

2026 Medical plan benefit summary

● Moda Select Gold 2000

| | Tier 1 benefits you pay | Tier 2 benefits you pay | Tier 3 (out-of-network) you pay |
|---|---|----------------------------------|------------------------------------|
| Calendar year costs | | | |
| Deductible per person | \$2,000 | \$3,000 | \$8,000 |
| Deductible per family | \$4,000 | \$6,000 | \$16,000 |
| Out-of-pocket max per person | \$4,000 | \$6,000 | \$45,000 |
| Out-of-pocket max per family | \$8,000 | \$12,000 | \$90,000 |
| Care & services | | | |
| Most preventive care | 0% | 0% | 60% after deductible |
| Primary care provider (PCP) office visit | \$20/visit | 35% after deductible | 60% after deductible |
| <i>First 3 in person or virtual PCP and behavioral health office visits</i> | \$5/visit | 35% after deductible | 60% after deductible |
| Specialist office visit | \$40/visit | 35% after deductible | 60% after deductible |
| Urgent care visit | \$40/visit | 35% after deductible | 60% after deductible |
| Virtual care visit – CirrusMD | 0% | N/A | N/A |
| Other providers | \$20/visit | 35% after deductible | 60% after deductible |
| Outpatient diagnostic X-ray & lab | 15% | 35% after deductible | 60% after deductible |
| Emergency room visit | \$250, then 15% after deductible | \$250, then 15% after deductible | \$250, then 15% after deductible |
| Ambulance | 15% after deductible | 15% after deductible | 15% after deductible |
| Inpatient/outpatient care | 15% after deductible | 35% after deductible | 60% after deductible |
| Behavioral health office visit | \$40/visit | 35% after deductible | 60% after deductible |
| Physical, speech or occupational therapy visit | \$40/visit | 35% after deductible | 60% after deductible |
| Acupuncture, massage therapy and spinal manipulation services | \$20/visit | 35% 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 | <i>(one copay for a 30-day supply)</i> | | |
| Value | \$0 | \$0 | \$0 |
| Select | \$15 | \$15 | \$15 |
| Preferred | \$30 | \$30 | \$30 |
| Non-Preferred | \$100 | \$100 | \$100 |
| Preferred Specialty | 20% after deductible | 20% after deductible | Not Covered |
| Non-Preferred Specialty | 50% after deductible | 50% after deductible | Not Covered |
| Features | | | |
| Metallic level | Gold | | |
| Exchange | Off | | |
| Medicare Part D creditable | 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 adult vision and hearing exam & 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.