

2027 Medical plan benefit summary



● Moda Select Bronze 9000

	In network you pay	Out-of-network you pay
Calendar year costs		
Deductible per person	\$9,000	\$18,000
Deductible per family	\$18,000	\$36,000
Out-of-pocket max per person	\$12,000	\$45,000
Out-of-pocket max per family	\$24,000	\$90,000
Care & services		
Preventive care visit under the ACA	0%	50% after deductible
First 3 in-person and/or virtual PCP and behavioral health office visits	\$5/visit	50% after deductible
Primary care provider (PCP) office visit	30% after deductible	50% after deductible
Specialist office visit	30% after deductible	50% after deductible
Urgent care visit	30% after deductible	50% after deductible
Virtual care visit – CirrusMD	0%	Not applicable
Other providers	30% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible
Emergency room visit	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	50% after deductible
Behavioral health office visit	30% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30% after deductible	50% after deductible
Acupuncture and spinal manipulation services	30% after deductible	50% after deductible
Dental services for under age 19	Covered	Covered
Vision exam for under age 19	0%	50%
Vision hardware for under age 19	0%	50%
Prescription medications		
	One copay per 30-day supply.	
Value	\$0	\$0
Select	\$30	\$30
Preferred	30% after deductible	30% after deductible
Non-Preferred	50% after deductible	50% after deductible
Preferred Specialty	45% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	Not covered
Features		
Metallic level	Expanded Bronze	
Exchange	Off	
Medicare Part D creditable	No	
Provider network	Moda Select	
Service area	Anchorage, Fairbanks North Star, Haines, Hoonah Angoon, Juneau, Kenai Peninsula, Ketchikan Gateway, Matanuska Susitna, Petersburg, Prince Of Wales Hyder, Sitka, Skagway, Wrangell	
Additional benefit	Includes adult vision and hearing exam & hearing aid	

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.