan name		Calendar year costs		Class I		Class II			Class III		
		Annual deductible per member / family	Annual plan maximum	Exams & X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial & complete bridges	Implants
		per member / family		In-network member pays		In-network member pays			In-network member pays		
Delta Dental Voluntary Premier® Network	Voluntary Premier Option B 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		10% after deductible			50% after deductible		
	Voluntary Premier Option B – Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
	Voluntary Premier Option B – Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
Delta Dental Voluntary PPO™ Network	Voluntary PPO Option B 50/150, 1000	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150, 1500	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150, 2500	\$50 / \$150	\$2,500	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B 50/150, 3000	\$50 / \$150	\$3,000	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B – Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B – Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
	Voluntary PPO Option B – Preventive First 50/150, 2000 ¹	\$50 / \$150	\$1,500	0%		10% after deductible			50% after deductible		
Delta Dental PPO Plus PPO™ Network	PPO Plus 1100 – PPO Option B – Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
	PPO Plus 1600 – PPO Option B – Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
	PPO Plus 2100 – PPO Option B – Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible		
	PPO Plus 2600 – PPO Option B – Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
	PPO Plus 3100 – PPO Option B – Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		
	PPO Plus 1100 PF – PPO Option B – Family Deductible – Preventive First 25/75, 1100 ¹	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
	PPO Plus 1600 PF – PPO Option B – Family Deductible– Preventive First 25/75, 1600 ¹	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
	PPO Plus 2100 PF – PPO Option B – Family Deductible– Preventive First 25/75, 2100 ¹	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible		
	PPO Plus 2600 PF – PPO Option B– Family Deductible – Preventive First 25/75, 2600 ¹	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
	PPO Plus 3100 PF – PPO Option B – Family Deductible – Preventive First 25/75, 3100 ¹	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		

¹ Class 1 services do not apply to the annual plan maximum

Dental disclaimer: This brochure is a summary of the dental plans and dental plan benefits and is not a contract; limitations and exclusions apply. See the dental plan benefit summaries, 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 Delta Dental policies are subject to change in order to be compliant with state and federal guidelines.



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Questions?

Contact your Moda Health or Delta Dental Sales representative

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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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