AK

2027

Group plans

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

moda HEALTH

DELTA DENTAL®



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

520,000+

members in our
medical plans

More than

1,000,000

members in our standalone
pharmacy segment







We know your time is valuable.

2027 Quick links

Medical Network

- Small Group plans
- Large Group plans

Dental network

- Small Group plans
- Large Group plans

Pharmacy

Vision

- Small Group DeltaVision® plans
- Large Group plans
- Large Group DeltaVision® plans

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 one to 50 employees to qualify for our small group plans, or 51+ for large group plans, 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.

- Producers can be given access to their clients account to manage enrollment
- 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*

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.

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.

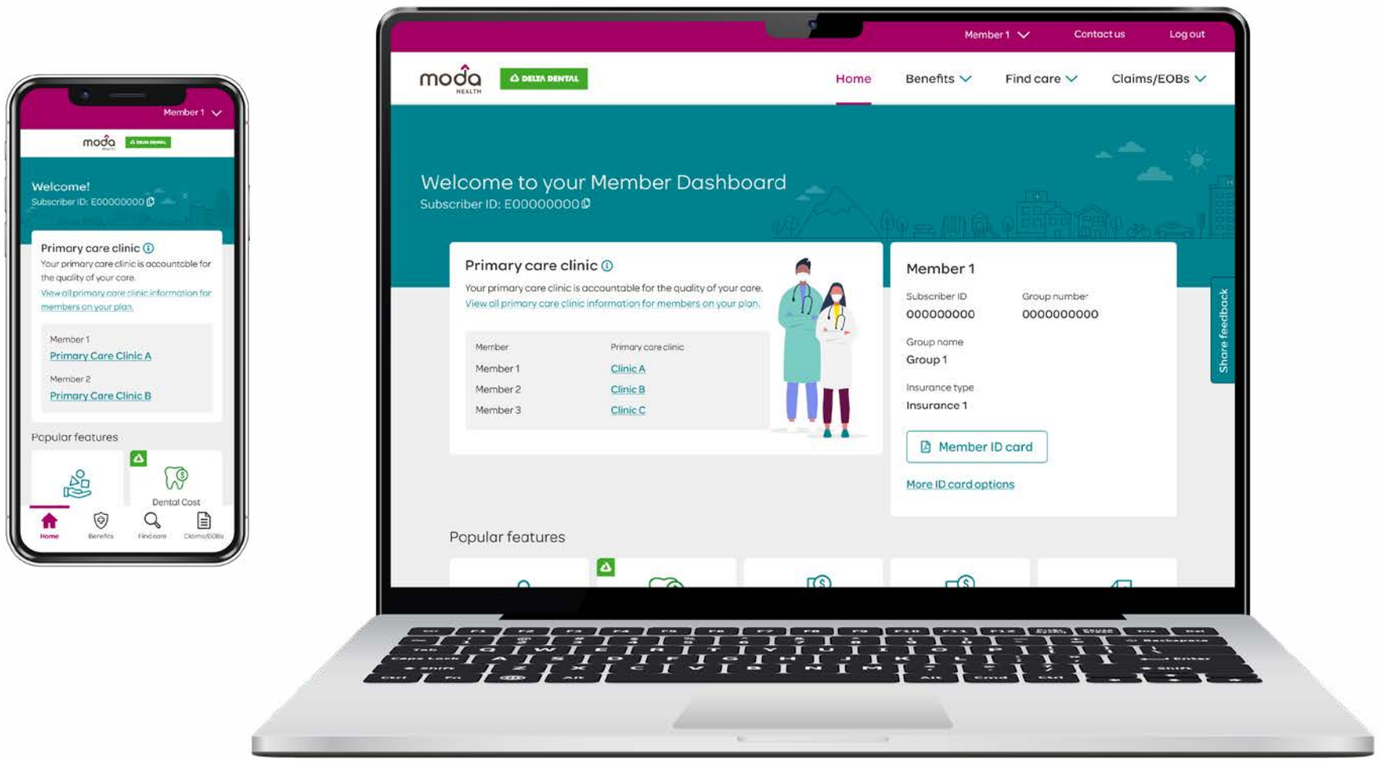
We offer stop-loss options for ASO groups. The employer is responsible for paying the cost of the healthcare services provided.





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

- Gym memberships
- 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
- Elective surgery benefit (Lantern)
- Emergency medical assistance when traveling
- Maternity program
- Menopause program

Mental health support

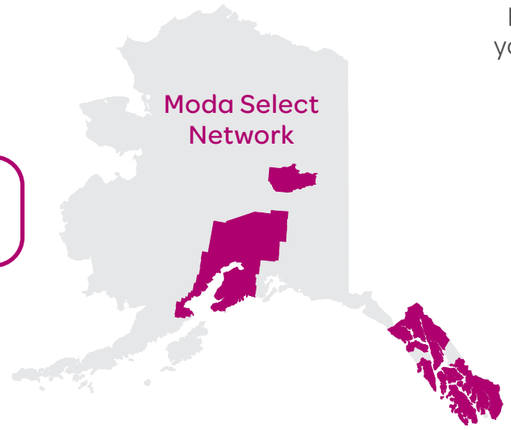
- 12 weeks of mobile therapy for your clients' employees from a private therapist through their smartphone

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

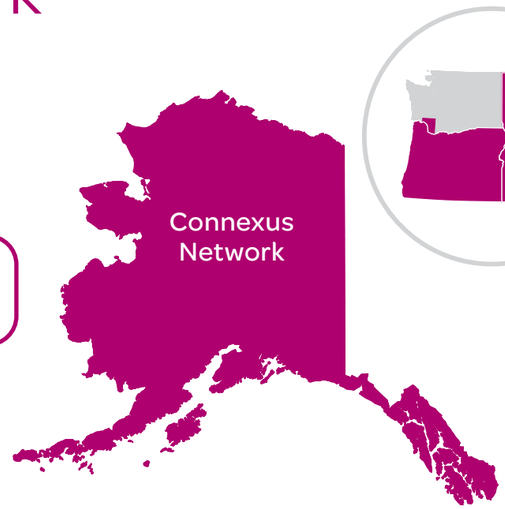
Life's ***better*** in the network

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.

Available for small *and* large group clients



moda HEALTH



Available for large group clients *only*

Plans with the Moda Select network cover employees located in the Moda Select service area.

Alaska Regional Hospital · Bartlett Regional Hospital · central peninsula hospital · Fairbanks Memorial Hospital · Mat-Su Regional Medical Center · Peace Health · SEARHC · South Peninsula Hospital

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

Services will be paid at the out-of-network benefit level if:

- In-network providers are available within 50 miles of member's home.
- If members travel outside the 50-mile range and there is an in-network provider available in the area they traveled to.

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 Oregon and Idaho
- Aetna® PPO Network through Aetna Signature Administrators® nationwide.

To find an in-network doctor or facility, you can go to modahealth.com/findcare.

With the Connexus network your large group clients' employees get statewide coverage, benefits and a network of trusted providers in Alaska. This network processes all licensed providers at the in-network level. 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.

Alaska Regional Hospital · Bartlett Regional Hospital · central peninsula hospital · Fairbanks Memorial Hospital · Mat-Su Regional Medical Center · Peace Health · Providence · SEARHC · South Peninsula Hospital

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.

To find an in-network doctor or facility, you can go to modahealth.com/findcare.

2027 ***Small group 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 HSA administration with our preferred partner, BenefitHelp Solutions or another institution. 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								Prescription medication						
		Annual deductible per member/family	Coinsurance	Annual out-of-pocket maximum per member/family	Primary care provider (PCP) office visit[1]	Specialist office visit	Emergency room visit	Virtual care visit[1]	Behavioral health office visit[1]	Outpatient rehabilitation	Acupuncture, massage therapy and spinal manipulation services	Inpatient/ outpatient care	Value	Select	Preferred	Non-Preferred	Preferred Specialty	Non-Preferred Specialty	
		In-network member pays			In-network member pays								In-network member pays						Out-of-network benefits offered
Moda Select Network	Moda Select Gold 500*	$500 / $1,000	20%	$8,100 / $16,200	$25 per visit	$50 per visit	$250 per visit then 20% after deductible	$25 per visit	$50 per visit	$50 per visit	$25 per visit	20% after deductible	$0	$20	$40	$100	45% after deductible	50% after deductible	+
	Moda Select Gold 1000*	$1,000 / $2,000	20%	$8,100 / $16,200	$25 per visit	$50 per visit	$250 per visit then 20% after deductible	$25 per visit	$50 per visit	$50 per visit	$25 per visit	20% after deductible	$0	$20	$40	$100	45% after deductible	50% after deductible	+
	Moda Select Gold 1500*	$1,500 / $3,000	20%	$8,100 / $16,200	$25 per visit	$50 per visit	$250 per visit then 20% after deductible	$25 per visit	$50 per visit	$50 per visit	$25 per visit	20% after deductible	$0	$20	$40	$100	45% after deductible	50% after deductible	+
	Moda Select Gold 2000*	$2,000 / $4,000	20%	$8,100 / $16,200	$25 per visit	$50 per visit	$250 per visit then 20% after deductible	$25 per visit	$50 per visit	$50 per visit	$25 per visit	20% after deductible	$0	$20	$40	$100	45% after deductible	50% after deductible	+
	Moda Select Silver 2500*	$2,500 / $5,000	30%	$11,000 / $22,000	$35 per visit	$85 per visit	$350 per visit then 30% after deductible	$35 per visit	$85 per visit	$85 per visit	$35 per visit	30% after deductible	$0	$25	$70	$150	45% after deductible	50% after deductible	+
	Moda Select Silver 3000*	$3,000 / $6,000	30%	$11,000 / $22,000	$35 per visit	$85 per visit	$350 per visit then 30% after deductible	$35 per visit	$85 per visit	$85 per visit	$35 per visit	30% after deductible	$0	$25	$70	$150	45% after deductible	50% after deductible	+
	Moda Select Silver 4000*	$4,000 / $8,000	35%	$11,000 / $22,000	$35 per visit	$85 per visit	$350 per visit then 35% after deductible	$35 per visit	$85 per visit	$85 per visit	$35 per visit	35% after deductible	$0	$25	$70	$150	45% after deductible	50% after deductible	+
	Moda Select Bronze 9000	$9,000 / $18,000	30%	$12,000 / $24,000	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	$0	$30	30% after deductible	50% after deductible	45% after deductible	50% after deductible	+
	Moda Select Gold HDHP Aggregate 1800[2]*	$1,800 / $3,600	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	$0	20% after deductible	20% after deductible	50% after deductible	45% after deductible	50% after deductible	+
	Moda Select Silver HDHP Aggregate 3000[2]*	$3,000 / $6,000	25%	$8,700 / $17,400	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	$0	25% after deductible	25% after deductible	50% after deductible	45% after deductible	50% after deductible	+
	Moda Select Silver HDHP Embedded 3500*	$3,500 / $7,000	20%	$8,700 / $17,400	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	$0	20% after deductible	20% after deductible	50% after deductible	45% after deductible	50% after deductible	+
	Moda Select Bronze HDHP Embedded 5950	$5,950 / $11,900	40%	$8,700 / $17,400	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	40% after deductible	$0	40% after deductible	40% after deductible	50% after deductible	45% after deductible	50% after deductible	+
	Moda Select Bronze HDHP Embedded 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	$0	0% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible	+

1 For non-HDHP plans, $5 copay for the first three in-network primary care provider and behavioral health office visits combined per year prior to the deductible being met. NOTE: CirrusMD not included in virtual visits described here.
2 For coverage with two or more members, the entire family deductible must be met before benefits are payable for anyone.
* This plan is creditable.

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.

2027 ***Large group 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 HSA administration with our preferred partner, BenefitHelp Solutions or another institution. 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[1]	Specialist office visit	Emergency room visit	Virtual care visit[1]	Behavioral health office visit[1]	Occupational therapy, physical therapy & speech therapy	Acupuncture, massage therapy & spinal manipulation	Inpatient/ outpatient care	Out-of-network benefits offered
		In-network member pays			In-network member pays								
Connexus Network	$500_$6500_$20/$50_20%	$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%	$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%	$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%	$2,000 / $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%	$2,500 / $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%	$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%	$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%	$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%	$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%	$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%	$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%	$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%	$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%	$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%	$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%	$2,000 / $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%	$2,500 / $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%	$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%	$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%	$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	✚
	PPO_$6000_$7150_$45_30%	$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%	$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	✚
Connexus Network HDHP	HDHP_$1750_$3500_20%[2]	$1,750 / $3,500	20%	$3,500 / $7,000	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_$2000_$5000_20%[2]	$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%[2]	$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%[2]	$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 For non-HDHP plans, first 3 in-network visits at $5, including primary care visits, behavioral health office visits and virtual care visits.
2 For coverage with two or more members, the entire family deductible must be met before benefits are payable to anyone.

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		In-network member pays			In-network member pays								
Moda Select Network	PPO $500_$6500_$25/$50_20%	$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/$50_20%	$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	+
	PPO $2000_$7500_$25/$60_20%	$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	20% after deductible	+
	PPO $3000_$8000_$30/$60_20%	$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/$60_20%	$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/$80_30%	$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_$1750_$3500_20%[2]	$1,750 / $3,500	20%	$3,500 / $7,000	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_$2000_$5000_20%[2]	$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%[2]	$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%[2]	$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	+

1 For non-HDHP plans, first 3 in-network visits at $5, including primary care visits, behavioral health office visits and virtual care visits.
2 For coverage with two or more members, the entire family deductible must be met before benefits are payable to 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.

2027 ***Large group pharmacy*** benefit table

	Value	Select	Preferred	Non Preferred	Select Specialty	Preferred Specialty	Non-preferred Specialty
R1.AK.27	$5	$10	$30	$50	$10	$150	30%
R2.AK.27	$5	$15	$45	$75	$15	$180	30%
R3.AK.27	$5	$20	$60	$100	$20	$225	50%
R4.AK.27	$5	$10	$30	30%	$10	20%	30%
R5.AK.27	$5	$15	$45	30%	$15	20%	30%
R6.AK.27	$5	$20	$60	50%	$20	30%	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.

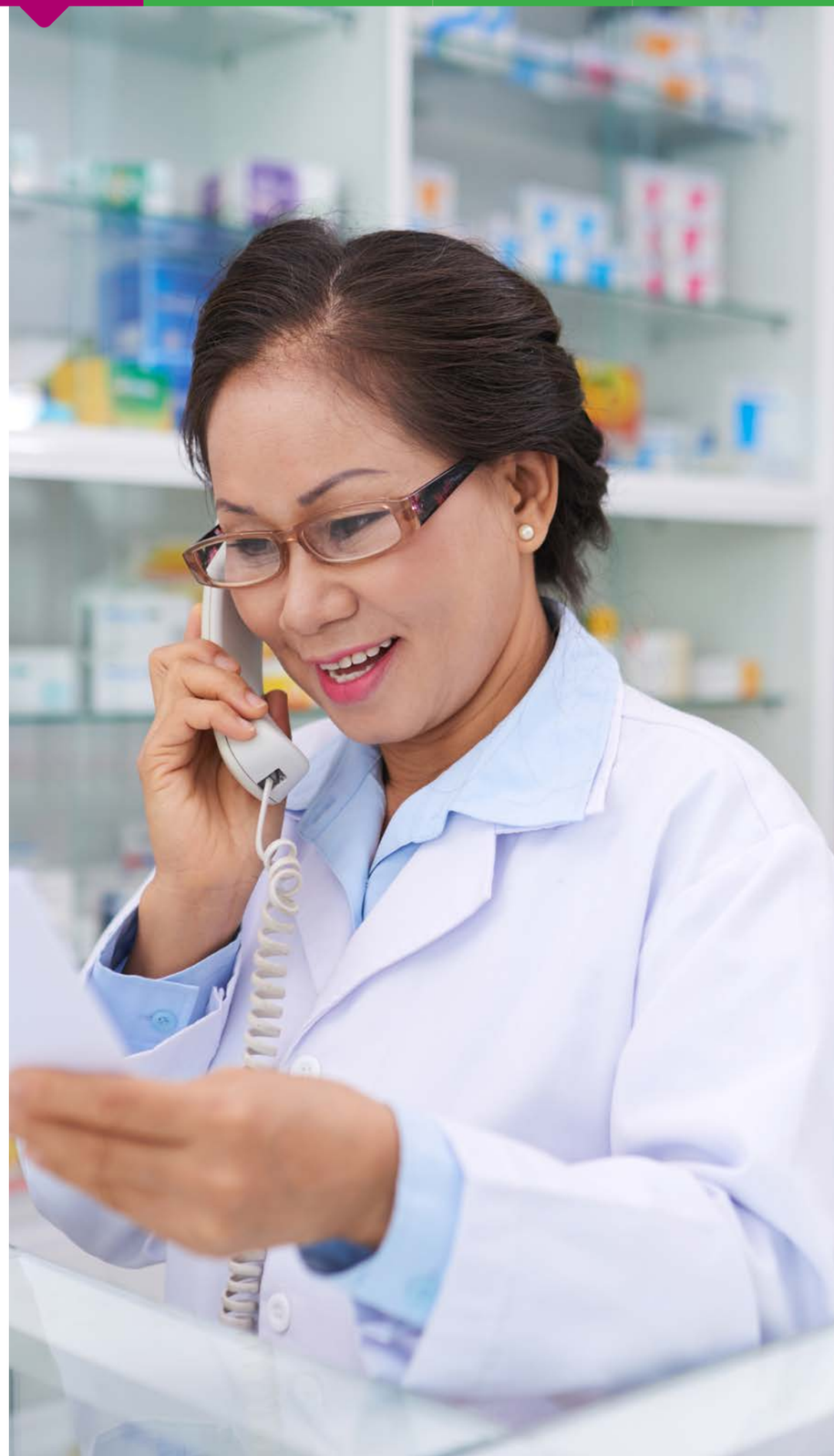
The Navitus network includes most independent pharmacies and all major chains, providing convenient access for members nationally and across the state.

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.

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



2027 ***Large group vison plan*** benefit table

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

VSP Vision plans can be offered as a rider to a medical and/or dental plan. Enrollment in the vision plan must align with enrollment in the corresponding medical and/or dental plan.

Vision rider

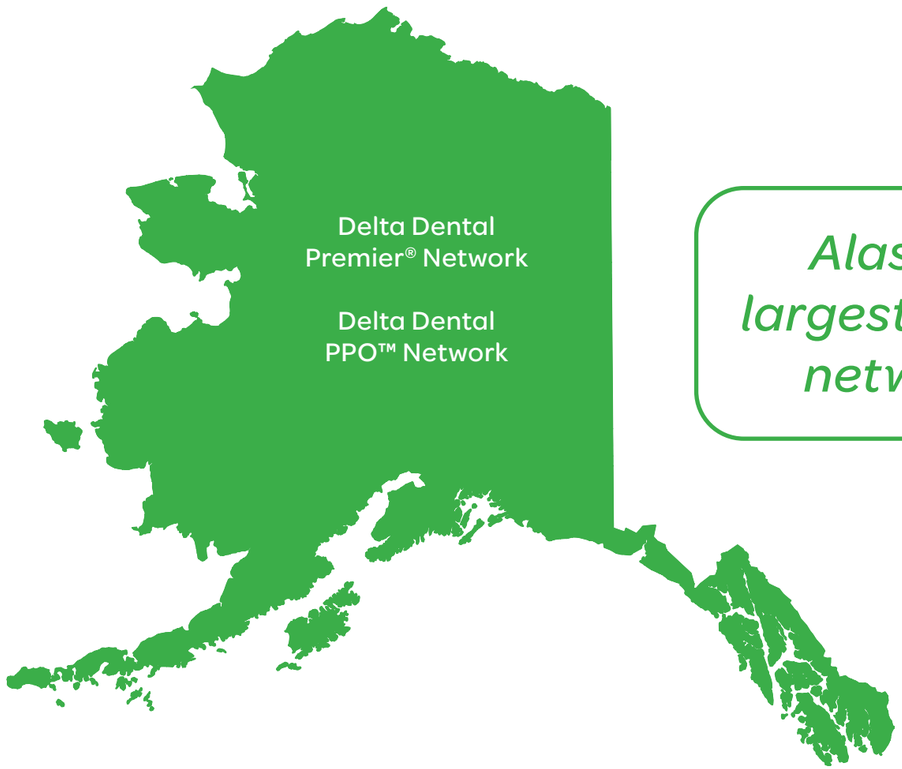
	Description
V1003	100% Vision, $300 Max; Annual Benefit, all ages
Mandated Vision	Exam and lenses every year ($130 max for contacts); frames every two years to $130 max; two low-vision tests every two years to $125 max; $1,000 max every two years for all low vision aids, testing and services; age 19+
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.



DELTA DENTAL®

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.

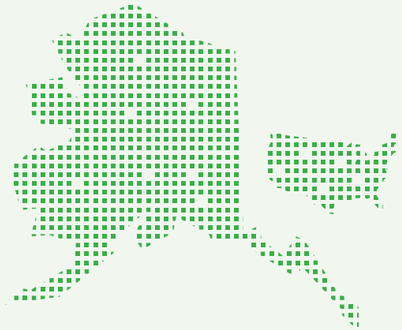


Alaska's largest dental network!

Delta Dental **PPO™** Network

One of the largest PPO dental networks in Alaska and nationwide, with 250 providers in Alaska and 116,000+ nationwide. Members save the most when they visit PPO dentists and can still see out-of-network providers at a reduced benefit level.

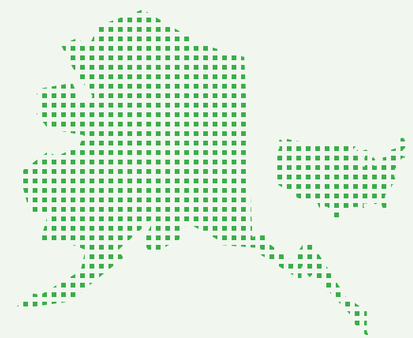
- Lower out-of-pocket costs
- More savings with PPO dentists
- Freedom to choose your dentist



Delta Dental **Premier®** Network

The largest dental network in Alaska and nationwide, with 450 providers in Alaska and 151,000+ nationwide. Members enjoy broad provider choice, plus cost savings and no balance billing when visiting Premier dentists.

- Alaska's largest dental network
- More dentists to choose from
- Cost savings with Premier dentists



DELTA DENTAL®

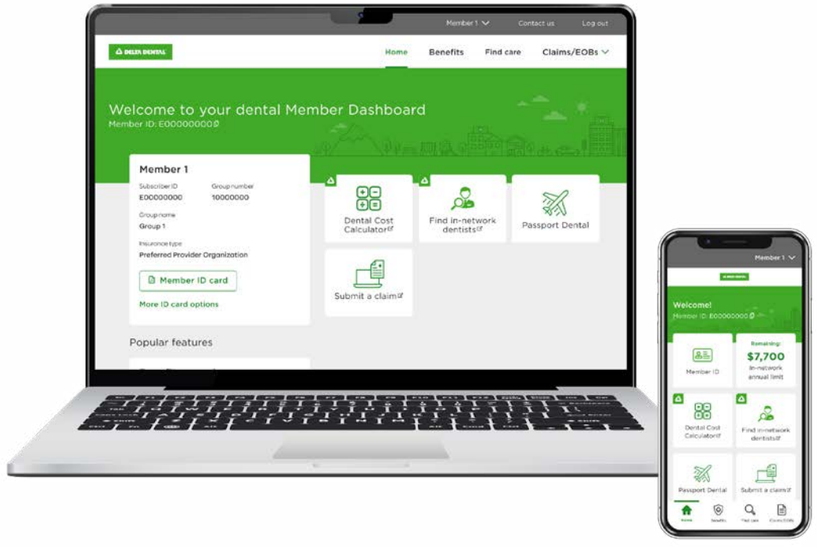
Quality coverage for ***every member's smile***

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.



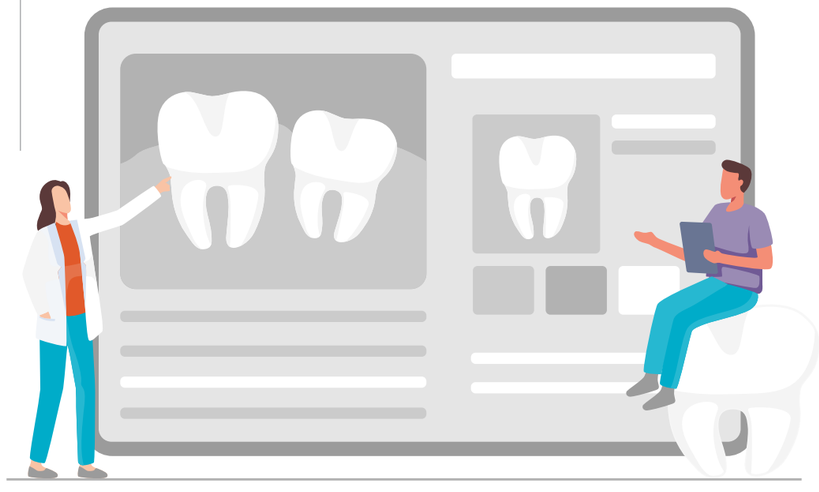
Teledentistry.com is in-network with Delta Dental!

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



2027 ***Small group dental plan*** benefit table

	Plan name	Calendar year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum	Out-of-pocket maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia[1]
		per person / family	age 19+	1 member / 2+ members (under 19)	In-network member pays (under age 19 / 19+)		In-network member pays (under age 19 / 19+)			In-network member pays (under age 19 / 19+)			
Delta Dental Premier® Network	Delta Dental Premier 1000, 100/80/50, 50	$50 / $150	$1000	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier 1500, 100/80/50, 50	$50 / $150	$1500	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier 2000, 100/80/50, 50	$50 / $150	$2000	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier, +1000, 100/80/50, 50, PF[2,3]	$50 / $150	$1000	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier, +1500, 100/80/50, 50, PF[2,3]	$50 / $150	$1500	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier, +2000, 100/80/50, 50, PF[2,3]	$50 / $150	$2000	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier, +2500, 100/80/50, 50, PF[2,3]	$50 / $150	$2500	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier, +3000, 100/80/50, 50, PF[2,3]	$50 / $150	$3000	$450 / $900	0%		40% after deductible / 20% after deductible			50% after deductible			50% after deductible / Not covered
	Delta Dental Premier Preventive Mandated Plan	$25 / $75	$500 (applies to all ages)	N/A	0%		90% after deductible			90% after deductible			Not covered

1 For under age 19, only medically necessary orthodontia is covered.
2 Class 1 services other than cone beam X-rays do not apply to the annual maximum.
3 Nitrous oxide is covered when in conjunction with a covered dental procedure after a 12-month exclusion period.

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2027 ***Small group dental plan*** benefit table

	Plan name	Calendar year costs			Class 1		Class 2			Class 3			
		Deductible	Annual maximum	Out-of-pocket maximum	Exams and X-rays	Cleanings	Restorative fillings	Oral surgery	Anesthesia	Restorative crowns	Partial and complete dentures	Implants	Orthodontia[1]
		per person / family	age 19+	1 member / 2+ members (under 19)	In-network member pays (under age 19 / 19+)								
Delta Dental PPO™ Network	Delta Dental PPO, PF 1000, 100/90/50, 50[2]	$50 / $150	$1000	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, 1500, 100/90/50, 50[2]	$50 / $150	$1500	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, 2000, 100/90/50, 50[2]	$50 / $150	$2000	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, +2500, 100/90/50, 50[2,3]	$50 / $150	$2500	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, +3000, 100/90/50, 50[2,3]	$50 / $150	$3000	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, Voluntary, 1000, 100/90/50, 50[2]	$50 / $150	$1000	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, Voluntary, 1500, 100/90/50, 50[2]	$50 / $150	$1500	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered
	Delta Dental PPO, PF, Voluntary, 2000, 100/90/50, 50[2]	$50 / $150	$2000	$450 / $900	0%		0% / 10% after deductible			0% / 50% after deductible			0% / Not covered

1 For under age 19, only medically necessary orthodontia is covered.
2 Class 1 services other than cone beam X-rays do not apply to the annual maximum.
3 Nitrous oxide is covered when in conjunction with a covered dental procedure after a 12-month exclusion period.

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2027 ***Small group orthodontia plan*** riders

Plan name	Plan costs		
	What members pay		
	Lifetime maximum	Members age 19+	Members under age 19
Child Ortho 1000[1]	$1,000	Not covered	50%
Child Ortho 1500[1]	$1,500	Not covered	50%
Adult Ortho 1000	$1,000	50%	Not covered
Adult Ortho 1500	$1,500	50%	Not covered
Adult and Child Ortho 1000	$1,000	50%	50%
Adult and Child Ortho 1500	$1,500	50%	50%

1 For members under 19, treatment must start prior to child's 17th birthday

A group must have at least 15 enrolled employees to be eligible for the orthodontia rider.

DELTAVISION®

2027 *Small group 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.

Enrollment in the Delta Vision plan must align with enrollment in the corresponding dental plan.

DeltaVision® plans

Delta Dental has partnered with VSP®, a national leader in vision benefits, to offer your clients DeltaVision® This will combine dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.



2027 ***Large group 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	per member	In-network member pays		In-network member pays			In-network member pays		
Delta Dental Premier® Network	AK Preventive Mandated Plan	$25 / $75	$500	0%		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	$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	$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	$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	$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	$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	$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	$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	$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	$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	$50 / $150	$3,000	0%		20% after deductible			50% after deductible		

1 Preventive First plans - class 1 services other than cone beam x-rays do not apply to the annual plan maximum.

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2027 ***Large group 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	per member	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	$50 / $150	$1,500	0%		20% 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	$50 / $150	$1,000	0%		10% 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	$50 / $150	$1,500	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	$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	$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	$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	$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	$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	$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	$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	$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	$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	$50 / $150	$1,000	0%		20% after deductible			50% after deductible		

1 Preventive First plans - class 1 services other than cone beam x-rays do not apply to the annual plan maximum.

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2027 ***Large group 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	per member	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	$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	$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	$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	$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	$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	$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	$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	$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	$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	$25 / $75	$3,100	0%		20% after deductible			50% after deductible		

1 Preventive First plans - class 1 services other than cone beam x-rays 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.

2027 ***Large group orthodontia plan*** riders

Plan name	Plan costs		
	What members pay		
	Lifetime maximum	Members age 19+	Members under age 19
Child Ortho 1000[1,2]	$1,000	Not covered	50%
Child Ortho 1500[1,2]	$1,500	Not covered	50%
Child Ortho 2000[1,2]	$2,000	Not covered	50%
Child Ortho 2500[1,2]	$2,500	Not covered	50%
Adult Ortho 1000[2]	$1,000	50%	Not covered
Adult Ortho 1500[2]	$1,500	50%	Not covered
Adult Ortho 2000[2]	$2,000	50%	Not covered
Adult Ortho 2500[2]	$2,500	50%	Not covered
Adult and Child Ortho 1000[2]	$1,000	50%	50%
Adult and Child Ortho 1500[2]	$1,500	50%	50%
Adult and Child Ortho 2000[2]	$2,000	50%	50%
Adult and Child Ortho 2500[2]	$2,500	50%	50%

1 For members under age 19, treatment must start prior to the child's 17th birthday.
2 An 18-month exclusion period applies to voluntary dental plan options.



DELTAVISION®

2027 *Large group DeltaVision®* benefit table

DeltaVision® vision plans offered by Delta Dental

Plan names	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.

VSP Vision plans can be offered as a rider to a medical and/or dental plan. Enrollment in the vision plan must align with enrollment in the corresponding medical and/or dental plan.

DeltaVision® plans

Delta Dental has partnered with VSP®, a national leader in vision benefits, to offer your clients DeltaVision® This will combine dental and vision coverage in one convenient and affordable package, helps you increase client recruitment and retention.



BenefitHelp SOLUTIONS

Third-party *connected benefits*

Making managing benefits easier for your clients

Moda's third-party administrative subsidiary is BenefitHelp Solutions (BHS). BHS's comprehensive TPA services provide your clients with the latest technological resources and support to easily navigate the complex world of healthcare benefits and find new ways to save!

No charge* COBRA and H.S.A. Administration through BHS for large group fully insured medical sales.

*No PEPM fee. $100 flat annual fee per non Moda/Delta Dental carrier/line of business to administer.

BHS helps your clients with:

Reimbursement accounts:

- **Health Flexible Spending Accounts (FSA)**
  FSAs allow employees to set aside pre-taxed money to pay for eligible healthcare expenses.
- **Health Reimbursement Arrangements (HRA)**
  With an HRA, employer makes contributions to member accounts for eligible healthcare expenses. The funds may roll over at the end of the year.
- **Commuter Expense Reimbursement Accounts (CERA)**
  Employees use pre-tax dollars to pay for parking and commuter costs. Or mass transit and carpooling.
- **Dependent Care Accounts (DCA)**
  Employees pay for daycare with pre-tax dollars.
- **Health Savings Accounts (HSA)**
  HSAs are coupled with a qualified High Deductible Health Plan (HDHP) to help plan for medical expenses now and through retirement.

COBRA administration

Premium only plans

Retiree administration

Premium administration

- And much more

To learn more, visit benefithelpsolutions.com or call at **888-387-5440**.





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

Questions?

Contact your Moda Health or Delta Dental Sales representative

quotes@modahealth.com

800-578-1402 | 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.