# 2026 Alaska individual and family plans — Moda Health Plan, Inc.



# Ready to shop?

View our plans and enroll at modahealth.com/shop.

						8			
<b>A</b>						Direct plan			
Required filings that relate to these 2026 plans are currently		Gold	plans		Silver plans	2 ii 2 2 3 piuni		Bronze plans	
under review by the applicable regulatory agencies and are subject to change until approved.		Moda Select Alaska Standard Gold	Moda Select Alaska Gold 1500¹	Moda Select Alaska Standard Silver	Moda Select Alaska Silver 4500¹	Moda Select Alaska Silver 2900 Direct <sup>1</sup>	Moda Select Alaska Standard Bronze	Moda Select Alaska Bronze HDHP 5500	Moda Select Alaska Bronze 65001
What you pay for the care yo	ou re	eceive each year b	oased on the benef	fit tier you choose –	-123	Members rec	eive the <i>best</i> benefits	s by <u>using Tier 1 provi</u> c	ders
	0	\$2,000	\$1,500	\$6,000	\$4,500	\$2,900	\$7,500	\$5,500	\$6,500
	2	\$2,000	\$3,000	\$6,000	\$6,000	\$5,800	\$7,500	\$6,000	\$7,500
	3	\$6,000	\$9,000	\$18,000	\$18,000	\$17,400	\$22,500	\$18,000	\$22,500
Deductible per family	1	\$4,000	\$3,000	\$12,000	\$9,000	\$5,800	\$15,000	\$11,000	\$13,000
	2	\$4,000	\$6,000	\$12,000	\$12,000	\$11,600	\$15,000	\$12,000	\$15,000
	3	\$12,000	\$18,000	\$36,000	\$36,000	\$34,800	\$45,000	\$36,000	\$45,000
	0	\$8,200	\$6,000	\$8,900	\$7,750	\$8,700	\$10,000	\$8,050	\$9,000
·	2	\$8,200	\$6,000	\$8,900	\$8,500	\$8,700	\$10,000	\$8,050	\$9,000
	3	\$27,400	\$18,000	\$26,700	\$25,500	\$26,100	\$30,000	\$27,750	\$27,000
Out-of-pocket max per family	0	\$16,400	\$12,000	\$17,800	\$15,500	\$17,400	\$20,000	\$16,100	\$18,000
	2	\$16,400	\$12,000	\$17,800	\$17,000	\$17,400	\$20,000	\$16,100	\$18,000
	3	\$54,800	\$36,000	\$53,400	\$51,000	\$52,200	\$60,000	\$55,500	\$54,000
Benefits that make up your p	plan	, and what <i>you pa</i>	y						
	0	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
Primary care provider	2	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
(PCP) office visit	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
	0	\$60 per visit	\$50 per visit	\$80 per visit	\$60 per visit	\$70 per visit	\$100 per visit	40% after deductible	\$75 per visit
•	2	\$60 per visit	40%	\$80 per visit	40%	40%	\$100 per visit	50% after deductible	40% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Urgent care visit	0	\$45 per visit	\$50 per visit	\$60 per visit	\$60 per visit	\$70 per visit	\$75 per visit	40% after deductible	\$75 per visit
	2	\$45 per visit	40%	\$60 per visit	40%	40%	\$75 per visit	50% after deductible	40% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Virtual care visit	0	\$30 per visit	\$15 per visit	\$40 per visit	\$20 per visit	\$25 per visit	\$50 per visit	40% after deductible	\$35 per visit
	2	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Outrantiant disconnection	1	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
Outpatient diagnostic X-ray and lab	2	25% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Emergency room visit 1	23	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
Acupuncture, spinal manipulation and massage therapy services	0	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
	2	\$30 per visit	40% after deductible	\$40 per visit	40% after deductible	40% after deductible	\$50 per visit	50% after deductible	50% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Behavioral health office visit	1	\$30 per visit	\$25 per visit	\$40 per visit	\$30 per visit	\$35 per visit	\$50 per visit	40% after deductible	\$45 per visit
	2	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Physical, speech or occupational therapy visit	0	\$30 per visit	\$50 per visit	\$40 per visit	\$60 per visit	\$70 per visit	\$50 per visit	40% after deductible	\$75 per visit
	2	\$30 per visit	40%	\$40 per visit	40%	40%	\$50 per visit	50% after deductible	40% after deductible
	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Inpatient/outpatient care	0	25% after deductible	30% after deductible	40% after deductible	30% after deductible	35% after deductible	50% after deductible	40% after deductible	30% after deductible
	2	25% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	50% after deductible	50% after deductible	50% after deductible
<b>5</b> 1	3	50% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible	60% after deductible
Pharmacy benefits <sup>2</sup>				1				1	1
	23	\$15	\$2	\$20	\$2	\$2	\$25	\$2	\$2
	23	\$15	\$10	\$20	\$20	\$20	\$25	35% after deductible	30% after deductible
	23	\$30	\$45	\$40	\$60	40%	\$50 after deductible	35% after deductible	30% after deductible
	23	\$60	50% after deductible	\$80 after deductible	50% after deductible	50% after deductible	\$100 after deductible	40% after deductible	45% after deductible
	<u> </u>	\$250	40% after deductible	\$350 after deductible	40% after deductible	40%	\$500 after deductible	35% after deductible	35% after deductible
Non-preferred specialty*	98	\$250	50% after deductible	\$350 after deductible	50% after deductible	50% after deductible	\$500 after deductible	40% after deductible	45% after deductible

## **Plan highlights**



3 tiers to choose from:



Moda Select Network



First Choice Network in AK



Alaska-based non-contracted providers

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

Scan the QR code, then click on Alaska to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.





#### Direct plan

Our Direct plan is only available for purchase through Moda Health. It is not available at healthcare.gov. If you are not eligible for tax credits, you may save on premiums by purchasing this plan at modahealth.com/shop.



#### Health savings account (HSA)

Our HSA-compatible, high-deductible health plan (Bronze HDHP 5500) gives you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.



### Included with all plans:



Unlimited mental health and substance use disorder in-person office visits



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 each in a calendar year



Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per 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

\* Tier 3 pharmacy benefits not covered.

REV3-2861 MED (09/25) Health plans provided by Moda Health Plan, Inc.

Features

Things to consider when choosing your plan

<sup>1</sup> First 2 in-person and virtual PCP visits at \$5. First 2 behavioral health office visits at \$5. 2 One copay for a 30-day supply of prescription medication.

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. Required filings that relate to these 2026 plans are currently under review by the applicable regulatory agencies and are subject to change until approved.



026 ost-sharing	Moda S	elect Alaska Standard	d Silver	Mode	Moda Select Alaska Silver 45001			
eduction (CSR) plans	73% CSR	87% CSR	94% CSR	73% CSR	87% CSR	94% CSR		
What you pay for the care yo	ou receive each year base	d on the benefit tier you	choose - 1 2 3					
Deductible per person	\$3,000	\$700	<b>\$</b> O	\$4,500	\$500	\$500		
	2 \$3,000	\$700	\$0	\$6,000	\$1,500	\$500		
	3 \$17,100	\$2,100	\$0	\$18,000	\$4,500	\$3,000		
Deductible per family	\$6,000	\$1,400	<b>\$</b> 0	\$9,000	\$1,000	\$1,000		
	\$6,000	\$1,400	\$O	\$12,000	\$3,000	\$1,000		
	3 \$34,200 1 \$7,400	\$4,200	\$0	\$36,000	\$9,000	\$6,000 <b>\$750</b>		
Out-of-pocket max per person		<b>\$3,300</b> \$3,300	<b>\$2,200</b> \$2,200	<b>\$6,750</b> \$6,750	<b>\$1,500</b> \$2,700	\$750 \$750		
	2 \$7,400 3 \$22,200	\$9,900	\$6,600	\$20,250	\$8,100	\$4,500		
	1 \$14,800	\$6,600	\$4,400	\$13,500	\$3,000	\$1,500		
Out-of-pocket max per family	2 \$14,800	\$6,600	\$4,400	\$13,500	\$5,400	\$1,500		
at or pocket max per family	3 \$44,400	\$19,800	\$13,200	\$40,500	\$16,200	\$9,000		
		\$15,500	Ψ13,200	<b>\$40,300</b>	\$10,200	ψ3,000		
enefits that make up your p	olan, and what <i>you pay</i>							
rimary care provider (PCP)	1 \$40 per visit	\$20 per visit	\$0 per visit	\$30 per visit	\$10 per visit	\$10 per visit		
office visit	2 \$40 per visit	\$20 per visit	\$0 per visit	40%	40%	40%		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
	1 \$80 per visit	\$40 per visit	\$10 per visit	\$50 per visit	\$45 per visit	\$40 per visit		
pecialist office visit	2 \$80 per visit	\$40 per visit	\$10 per visit	40%	40%	40%		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
Urgent care visit	\$60 per visit	\$30 per visit	\$5 per visit	\$50 per visit	\$45 per visit	\$40 per visit		
	2 \$60 per visit	\$30 per visit	\$5 per visit	40%	40%	40%		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
Virtual care visit	\$40 per visit	\$20 per visit	\$0 per visit	\$20 per visit 40%	\$5 per visit 40%	\$5 per visit 40%		
	<ul><li>\$40 per visit</li><li>60% after deductible</li></ul>	\$20 per visit 60% after deductible	\$0 per visit 60%	60% after deductible	60% after deductible	60% after deductible		
	1 40% after deductible	30% after deductible	25%	30% after deductible	30% after deductible	30% after deductible		
Outpatient diagnostic	2 40% after deductible	30% after deductible	25%	40% after deductible	40% after deductible	40% after deductible		
-ray and lab	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
mergency room visit	2 3 40% after deductible	30% after deductible	25%	30% after deductible	30% after deductible	30% after deductible		
Tiorgonoy room viole	1 \$40 per visit	\$20 per visit	\$0 per visit	\$30 per visit	\$10 per visit	\$10 per visit		
cupuncture, spinal manipulation	2 \$40 per visit	\$20 per visit	\$0 per visit	40% after deductible	40% after deductible	40% after deductible		
nd massage therapy services	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
Mental health and substance use disorder office visit	1 \$40 per visit	\$20 per visit	\$0 per visit	\$30 per visit	\$10 per visit	\$10 per visit		
	2 \$40 per visit	\$20 per visit	\$0 per visit	40%	40%	40%		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
Outpatient rehabilitation	1 \$40 per visit	\$20 per visit	\$0 per visit	\$50 per visit	\$45 per visit	\$40 per visit		
	\$40 per visit	\$20 per visit	\$0 per visit	40%	40%	40%		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
Inpatient/outpatient care	1 40% after deductible	30% after deductible	25%	30% after deductible	30% after deductible	30% after deductible		
	2 40% after deductible	30% after deductible	25%	40% after deductible	40% after deductible	40% after deductible		
	3 60% after deductible	60% after deductible	60%	60% after deductible	60% after deductible	60% after deductible		
harmacy benefits <sup>2</sup>								
•	<b>23</b> \$20	\$10	\$0	\$2	\$2	\$2		
	<b>33</b> \$20	\$10	\$0	\$20	\$20	\$20		
	<b>33</b> \$40	\$20	\$15	\$60	\$60	\$60		
	2 3 \$80 after deductible	\$60 after deductible	\$50	50% after deductible	50% after deductible	50% after deductible		
	2 \$350 after deductible	\$250 after deductible	\$150	40% after deductible	40% after deductible	40% after deductible		
	2 \$350 after deductible	\$250 after deductible	\$150		50% after deductible			

# **Plan highlights**



3 tiers to choose from:



Moda Select Network



First Choice Network in AK



Alaska-based non-contracted providers

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

Scan the QR code, then click on Alaska to view Summaries of Benefits and Coverage (SBCs) with detailed information on each plan.





## Included with all plans:



Unlimited mental health and substance use disorder in-person office visits



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 each in a calendar year



Pediatric vision under age 19, including vision exam, glasses, lenses or contacts once per 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 visit at \$5. First 2 behavioral health office visits at \$5.
- 2 One copay for a 30-day supply of prescription medication.















Features