

Large Group (51+)

Choose a better experience
with your ***health insurance***



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



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

experience offering insurance plans for **over 70 years**

Easy

with **no referrals** required for specialists

Convenient

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



A local health partner

With a team based in Alaska, a local office, and a passion for giving back to the community, we're here to support the health of your clients' employees.



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

500,000+

members in our
medical plans

More than

900,000

members in our stand-alone
pharmacy segment





We know your
time is valuable.

Quick links

2026 Medical plans

2026 Pharmacy plans

2026 Vision plans

2026 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 located in Alaska
- Have 51 or more 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 you and 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 907-278-2628*

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 and/or Delta Dental 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)

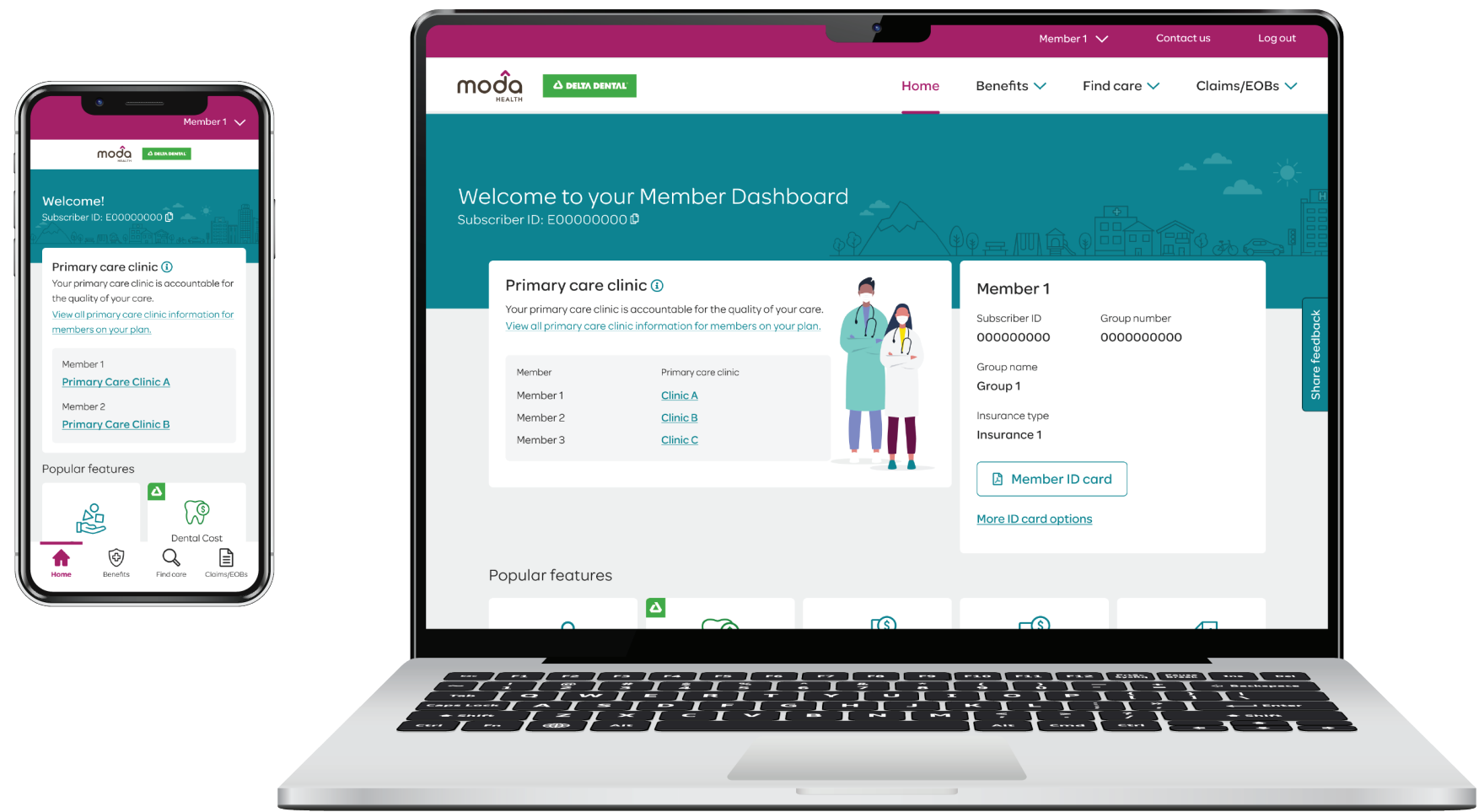
An arrangement between an employer and Moda Health or Delta Dental where we provide administrative services (such as the processing of claims or communication of benefits to subscribers) to the employees of the employer.

We offer stop-loss options for ASO groups. 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 



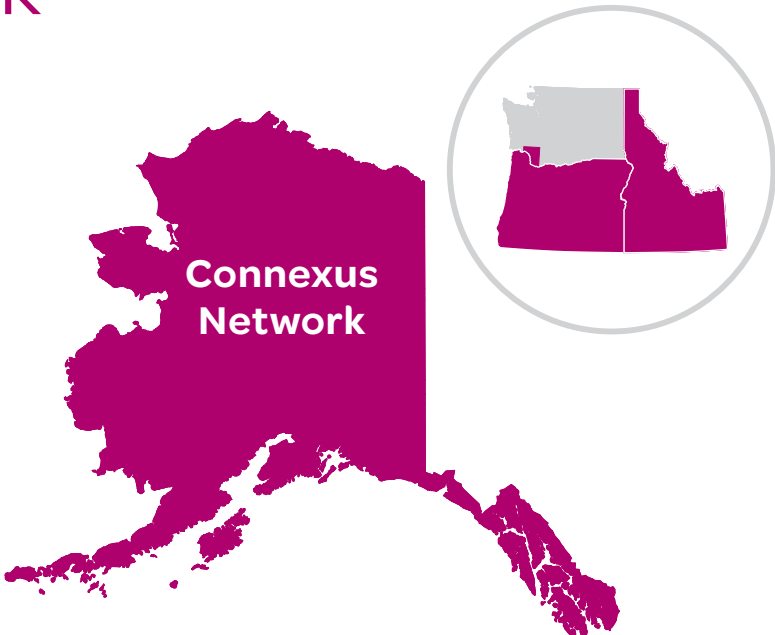
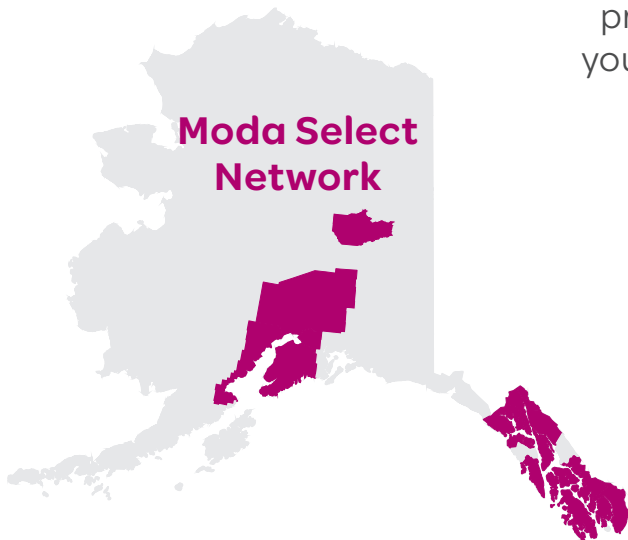
Mental health support

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

These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.

Life's *better* in the network

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems so your clients' employees will have better value and better care.



Moda Health also offers your large group clients with business locations and *all employees residing in the service area* the Moda Select Network with the option to pair it with the Connexus Network for employees or dependents living outside the network service area.

Moda Select in Alaska offers three benefit levels (tiers) of healthcare:

Tier One



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

<p>Tier Two</p> <p>First Choice Health. network in Alaska</p>	<p>Tier Three</p> <p>All other Alaska providers not in Tier One or Tier Two</p>	<p>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.</p>
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Care when outside of Alaska

When members are traveling outside of Alaska, they will get full-service medical care with in-network benefits through:

- Moda Select service areas in Idaho and Texas
- Affinity Network service areas in Oregon
- Aetna® PPO Network through Aetna Signature Administrators® nationwide. This includes service areas outside the Moda Select Network in Idaho, Texas and outside the Affinity Network in Oregon.

With the Connexus network your clients' employees get statewide coverage, benefits and a network of trusted providers in Alaska. Plus, when they travel in Oregon and Idaho, and Connexus service areas in SW Washington, they'll now have the same great in-network benefits. Your clients' employees will also have access to Providence Hospital in Anchorage at the in-network level.



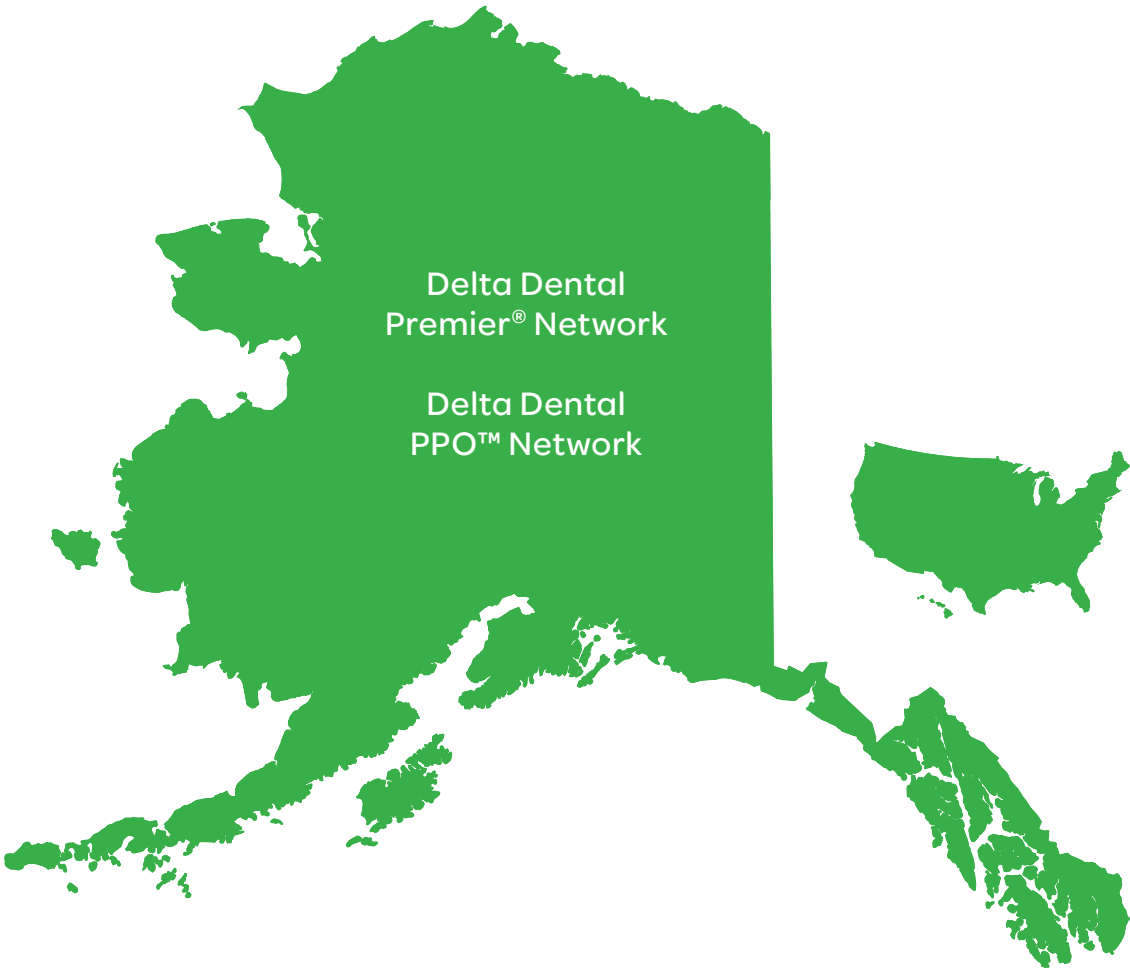
Aetna® PPO Network through Aetna Signature Administrators®

When your clients' employees are outside of the Connexus Network service area, they're covered by the Aetna® PPO Network through Aetna Signature Administrators®, which provides them with access to full-service medical care with in-network benefits.



Delta Dental networks *go where members go*

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



Delta Dental **PPO**™ Network

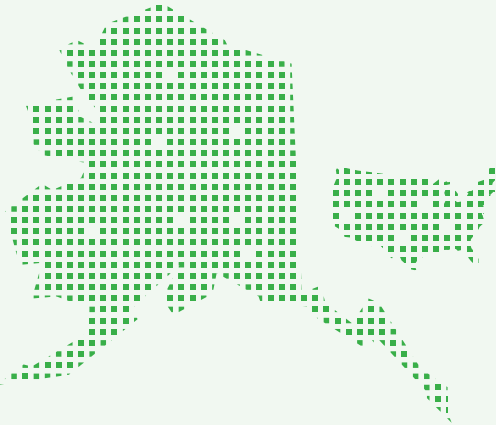
bigger
savings



Lowest cost!



Large network
of dentists



OR

Delta Dental **Premier**® Network

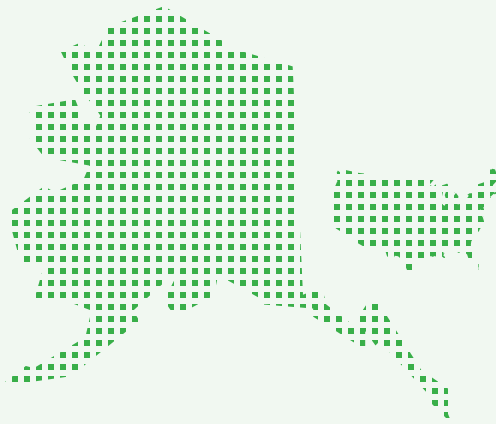
more
choice



Slightly
higher cost



Choose Premier
network dentists





Quality coverage for *every member's smile*

When all your clients' employees need is dental insurance, we've got them covered.

With Delta Dental of Alaska plans, your clients' employees will have access to Delta Dental, one of the nation's largest dental networks. That means they can choose from thousands of dentists across the state and the country.



Savings from
in-network
dentists



Annual
cleanings

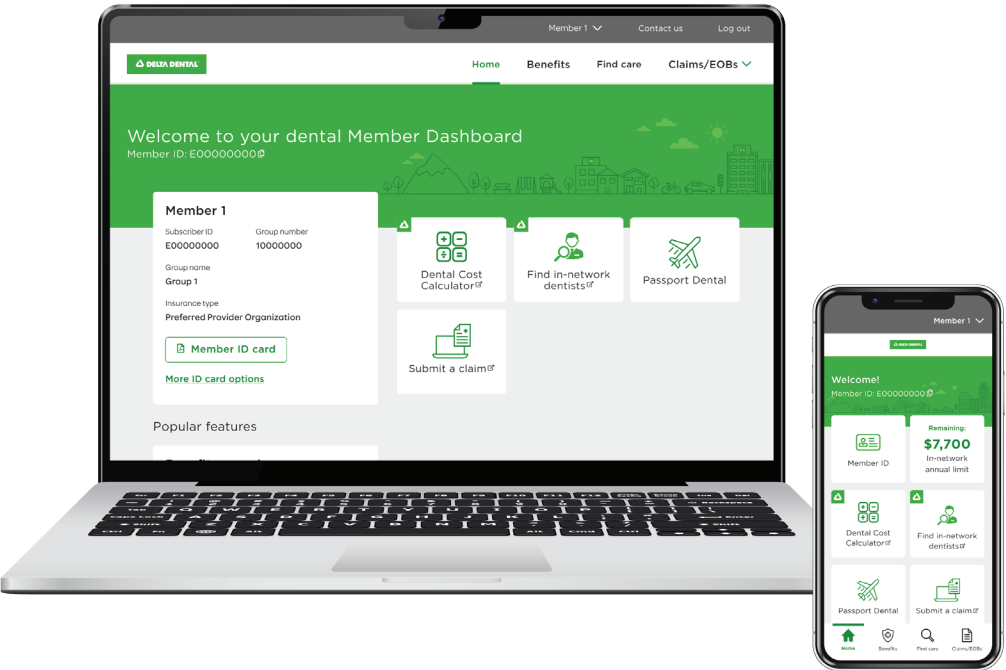


Superior
customer service



Freedom to
choose a dentist

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



NEW!

Teledentistry.com is now
in-network with Delta Dental!

With the Delta Dental of Alaska provider network both in-person and virtual dental appointment options are available.

Through Teledentistry.com we offer the flexibility and convenience of virtual visits 24/7 to meet members' needs from wherever they are. Members can use Delta Dental virtual visits when they:

- Have a dental problem after hours
- Need urgent care and don't have a regular dentist
- Want to talk to a dentist from home
- Are traveling and need dentist assistance



2026 *Medical plan* benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

Plan name		Calendar-year costs			Care and 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 ¹	Acupuncture, massage therapy and spinal manipulation	Inpatient / outpatient care
		In-network member pays			In-network member pays							
Connexus 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	20% after deductible
	\$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	20% after deductible
	\$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	20% after deductible
	\$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	20% after deductible
	\$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	20% after deductible
	\$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	20% after deductible
	\$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	20% after deductible
	\$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	30% after deductible
	\$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	30% after deductible
	\$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	30% after deductible
	\$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	0% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	20% after deductible
	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	30% after deductible
Connexus Network HDHP	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	30% after deductible
	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	0% after deductible
	HDHP_-\$1700_-\$3400_20% ³	\$1,700 / \$3,400	20%	\$3,400 / \$6,800	20% after deductible	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% 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	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	20% after deductible
	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	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	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	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	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	0% after deductible

1 Occupational therapy, physical therapy, speech therapy

2 First 3 in-network visits at \$5, including in-person and virtual care primary care visits and behavioral health office visits.

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

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.

2026 *Medical plan* benefit table

Health savings account (HSA): Our HSA-compatible, high-deductible health plans (HDHP) give employees flexibility and choice. Your clients can choose to have integrated HSA administration with our preferred partner, BenefitHelp Solutions. This is an included service at no additional charge. Employees can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

	Plan name	Calendar-year costs			Care and 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 ¹	Acupuncture, massage therapy and spinal manipulation	Inpatient / outpatient care
		In-network Tier 1 member pays			In-network Tier 1 member pays							
Moda Select 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	20% after deductible
	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	20% after deductible
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	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	20% after deductible
	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	20% after deductible
	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	30% after deductible
Moda Select Network HDHP	HDHP_1700_-\$3400_20% ³	\$1,700 / \$3,400	20%	\$3,400 / \$6,800	20% after deductible	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% 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	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	20% after deductible
	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	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	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	20% after deductible

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2026 *Pharmacy* benefit table

	Value	Select	Preferred	Non Preferred	Select Specialty	Preferred Specialty	Non-preferred Specialty
R1.AK.26	\$5	\$10	\$30	\$50	\$10	\$150	30%
R2.AK.26	\$5	\$15	\$45	\$75	\$15	\$180	30%
R3.AK.26	\$5	\$20	\$60	\$100	\$20	\$225	50%
R4.AK.26	\$5	\$10	\$30	30%	\$10	20%	30%
R5.AK.26	\$5	\$15	\$45	30%	\$15	20%	30%
R6.AK.26	\$5	\$20	\$60	50%	\$20	30%	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 87 percent of pharmacies in Alaska, plus more than 62,000 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



2026 *Vision* benefit tables

Standalone plans with VSP®

	Copays	Frames / contact lenses benefit max	Contact exam and fitting copay	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

Standalone plan with Moda Select or Connexus network

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

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 of lenses and frames per year or one pair of lenses per year and one pair of 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.



2026 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III		
		Annual deductible	Annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants
		per member / family		member pays		member pays			member pays		
Delta Dental Premier® Network	AK Preventive Mandated Plan	\$25 / \$75	\$500	0% after deductible		90% after deductible			90% 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 - Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Premier Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Premier Option B - Family Deductible - Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	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 - Preventive First 50/150, 2000 ¹	\$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 - Preventive First 50/150, 2500 ¹	\$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, 3000 ¹	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible 50/150, 1500	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible - Preventive First 50/150, 1500 ¹	\$50 / \$150	\$1,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible 50/150, 1000	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible-Preventive First 50/150, 1000 ¹	\$50 / \$150	\$1,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible 50/150, 2000	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible - Preventive First 50/150, 2000 ¹	\$50 / \$150	\$2,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible 50/150, 2500	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible - Preventive First 50/150, 2500 ¹	\$50 / \$150	\$2,500	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible 50/150, 3000	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		
	Voluntary Premier Option B - Family Deductible - Preventive First 50/150, 3000 ¹	\$50 / \$150	\$3,000	0%		20% after deductible			50% after deductible		

1 Class 1 services other than cone beam X-rays do not apply to the annual plan maximum.

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2026 *Dental plan* benefit table

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

1 Class 1 services other than cone beam X-rays do not apply to the annual plan maximum.

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2026 *Dental plan* benefit table

	Plan name	Calendar-year costs		Class I		Class II			Class III		
		In-network annual deductible	In-network annual plan maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete bridges	Implants
		per member / family		In-network member pays		In-network member pays			In-network member pays		
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		
	Voluntary PPO Plus 1100 PPO Option B - Family Deductible 25/75, 1100	\$25 / \$75	\$1,100	0%		20% after deductible			50% after deductible		
	Voluntary PPO Plus 1600 PPO Option B - Family Deductible 25/75, 1600	\$25 / \$75	\$1,600	0%		20% after deductible			50% after deductible		
	Voluntary PPO Plus 2100 PPO Option B - Family Deductible 25/75, 2100	\$25 / \$75	\$2,100	0%		20% after deductible			50% after deductible		
	Voluntary PPO Plus 2600 PPO Option B - Family Deductible 25/75, 2600	\$25 / \$75	\$2,600	0%		20% after deductible			50% after deductible		
	Voluntary PPO Plus 3100 PPO Option B - Family Deductible 25/75, 3100	\$25 / \$75	\$3,100	0%		20% after deductible			50% after deductible		
	Voluntary 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		
	Voluntary 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		
	Voluntary 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		
	Voluntary 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		
	Voluntary 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		

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2026 *DeltaVision*[®] benefit table

DeltaVision[®] vision plans offered by Delta Dental

	Copays	Frames / contact lenses benefit max	Contact exam and fitting copay	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

* Available when electing one of our dental plans.
This is not a standalone offer.

DeltaVision plans

Delta Dental has partnered with VSP[®], a national leader in vision benefits, to offer your clients an exciting new addition to our dental benefits program. DeltaVision[®], which combines dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.





Ready to choose better health *for your clients?*

Questions?

Contact your Moda Health or Delta Dental Sales representative

@ quotes@modahealth.com

907-278-2628
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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