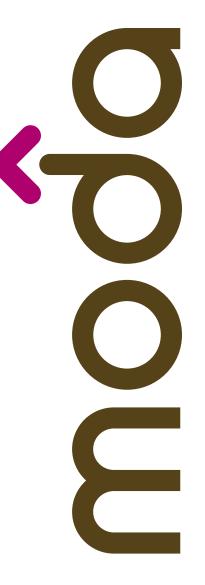
Health plans for every body

Individuals and families

Plans available Jan. 1, 2014









Better health starts here

Hello. Welcome to Moda Health and Delta Dental of Alaska, the place you go when you want more than a health plan — because good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way.

We have all of that and a little bit more — and we're excited to help you start on a journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

Resources for your health journey

Moda Health is here to help you get well sooner when you're sick or injured and live well longer the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. It's simple to access on your computer or mobile device. As a member, log in at modahealth.com to:

- > See and manage your benefits
- > Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- View and download your member ID card
- Use Be Better tools to get and stay healthy
- > Connect with health professionals
- > Look up drug prices before you buy
- > Pay your monthly premium with eBill
- Set up recurring payments using AutoPay
- > Access exclusive member savings

Be Better tools

These handy resources let you take charge of your healthy potential. They're free to members and come with every health plan. Use them to create a healthier you! Simply log in to myModa, your personalized member website, to get started. Here's what you'll find.

'Momentum' healthy living dashboard

Take charge of your health — and follow your progress. It's easy with the healthy living dashboard, Momentum, powered by Moda Health. Log in to myModa and look for Momentum to:

- > Take a health assessment and see your "health age"
- Use healthy lifestyle apps, like Weight Tracker and Blood Pressure Tracker
- > Research conditions and medications
- > Set goals and track progress
- > Create a Family Health Record
- > Access health content and resources

Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. You'll also get one-on-one support when you need it. Our eight care programs include:

- Cardiac Care
- > Dental Care
- Depression Care
- > Diabetes Care
- Lifestyle Coaching
- > Women's Health & Maternity Care
- Respiratory Care
- > Spine & Joint Care

Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll take some of the work off your plate — so you can focus on healing. Our nurse case managers and care coordinators will help you:

- > Navigate the healthcare system
- Communicate and work with your providers to support your care plan
- > Understand your benefits
- Arrange medically necessary, covered services ordered by your provider
- > Connect with community resources

eDoc

Email a health professional about non-urgent health concerns. eDoc keeps it private and customized to you. Connect with:

- Board-certified physicians
- Licensed psychologists
- > Pharmacists
- Dentists
- Dietitians
- > Fitness experts
- eDocVoice leave a message for a provider, and you'll get a phone response within 24 hours

Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Just call tollfree at 866-321-7580 for guidance on:

- > Basic health conditions and symptoms
- > Treatment for minor injuries and burns
- > Home cold and flu remedies
- > When to visit your doctor

Quitting tobacco

Stop smoking or chewing tobacco for good. We connect members with programs that make kicking the habit a little easier. You'll get advice from a Quit Coach and a custom quit plan that works for you.

Under the Affordable Care Act, coaching to help you stop smoking is covered in full. Take advantage of these perks:

- > Phone, text and online support from Quit Coaches, 24 hours a day
- > Tips on dealing with cravings
- Information about medications that can help you guit
- > Free tobacco cessation drugs prescribed by an in-network provider
- Useful articles, videos and online tracking tools

It's easy to find care wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you are. So we've made it easy to find in-network coverage in your hometown or across the state.

Moda Health networks have you covered

Moda Health is pleased to offer you two comprehensive provider networks in Alaska.

These options are designed to make finding coverage easy and convenient. In each network, members are welcome to see any licensed provider in Alaska, at the in-network benefit level.

The only difference between the networks is hospital services in Anchorage. Each network includes a different Anchorage hospital as the in-network hospital. Your network choice simply tells us which Anchorage hospital you prefer. Care you receive at hospitals outside of the Anchorage area is covered at the "in-network" benefit level.

Both networks give members access to the Beech Street PPO panel. By seeing a Beech Street physician, you can enjoy reduced out-of-pocket costs and no balance billing for services that are paid. Within Alaska, members are not penalized if they are unable to see a Beech Street provider.

ODS + Providence Alaska Network

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Providence Alaska Medical Center as the preferred provider of acute care hospital services in the Anchorage area.

ODS Alaska Select Network

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Alaska Regional Hospital as the preferred provider of acute care hospital services in the Anchorage area.

Which 'tier' is right for you?

Not sure where to start? Whatever your needs, we're confident you'll find the plan that fits just right. Plan tiers can help you narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

Plan tier categories

Our medical plans fall into one of four tiers: gold, silver, bronze and catastrophic.

Gold plans cost a little more, but they cover more, too. Silver plans fall somewhere in the middle. Bronze plans provide a little less coverage, but you'll save money on monthly premiums. The catastrophic tier includes one plan. If you're under 30 or meet some eligibility requirements, this plan offers coverage just in case of an emergency.

Knowing about these tiers may help you find and choose the best plan for you.



Find your perfect plan

We love our new health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you get well sooner and live well longer.

Each plan covers 100 percent of preventive care — that includes women's annual exams, well-baby care, routine physicals and immunizations. Plans vary most by network size, premiums, deductibles and copays.

If you want to feel protected, prepared and connected, you're in the right place.

Turn the page to check out our new plan summaries.

Enrolling in your new plan, online

Visit choosemoda.com to browse, compare and enroll in any new Moda Health plan online. You also can learn about Health Care Reform and whether or not you qualify for financial help.

Not an online type of person? No worries. We've still got you covered. Our friendly and knowledgeable team members are here to help. Just call toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m.

Gold > Be Protected

With health coverage like this, worry is a world away. You want healthcare with plenty of bells and whistles. This plan covers you from your head to your toes. Enjoy our lowest copays and deductibles for primary and specialty care.

	In-network, you pay²	Out-of-network, you pay				
Calendar year costs						
Deductible per person	\$750	\$1,500				
Deductible per family	\$1,500	\$3,000				
Out-of-pocket max per person	\$4,750	\$9,500				
Out-of-pocket max per family	\$9,500	\$19,000				
Care & services						
Primary care physician (PCP) office visit	\$15/visit ¹	50%				
Specialist office visit	\$15/visit ¹	50%				
Urgent care visit	\$15/visit ¹	50%				
Inpatient care (includes maternity)	15%	50%				
Outpatient care	15%	50%				
Outpatient diagnostic X-ray & lab	15%	50%				
Outpatient mental health/ chemical dependency	15%	50%				
Emergency room	15%	15%				
Ambulance	15%	15%				
Physical, speech or occupational therapy	\$15/visit ¹	50%				
Alternative care visit	\$15/visit ^{1,3}	50%				
Accident benefit	No cost share for the Services must be completed	first \$1,000 maximum. d within 90 days of the injury.				
Prescription drugs						
Value	\$2 ¹	\$2 ¹				
Generic	\$10 ¹	\$10 ¹				
Preferred	45%¹	45% ¹				
Brand	45%¹	45%¹				
Features						
Plan enrollment options	Healthcare.gov	and Moda Health				
Provider network		rovidence Alaska network Select network				
Preventive care	In-network, you pay 0% fo	or eligible preventive care ¹				
Embedded pediatric dental	15%; unc	ler age 19				
Embedded pediatric vision	Pediatric vision care is cover	ed for members under age 19				

¹ Deductible waived

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level. 3 Covers spinal and other manipulations and acupuncture care

Silver > Be Prepared

This plan helps you handle whatever life brings. You're a planner. When it comes to healthcare, you want plenty of doctors, robust drug coverage and low deductibles. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way.

	In-network, you pay²	Out-of-network, you pay					
Calendar year costs							
Deductible per person	\$1,250	\$2,500					
Deductible per family	\$2,500	\$5,000					
Out-of-pocket max per person	\$6,350	\$12,700					
Out-of-pocket max per family	\$12,700	\$25,400					
Care & services							
Primary care physician (PCP) office visit	\$25/visit ¹	50%					
Specialist office visit	\$25/visit ¹	50%					
Urgent care visit	\$25/visit ¹	50%					
Inpatient care (includes maternity)	30%	50%					
Outpatient care	30%	50%					
Outpatient diagnostic X-ray & lab	30%	50%					
Outpatient mental health/ chemical dependency	30%	50%					
Emergency room	30%	30%					
Ambulance	30%	30%					
Physical, speech or occupational therapy	\$25/visit ¹	50%					
Alternative care visit	\$25/visit ^{1,3}	50%					
Accident benefit	No cost share for the Services must be complete	first \$1,000 maximum. d within 90 days of the injury.					
Prescription drugs							
Value	\$2 ¹	\$21					
Generic	\$15 ¹	\$15 ¹					
Preferred	45% ¹	45% ¹					
Brand	45% ¹	45% ¹					
Features							
Plan enrollment options	Healthcare.gov	and Moda Health					
Provider network		rovidence Alaska network I Select network					
Preventive care	In-network, you pay 0% f	or eligible preventive care ¹					
Embedded pediatric dental	30%; und	der age 19					
Embedded pediatric vision	Pediatric vision care is covered for members under age 19						

¹ Deductible waived

Silver > Be Aligned

This plan protects your health and your wallet. Life keeps you busy. You want a budgetfriendly plan that works as hard as you do. A close-knit network helps your doctors work together and gives you the essentials: yearly checkups and quality care, close to home.

	In-network, you pay²	Out-of-network, you pay					
Calendar year costs							
Deductible per person	\$2,500	\$5,000					
Deductible per family	\$5,000	\$10,000					
Out-of-pocket max per person	\$6,000	\$12,000					
Out-of-pocket max per family	\$12,000	\$24,000					
Care & services							
Primary care physician (PCP) office visit	\$30/visit for first 5 visits ¹ , 35% for subsequent visits ³	50%					
Specialist office visit	35%	50%					
Urgent care visit	\$30/visit for first 5 visits ¹ , 35% for subsequent visits ³	50%					
Inpatient care (includes maternity)	35%	50%					
Outpatient care	35%	50%					
Outpatient diagnostic X-ray & lab	35%	50%					
Outpatient mental health/ chemical dependency	35%	50%					
Emergency room	35%	35%					
Ambulance	35%	35%					
Physical, speech or occupational therapy	35%	50%					
Alternative care visit	35%4	50%					
Accident benefit	Paid as any other illness subje	ct to deductible/coinsurance					
Prescription drugs							
Value	\$21	\$2 ¹					
Generic	\$10 ¹	\$10 ¹					
Preferred	45%¹	45%¹					
Brand	45% ¹ 45% ¹						
Features							
Plan enrollment options	Healthcare.gov a	nd Moda Health					
Provider network	You can choose ODS + Pro or ODS Alaska S						
Preventive care	In-network, you pay 0% fo	r eligible preventive care ¹					
Embedded pediatric dental	Not co	vered					
Embedded pediatric vision	Pediatric vision care is covere	ed for members under age 19					

¹ Deductible waived

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level. 3 Covers spinal and other manipulations and acupuncture care

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level.

3 Plan pays for first five office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

⁴ Covers spinal and other manipulations and acupuncture care

Bronze > Be Connected

This plan plugs right into your active world. You crave close ties, especially when it comes to healthcare. That means real-time advice from doctors, friendly health coaches and all your regular check-ups and meds. Getting all this from your favorite doctor and clinic just makes things easier.

	In-network, you pay²	Out-of-network, you pay					
Culoudinación	in-network, you pay-	Out-of-network, you pay					
Calendar year costs	* 1 = 2 =	40.00					
Deductible per person	\$4,500	\$9,000					
Deductible per family	\$9,000	\$18,000					
Out-of-pocket max per person	\$6,350	\$12,700					
Out-of-pocket max per family	\$12,700	\$25,400					
Care & services							
Primary care physician (PCP) office visit	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ³	50%					
Specialist office visit	35%	50%					
Urgent care visit	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ³	50%					
Inpatient care (includes maternity)	35%	50%					
Outpatient care	35%	50%					
Outpatient diagnostic X-ray & lab	35%	50%					
Outpatient mental health/ chemical dependency	35%	50%					
Emergency room	35%	35%					
Ambulance	35%	35%					
Physical, speech or occupational therapy	35%	50%					
Alternative care visit	35%4	50%					
Accident benefit	Paid as any other illness subje	ct to deductible/coinsurance					
Prescription drugs							
Value	\$21	\$2 ¹					
Generic	\$15¹	\$15 ¹					
Preferred	45%	45%					
Brand	45%	45%					
Features							
Plan enrollment options	Healthcare.gov a	nd Moda Health					
Provider network	You can choose ODS + Pro or ODS Alaska S	ovidence Alaska network					
Preventive care	In-network, you pay 0% fo	r eligible preventive care ¹					
Embedded pediatric dental	Not co	vered					
Embedded pediatric vision	Pediatric vision care is covered for members under age 19						

Bronze > Be Savvy*

This plan puts you in the financial driver's seat. You're kind of a numbers nut. You expect the same lovely logic from your health plan. You'll get more by paying with pretax dollars and having the freedom to manage the numbers yourself.

	In-network, you pay²	Out-of-network, you pay				
Calendar year costs						
Deductible per person	\$5,250	\$10,500				
Deductible per family	\$10,500	\$21,000				
Out-of-pocket max per person	\$6,350	\$12,700				
Out-of-pocket max per family	\$12,700	\$25,400				
Care & services						
Primary care physician (PCP) office visit	40%	50%				
Specialist office visit	40%	50%				
Urgent care visit	40%	50%				
Inpatient care (includes maternity)	40%	50%				
Outpatient care	40%	50%				
Outpatient diagnostic X-ray & lab	40%	50%				
Outpatient mental health/ chemical dependency	40%	50%				
Emergency room	40%	40%				
Ambulance	40%	40%				
Physical, speech or occupational therapy	40%	50%				
Alternative care visit	40%³	50%				
Accident benefit	Paid as any other illness subje	ct to deductible/coinsurance				
Prescription drugs						
Value	45%	45%				
Generic	45%	45%				
Preferred	45%	45%				
Brand	45%	45%				
Features						
Plan enrollment options	Healthcare.gov o	ınd Moda Health				
Provider network	You can choose ODS + Pro or ODS Alaska S					
Preventive care	In-network, you pay 0% fo	r eligible preventive care ¹				
Embedded pediatric dental	Notco	vered				
Embedded pediatric vision	Pediatric vision care is covere	ed for members under age 19				

¹ Deductible waived

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level.

3 Plan pays for first three office visits with a copay, which may be used for either PCP office visits

or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

⁴ Covers spinal and other manipulations and acupuncture care

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level. 3 Covers spinal and other manipulations and acupuncture care

^{*}This plan is compatible with a health savings account (HSA). HSA plans require the family deductible be met prior to benefits being paid when an individual and a spouse, or one or more dependents, are enrolled.

Catastrophic > Be Bold*

Designed specifically for certain people, this plan catches you if you fall. You love adventure. To support your daring lifestyle, you stay fit as a fiddle and maintain healthy habits. For healthcare, you just want the parachute to open in case something goes wrong.

	In-network, you pay²	Out-of-network, you pay					
Calendar year costs							
Deductible per person	\$6,350	\$12,700					
Deductible per family	\$12,700	\$25,400					
Out-of-pocket max per person	\$6,350	\$12,700					
Out-of-pocket max per family	\$12,700	\$25,400					
Care & services							
Primary care physician (PCP) office visit	\$45/visit for first 3 visits ¹ , 0% subsequent visits ³	50%					
Specialist office visit	0%	50%					
Urgent care visit	0%	50%					
Inpatient care (includes maternity)	0%	50%					
Outpatient care	0%	50%					
Outpatient diagnostic X-ray & lab	0%	50%					
Outpatient mental health/ chemical dependency	0%	50%					
Emergency room	0%	0%					
Ambulance	0%	0%					
Physical, speech or occupational therapy	0%	50%					
Alternative care visit	0%	50%					
Accident benefit	Paid as any other illness subje	ect to deductible/coinsurance					
Prescription drugs							
Value	0%	0%					
Generic	0%	0%					
Preferred	0%	0%					
Brand	0%	0%					
Features							
Plan enrollment options	Healthcare.gov o	and Moda Health					
Provider network	You can choose ODS + Providence Alaska network or ODS Alaska Select network						
Preventive care	In-network, you pay 0% for eligible preventive care ¹						
Embedded pediatric dental	Notico	overed					
Embedded pediatric vision	Pediatric vision care is covere	ed for members under age 19					

¹ Deductible waived

Dental plans

Dental coverage for your total health

Healthy teeth are happy teeth. With our individual and family dental coverage, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

Delta Dental Premier Network

These traditional fee-for-service providers give members access to the largest dental network available in Alaska and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers. The network includes more than 2,000 participating providers.

Is my dentist in the network?

Log onto modahealth.com to access our up-to-date Find Care tool and search for participating dentists in your area.

Individual dental plan highlights

- > No waiting periods for Class 1 services
- > Filed-fee savings from participating dentists
- > Predetermination of benefits if requested in a pretreatment plan
- > No claim forms
- > Prompt and accurate claims payment
- > Superior customer service

△ DELTA DENTAL®

² Members choose between two networks; each covers a different Anchorage-area hospital. All other

care from licensed providers in Alaska is covered at the in-network benefit level.

3 Plan pays for first three PCP office visits with a copay. Thereafter, the deductible applies.

^{*}Specific eligibility requirements apply for this plan. For more information, talk to a Moda Health-appointed agent, or call us directly at 855-718-1767.

Dental > Delta Dental Premier Family Plan*

Calendar year costs						
Deductible per person	Nor	ne				
Out-of-pocket max per person (under age 19)	\$700 for one member, \$1,40	0 for two or more members				
Annual benefit max (age 19+)	\$1,O	00				
	Members under age 19 pay	Members age 19+ pay				
Class 1						
Exams & X-rays	20%	20%				
Cleanings	20%	20%				
Periodontal maintenance	20%	20%				
Sealants, topical fluoride	20%	20%				
Class 2						
Space maintainers	40%	Not covered				
Restorative fillings	40%	40%¹				
Class 3						
Oral surgery	50%	50%²				
Endodontics	50%	50%²				
Periodontics	50%	50%²				
Restorative crowns	50%	50%²				
Bridges	50%	50%²				
Partial and complete dentures	50%	50%²				
Anesthesia	50%	50%²				
Occlusal guards for members over age 13	50%	50%²				
Orthodontia	50%³	Not covered				
Features						
Provider network	Delta Dental Pre	emier Network				
Maximum plan allowance	Delta Dental Premier Network: filed fee Nonparticipating: nonparticipating fee schedule					
Balance bill	Delta Dental Pren Nonparticip					

> Rates

What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that's right for you, you're in good hands.

Monthly rates for individual plans starting 2014

Thanks in part to Health Care Reform, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly premium, simply add up the rates for everyone you want covered by your plan. That might be you, your spouse and your children.

All children under age 21 have the same rate based on each plan. However, you only need to include up to three* children under age 21 in your total. Child dependents age 21 through 25 have a rate based on their actual age.

Easy steps to calculate your premium

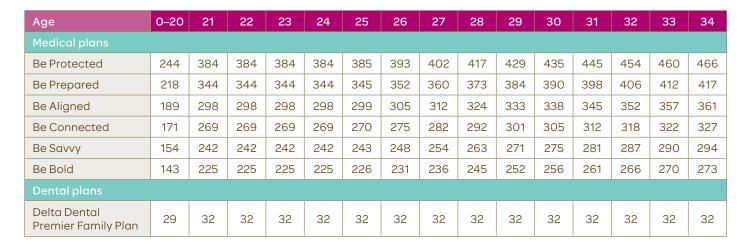
- 1 Jot down the rate for each person ages 21+
- 2 Jot down the rate for each person (up to three*) under age 21
- 3 Add all of these rates together to get your family's total rate

¹ Six-month exclusion period applies for ages 19 and older. 2 Twelve-month exclusion period applies for ages 19 and older. 3 This benefit is available only to dependent children aged 18 and under; two-year exclusion period applies.

^{*}The Alaska-mandated plan is also available.

^{*} If you have more than three dependent children under age 21, only three need to be calculated into your rate – this helps keep your healthcare affordable.

Monthly rates*



Age (continued)	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
Medical plans															
Be Protected	469	472	475	478	484	490	500	508	521	536	554	576	600	627	655
Be Prepared	420	423	425	428	434	439	447	455	466	480	496	515	537	562	586
Be Aligned	364	366	368	371	376	380	388	394	404	416	430	446	465	487	508
Be Connected	329	331	333	335	339	344	350	356	365	376	388	403	420	440	459
Be Savvy	296	298	300	302	306	310	316	321	329	339	350	364	379	396	413
Be Bold	275	277	279	281	284	288	293	298	306	315	325	338	352	368	384
Dental plans															
Delta Dental Premier Family Plan	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32

Age (continued)	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
Medical plans															
Be Protected	685	716	749	783	819	856	895	935	978	999	1,041	1,078	1,102	1,133	1,150
Be Prepared	614	641	671	701	733	766	801	837	875	894	932	965	987	1,014	1,030
Be Aligned	532	555	581	607	635	664	694	725	758	775	808	836	855	879	892
Be Connected	480	502	525	549	574	600	628	656	685	700	730	756	773	794	806
Be Savvy	433	452	473	494	517	540	565	591	618	631	658	681	696	715	726
Be Bold	402	420	440	459	481	502	525	549	574	586	611	633	647	665	674
Dental plans															
Delta Dental Premier Family Plan	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32

> FAQs

Answers to your questions

Am I eligible to apply?

You are eligible to enroll in a plan during the standard open enrollment period (Oct. 1, 2013 through March 31, 2014) or throughout the year if you experience a qualifying event, such as losing health coverage or moving to a new service area.

If you are buying a plan direct from Moda Health and not using the federal marketplace, you must live in Alaska and have been a resident for the past 12 months. If you are not living in Alaska because of medical treatment or education, you can still buy a Moda Health Alaska plan if you lived in Alaska for at least nine of the past 12 months.

What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account.

When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning Jan. 1, 2014. If the rates change with renewal, the new rates will be provided with 45 days' prior notice.

Can I switch to a different plan at any time?

No, you will only be able to change your plan at the next open enrollment period for the next year.

^{*}Rates effective January 1, 2014 through December 31, 2014

Healthcare lingo explained

We realize that the words used in these types of health plan brochures can be confusing, so we've made you a cheat sheet of sorts. After all, if you can't understand the signs on your journey to health, how can you reach your destination?

Catastrophic plan

Catastrophic coverage provides protection from an unforeseen, serious accident or medical emergency.
Catastrophic coverage is an affordable way to protect yourself from large, unplanned medical expenses. You must meet certain eligibility requirements to qualify for a catastrophic plan.

Coinsurance

The percentage of allowable charges for which the patient is responsible.

Copay

The member's share of the total medical bill, expressed as a specific dollar amount paid for a given service, product or treatment.

Deductible

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given calendar year before the health plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs and disallowed charges may not apply toward the deductible.

Embedded pediatric dental

Inclusive plans with embedded pediatric dental cover routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and orthodontia.

Services are covered only for members under age 19 and are subject to the medical deductible and coinsurance of the plan.

Embedded pediatric vision

All medical plans include one vision exam, standard lens and frame every 12 months for those under age 19. Benefits are subject to the medical deductible and applicable coinsurance of the plan.

Marketplace

Also called an "exchange," a health insurance marketplace is an online hub where you can buy affordable health coverage. If you qualify for a federal tax credit based on your income, you must buy your health plan through a marketplace to receive your credit.

Out-of-pocket maximum

A specified amount of applicable claims expenses in a calendar year that must be met before benefits are paid in full. Once members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every calendar year. Disallowed charges do not apply toward the out-of-pocket maximum.

Preferred Provider Organization (PPO)

A PPO is a panel of providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Tax credit

Federal tax credits help people pay for health insurance. You might qualify based on your income. To use a tax credit, you must buy insurance through your state's health insurance marketplace website.

Value-tier drugs

Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.

Limitations and exclusions for medical plans

Network information

Visit modahealth.com to find a contracted provider.

Dependent eligibility

Dependents are lawful spouses, domestic partners and eligible children up to age 26.

Coverage for children residing outside the service area

Plan benefits will be extended to enrolled children residing outside Alaska as if the care were rendered by in-network providers if services are provided within a 50-mile radius of the children's residence or at the closest appropriate facility.

Limitations

- All medical and surgical admissions must be authorized by Moda Health.
- Moda Health will not pay benefits for covered expenses to the extent that members have any other coverage for those expenses.
- > Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders).
- Skilled nursing facility care is covered up to 60 days per calendar year.
- > Spinal manipulation is covered for up to 12 visits per calendar year.
- Acupuncture care is covered for up to 12 visits per calendar year.
- Hospice benefits cover up to 10 days of inpatient care and 240 hours of respite care.
- > Home healthcare is covered for up to 130 visits per calendar year.
- Vision care, including exam, frame and lenses, is available once every calendar year for members age 18 and under.
- Be Protected and Be Prepared plans include dental care such as exams, cleanings, fluoride, X-rays, fillings, oral surgery, pulpotomy, crowns and dentures for members age 18 and under. A 24-month exclusion period is required for orthodontia.
- > Transplants are covered only at exclusive transplant facilities.

Exclusions

- Services provided by a member of the patient's immediate family
- Services or supplies that are not medically necessary
- Services and supplies for reversal of sterilization or to treat infertility
- Services and supplies for obesity, including complications arising out of such treatment, except as required under the Affordable Care Act
- > Surgery to alter the refractive character of the eye
- Dental examinations and treatment, except as covered under accident care or pediatric dental care
- Services or supplies for the treatment of sexual dysfunction or inadequacy, or those related to sex-change procedures
- > Treatment of personality disorders
- Experimental or investigational treatment, except for routine costs for qualified clinical trials
- Services or supplies available in whole, or in part, under any city, county, state or federal law, except Medicaid
- Charges above those considered maximum plan allowance
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- > Enrichment programs, including but not limited to psychological or lifestyle enrichment programs such as self-help programs, educational programs, assertiveness training, marathon group therapy, and sensitivity training, except as covered under health education services
- Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- Cosmetic services and supplies (exceptions are provided for reconstructive surgery following a mastectomy)
- Services and supplies associated with orthognathic surgery
- > Naturopathy or homeopathy
- Services and supplies related to the treatment of temporomandibular joint syndrome (TMJ)
- Court-ordered services including services related to deferred prosecution, deferred or suspended sentencing, or driving rights, except when medically necessary
- Routine health exams for administrative purposes, such as participating in sports or other activities

Limitations and exclusions for dental plans

Individual Premier Plan

- Routine examinations are limited to once every six months.
- Supplementary bitewing X-rays are covered once in any six-month period.
- > Full mouth X-rays are limited to once every five years.
- Prophylaxis (cleaning) is limited to once every six months.
- Surgical placement or removal of implants is not covered unless dentally necessary for members age 18 and under.
- Occlusal guards are covered once every year for members over age 13.
- Orthodontic services are limited to members age 18 and under who have satisfied a two-year exclusion period.
- Services for cosmetic reasons are not covered.
- Topical application of fluoride is covered once in any six-month period for members age 18 and under.







Questions?

Contact a Moda Health-appointed agent, or call us directly at 888-374-8910.

modahealth.com