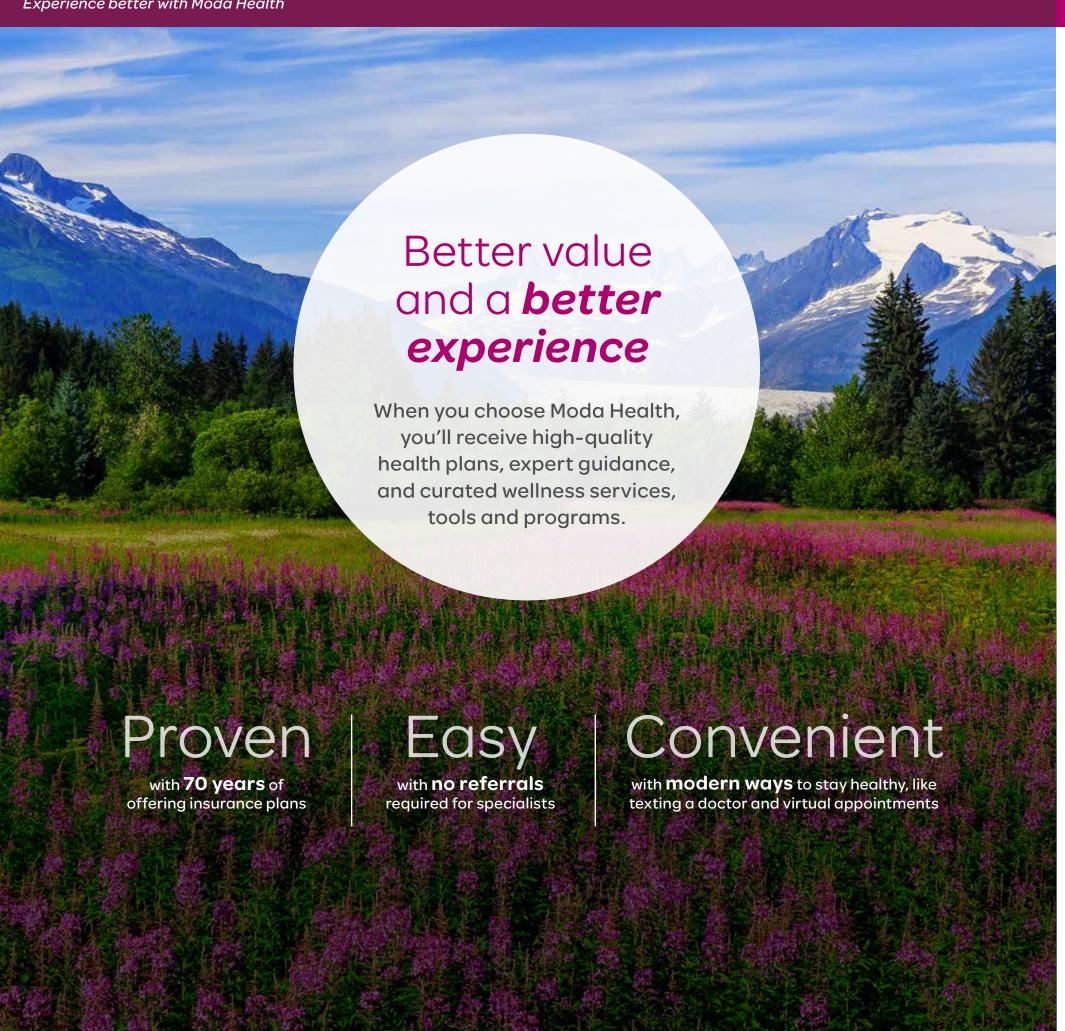


# Equal Funding

Choose a better experience with your *health insurance* 









#### **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 an open 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

450,000+

members in our medical plans

More than

775,000

members in our stand-alone **pharmacy segment** 







# We know your time is valuable.

## **Quick links**

2025 Medical plans

2025 Pharmacy plans

2025 Vision plans

Networks

Funding types

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 a minimum participation of 25 employees or 75% of full-time eligible employees (less valid waivers) – whichever is greater. There is no minimum participation requirement for dependents.
- 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 medical 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 800-578-1402* 

# Flexible, cost-savings plans with equal monthly payments

For some employers, the benefits of self-funding their health insurance come with concerns about managing wildly fluctuating monthly costs. Moda Health's Equal Funding provides the flexibility and cost savings your clients want, with the stability of equal monthly payments they need. It's peace of mind and a great first step to becoming fully self-funded.

#### A three-part plan

#### Self-funded medical plan

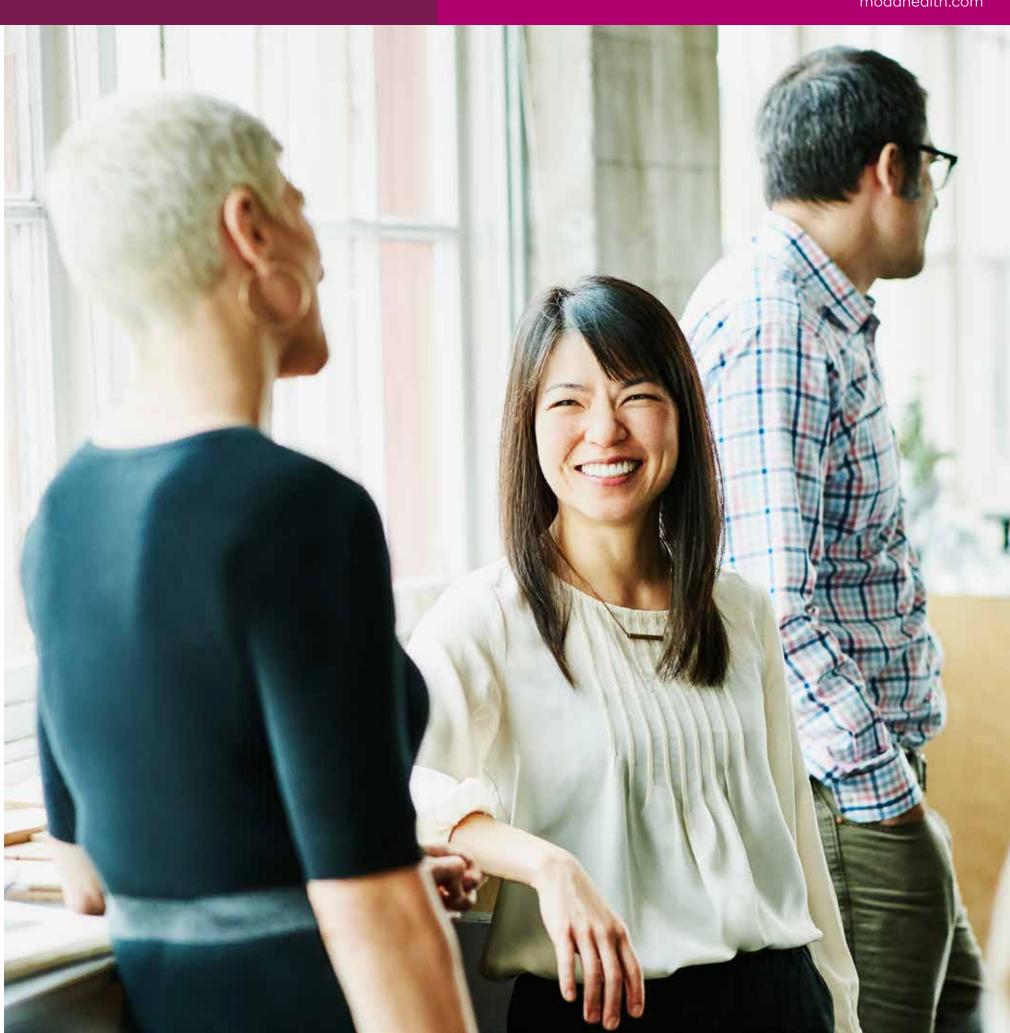
Covers medical services and pharmacy expenses for your clients' employees and their dependents

## Administration agreement

Covers claims processing, billing, customer service and more

#### Stop-loss policy

Protects your clients if claims exceed expected annual limit



# Predictability, flexibility and control

Equal Funding limits your clients' risk while providing granularity on where their collective healthcare dollars are being spent. Your clients pay the same every month. If claims are higher than expected, the stop-loss insurance policy will cover them. And if claims are lower than expected, your clients will receive a credit towards the next plan year's administrative fees.

#### **Stability**



#### Equal monthly payments

for easier cost management



#### Insight into plan performance

throughout the year, for more informed decision-making at renewal time

#### **Protection**



#### Safety from the unexpected

whether from large catastrophic claims by covered individual(s) or combined medical and pharmacy claims from the entire employee population that exceed the expected annual limit



#### Clients may see lower costs

with any surplus at the end of the policy period appearing as an administrative fee credit for the following policy year



# A partner in better outcomes and cost management

Moda Health works closely with your clients to maximize their healthcare investment. Our Equal Funding medical plans are designed to help your clients' employees be their healthy best. Plus, we take the time to understand their business — top to bottom — so you'll have the insights needed to make informed recommendations about your clients' health plans.

#### Supporting a healthy population



#### Inspiration and support

for your clients' employees to improve their health, managing chronic conditions, and navigating their plan and care options



#### Improved morale and productivity

from happier and healthier employees

#### Transparency and reporting



#### Identifying cost-savings opportunities

short-term trends and long-term needs with robust reporting



#### Personalized service and support

with an industry-leading case management team  $\,$ 

# How Equal Funding works

Moda Health's Equal Funding plan allows your clients to pay for their maximum exposure **over 12 predictable monthly payments**.

Once the policy period ends, if there is a surplus between the premium amount paid and the total cost of claims for your client, an administrative fee credit will be applied to the following policy year.



Date	Sample monthly billing cycle for May
April 7	eBill generated (viewable online within 48 hours)
May 1	<ul> <li>May payment due</li> <li>May remittance pulled via Electronic Fund Transfer (EFT)</li> </ul>
May 10	<ul> <li>Moda Health confirms May payment has posted</li> <li>If payments have not posted, all claims payments will be immediately pended</li> </ul>
May 31	If May payment has not posted, plan will be terminated effective May 1, and May claims will be denied



## If actual claims are less than expected

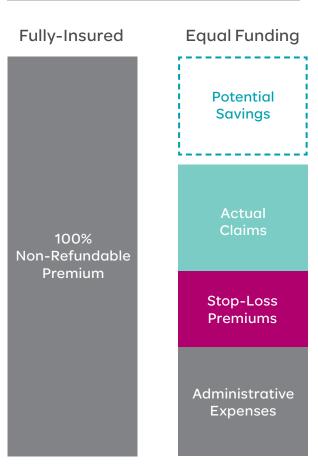
the plan has a surplus. Part of the surplus will go to your clients as a credit on the next plan year's administrative agreement fees.



## If actual claims are higher than expected

the stop-loss policy will cover these costs. Your clients will not be required to pay more.

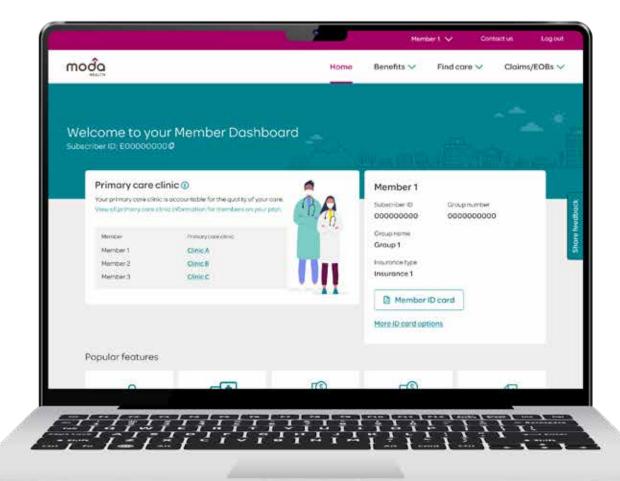
# Let's look at the components of a premium



# 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

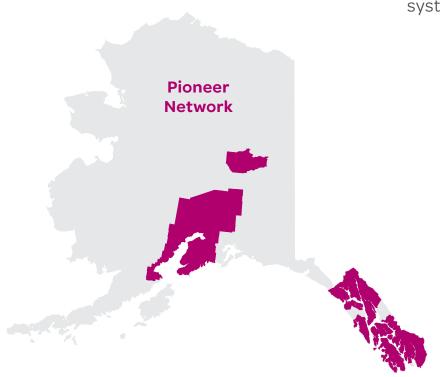


#### Mental health support

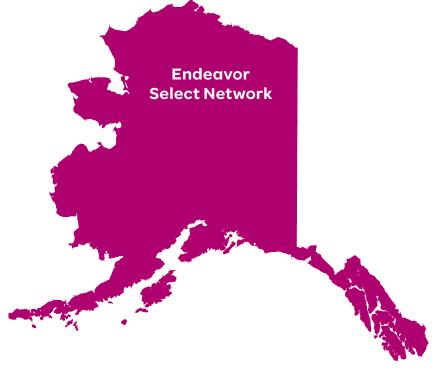
12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

## 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

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.

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.





















#### Can members get care outside of the service area?

Yes! We have options based on where the care is located. Please contact our team at 888-873-1395 with questions about where members can obtain care.

## 2025 *Medical plan* benefit table

	Plan name	n name Calendar-year costs			Care & services						
		Annual deductible per member / family	Coinsurance	Annual out-of-pocket maximum per member / family	Primary Care Provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Behavioral health office visit	Outpatient rehabilitation <sup>1</sup>	Acupuncture, massage therapy & spinal manipulation
		In-network member pays					In-ne	twork member pays			
	\$500_\$6500_\$20/\$50_20% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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
ct	\$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
ele	\$7000_\$8550_\$50/\$100_30% <sup>2</sup>	\$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
or So vor	\$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
av	PPO \$250_\$2000_\$20_20% <sup>2</sup>	\$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
<i>Endeavor Select</i> Network	PPO \$500_\$3500_\$20_20% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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% <sup>2</sup>	\$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
	HDHP_\$1650_\$3300_20% <sup>3</sup>	\$1,650 / \$3,300	20%	\$3,300 / \$6,600	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
· Select HDHP	HDHP_\$2000_\$5000_20%3	\$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%3	\$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
F	HDHP_\$3000_\$5000_20%3	\$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
vork	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
Endeavor: Network	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
E	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
<b>4</b>	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

<sup>&</sup>lt;sup>1</sup>Occupational therapy, physical therapy, speech therapy.
<sup>2</sup> For Endeavor Select plans, first three in-network visits at \$5, including primary care visits, behavioral health office visits and virtual care visits.

For Pioneer plans, first three Tier 1 visits at \$5, including primary care visits, behavioral health office visits and virtual care visits.

For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone.

## 2025 *Medical plan* benefit table

	Plan name	Calendar-year costs			Care & services							
		Annual deductible per member / family	Coinsurance	Annual out-of-pocket maximum per member / family	Primary Care Provider (PCP) office visit	Specialist office visit	Emergency room visit	Virtual care visit	Behavioral health office visit	Outpatient rehabilitation <sup>1</sup>	Acupuncture, massage therapy & spinal manipulation	
		In-net	work Tier 1 mem	nber pays			In-netwo	ork Tier 1 member pays				
	PPO \$500_\$6500_\$25_20% <sup>2</sup>	\$500 / \$1,000	20%	\$6,500 / \$13,000	\$25 pervisit	\$50 pervisit	\$100 then 20% after deductible	\$25 pervisit	\$25 per visit	\$50 per visit	\$25 per visit	
	PPO \$1000_\$7000_\$25_20% <sup>2</sup>	\$1,000 / \$2,000	20%	\$7,000 / \$14,000	\$25 pervisit	\$50 pervisit	\$100 then 20% after deductible	\$25 per visit	\$25 per visit	\$50 pervisit	\$25 per visit	
<b>Pioneer</b> Network	PPO \$2000_\$7500_\$25_20% <sup>2</sup>	\$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	
<b>Pion</b> Vetv	PPO \$3000_\$8000_\$30_20% <sup>2</sup>	\$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 pervisit	\$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	
	HDHP_\$1650_\$3300_20% <sup>3</sup>	\$1,650 / \$3,300	20%	\$3,300 / \$6,600	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	
표	HDHP_\$2000_\$5000_20%3	\$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	
eer <b>HD</b>	HDHP_\$2500_\$5000_20%3	\$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	
<b>Pion</b> work	HDHP_\$3000_\$5000_20%3	\$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	
Net	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	

Medical disclaimer: This brochure is a summary of the health plans and 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.

<sup>&</sup>lt;sup>1</sup>Occupational therapy, physical therapy, speech therapy.
<sup>2</sup> For Endeavor Select plans, first 3 in-network visits at \$5, including primary care visits, behavioral health office visits and virtual care visits.
For Pioneer plans, first 3 Tier 1 visits at \$5, including primary care visits, behavioral health office visits and virtual care visits.
<sup>3</sup> For coverage with 2 or more members, the entire family deductible must be met before benefits are payable for anyone.

### 2025 **Pharmacy** benefit table

	Value	Select	Preferred	Non-preferred	Select specialty	Preferred specialty	Non-preferred specialty
R1.AK.25	\$0	\$10	\$30	\$50	\$10	\$150	30%
R2.AK.25	\$0	\$15	\$45	\$75	\$15	\$225	30%
R3.AK.25	\$0	\$20	\$60	50%	\$20	\$180	50%
R4.AK.25	\$0	Greater of \$15 or 50%					

# 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

CVS

Walgreens

Costco

Fred Meyer

Walmart

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





### 2025 *Vision* benefit tables

#### Standalone plan with a Moda network

	Description
V1003	100% Vision, \$300 Max; Annual Benefit, all ages

#### Standalone plans with VSP®

	Copays	Frames / contact lenses	Contact exam & fitting	Exam / lenses	Frames		
		In-network, members pay					
VSP Choice Value	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months		
VSP Choice Select	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months		
VSP Choice Premium	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months		
VSP Choice Value Voluntary	\$10 exam / \$25 materials	\$150	\$60	Once every 12 months	Once every 24 months		
VSP Choice Select Voluntary	\$10 exam / \$10 materials	\$200	\$60	Once every 12 months	Once every 24 months		
VSP Choice Premium Voluntary	\$10 exam / \$10 materials	\$250	\$60	Once every 12 months	Once every 12 months		

#### Vision rider

	Description
V1003	100% Vision, \$300 Max; Annual Benefit, all ages
Mandated Vision	Exam and lenses every year (\$130 max for contacts); frames every two years to \$130 max; two low-vision tests every two years to \$125 max; \$1,000 max every two years for all low-vision aids, testing and services; age 19+
Pediatric Vision	One exam per year; one pair lenses and frames per year or one pair lenses per year and one pair frames every other year; one low-vision evaluation and four follow up visits every five years or one low-vision evaluation every year and four follow up visits every five years; one low-vision aid per year and one pair of high-power spectacles per year for under age 19.





# Ready to choose better health *for your clients?*

#### Questions?

Contact your Moda Health Sales representative

- quotes@modahealth.com
  - 800-578-1402 | TTY users, please call 711
- **™** modahealth.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 policies are subject to change in order to be compliant with federal guidelines. Health plans provided by Moda Health Plan, Inc.

