

# 2026 Medical plan benefit summary



## ● Moda Select Bronze 7100 HDHP

	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs			
Deductible per person	\$7,100	\$7,100	\$14,200
Deductible per family	\$14,200	\$14,200	\$28,400
Out-of-pocket max per person	\$7,100	\$7,100	\$45,000
Out-of-pocket max per family	\$14,200	\$14,200	\$90,000
Care & services			
Most preventive care	0%	0%	60% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible	60% after deductible
Specialist office visit	0% after deductible	0% after deductible	60% after deductible
Urgent care visit	0% after deductible	0% after deductible	60% after deductible
Virtual care visit – CirrusMD	0% after deductible	N/A	N/A
Other providers	0% after deductible	0% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	60% after deductible
Emergency room visit	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible	60% after deductible
Behavioral health office visit	0% after deductible	0% after deductible	60% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	60% after deductible
Acupuncture, massage therapy and spinal manipulation services	0% after deductible	0% after deductible	60% after deductible
Dental services for under age 19	Covered	Covered	Covered
Vision exam and hardware for under age 19	0%	0%	50%
Prescription medications			
Value	\$0	\$0	\$0
Select	0% after deductible	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	0% after deductible	Not Covered
Non-Preferred Specialty	0% after deductible	0% after deductible	Not Covered
Features			
Metallic level	Expanded Bronze		
Exchange	Off		
Medicare Part D creditable	Not creditable		
Network	Moda Select		
Service area	Tier 1: Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula, Haines, Petersburg, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Municipality of Skagway, and Mat-Su Boroughs; Prince of Wales-Hyder Census Area; Hoonah-Angoon census Area. Tier 2: First Choice providers in Alaska Tier 3: Other Alaska providers		
Additional benefits	Includes hearing exam and hearing aids		

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.