2027 Alaska Individual & Family plans — *Moda Health Plan, Inc.*

Ready to shop?
View our plans and enroll at modahealth.com/shop.

Direct plan

	Gold plan	Silver plans		Bronze plans	
	Moda Select Alaska Standard Gold	Moda Select Alaska Standard Silver	Moda Select Alaska Silver 3250 Direct[1]	Moda Select Alaska Standard Bronze	Moda Select Alaska Bronze 8500[1]
What *you pay* for the in-network care you receive each year – *out-of-network services may be covered at a different rate*					
Deductible per person	$2,500	$6,400	$3,250	$7,500	$8,500
Deductible per family	$5,000	$12,800	$6,500	$15,000	$17,000
Out-of-pocket max per person	$8,600	$10,300	$9,000	$12,000	$12,000
Out-of-pocket max per family	$17,200	$20,600	$18,000	$24,000	$24,000
Out-of-network benefits available	✓	✓	✓	✓	✓
Benefits that make up your plan, and what *you pay*					
Primary Care Provider (PCP) office visit	$30 per visit	$40 per visit	$35 per visit	$50 per visit	$45 per visit
Specialist office visit	$60 per visit	$80 per visit	$70 per visit	$100 per visit	$75 per visit
Urgent care visit	$45 per visit	$60 per visit	$70 per visit	$75 per visit	$75 per visit
Virtual care visit	$30 per visit	$40 per visit	$25 per visit	$50 per visit	$35 per visit
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	35% after deductible	50% after deductible	35% after deductible
Emergency room visit	25% after deductible	40% after deductible	35% after deductible	50% after deductible	35% after deductible
Acupuncture, spinal manipulation and massage therapy services	$30 per visit	$40 per visit	$35 per visit	$50 per visit	$45 per visit
Behavioral health office visit	$30 per visit	$40 per visit	$35 per visit	$50 per visit	$45 per visit
Physical, speech or occupational therapy visit	$30 per visit	$40 per visit	$70 per visit	$50 per visit	$75 per visit
Inpatient/outpatient care	25% after deductible	40% after deductible	35% after deductible	50% after deductible	35% after deductible
Prescription medications[2]					
Value	$15	$20	$2	$25	$2
Select	$15	$20	$25	$25	$25
Preferred	$30	$40	40%	$50 after deductible	30% after deductible
Non-Preferred	$60	$80 after deductible	50% after deductible	$100 after deductible	45% after deductible
Preferred Specialty[3]	$250	$350 after deductible	45% after deductible	$500 after deductible	40% after deductible
Non-Preferred Specialty[3]	$250	$350 after deductible	50% after deductible	$500 after deductible	45% after deductible
Things to *consider* when choosing your plan					
Features	+	+	+	+ HSA	+ HSA

1 First 2 in-person and virtual PCP visit at $5. First 2 behavioral health office visits at $5. **2** One copay for each 30-day supply. **3** Out-of-network pharmacy benefits not covered.

These benefits and Moda Health Plan 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. Limitations and exclusions apply. See member handbook for details.

Plan highlights

Out-of-network benefits available

For out-of-network benefits, 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 bronze plans give you flexibility and choice. Once you have set up an HSA with the financial institution of your choice or our partner, BenefitHelp Solutions, 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 therapy 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

Save more

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.

2027 Cost-sharing reduction (CSR) plans

moda HEALTH

	Moda Select Alaska Standard Silver		
	73% CSR	87% CSR	94% CSR
What *you pay* for the in-network care you receive each year – *out-of-network services may be covered at a different rate*			
Deductible per person	$2,900	$800	$0
Deductible per family	$5,800	$1,600	$0
Out-of-pocket max per person	$9,000	$3,600	$3,500
Out-of-pocket max per family	$18,000	$7,200	$7,000
Out-of-network benefits available	✓	✓	✓
Benefits that make up your plan and what *you pay*			
Primary Care Provider (PCP) office visit	$40 per visit	$20 per visit	$0 per visit
Specialist office visit	$80 per visit	$40 per visit	$10 per visit
Urgent care visit	$60 per visit	$30 per visit	$5 per visit
Virtual care visit	$40 per visit	$20 per visit	$0 per visit
Outpatient diagnostic X-ray & lab	40% after deductible	30% after deductible	25%
Emergency room visit	40% after deductible	30% after deductible	25%
Acupuncture, spinal manipulation and massage therapy services	$40 per visit	$20 per visit	$0 per visit
Behavioral health office visit	$40 per visit	$20 per visit	$0 per visit
Physical, speech or occupational therapy visit	$40 per visit	$20 per visit	$0 per visit
Inpatient/outpatient care	40% after deductible	30% after deductible	25%
Prescription medications[1]			
Value	$20	$10	$0
Select	$20	$10	$0
Preferred	$40	$20	$15
Non-Preferred	$80 after deductible	$60 after deductible	$50
Preferred Specialty[2]	$350 after deductible	$250 after deductible	$150
Non-Preferred Specialty[2]	$350 after deductible	$250 after deductible	$150
Things to *consider* when choosing your plan			
Features	⊕	⊕	⊕

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