

2026 Medical plan benefit summary



● Moda Select Silver 2800 HDHP

	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs			
Deductible per person	\$2,800	\$2,800	\$5,600
Deductible per family	\$5,600	\$5,600	\$11,200
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	25% after deductible	40% after deductible	60% after deductible
Specialist office visit	25% after deductible	40% after deductible	60% after deductible
Urgent care visit	25% after deductible	40% after deductible	60% after deductible
Virtual care visit – CirrusMD	0% after deductible	N/A	N/A
Other providers	25% after deductible	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	60% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	40% after deductible	60% after deductible
Behavioral health office visit	25% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	25% after deductible	40% after deductible	60% after deductible
Acupuncture, massage therapy and spinal manipulation services	25% after deductible	40% 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	25% after deductible	25% after deductible	25% after deductible
Preferred	25% after deductible	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	25% after deductible	25% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not Covered
Features			
Metallic level	Silver		
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 hearing exam and hearing aids		

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