

Health plans for every body

Individuals and families

Plans available Jan. 1, 2015, through Dec. 31, 2015

moda

Alaska

 DELTA DENTAL


moda
HEALTH

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 and Delta Dental of Alaska are here to help you get well sooner when you're sick or injured and live well 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 to get started. Here's what you'll find.

Momentum

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
- › Find 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 nonurgent 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

Get quick health advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day. Just call toll-free 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 quit
- Free tobacco cessation medications prescribed by an in-network provider
- Useful articles, videos and online tracking tools

MIDAS medical ID protection

Keep your health privacy safe with this easy and free service. As a Moda Health member, simply log in to myModa and follow the links to MIDAS to claim your benefit. It's a simple way to safeguard your medical record from fraud.

Access 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 go. So we've made it easy to find in-network coverage in your hometown and across the country.

When you choose a plan, you'll select one of these networks. The only difference between them is the preferred Anchorage hospital.

Moda Health networks have you covered

These networks are designed to make finding coverage easy and convenient. 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 you 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.

Endeavor Providence Network

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

Endeavor Select Network

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

In- and out-of-network providers

It's important to remember that you may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers also may bill you for the difference between your maximum plan allowance and their billed charges. This is known as balance billing. In-network providers don't do this. See our plan summaries to learn more about in-network and out-of-network benefits and costs.

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 or Catastrophic.

Gold plans cost a little more, but they cover more, too. Silver plans sit 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. You can enroll in this plan if you're under age 30 or meet some eligibility requirements as defined by the federal marketplace.

	What you pay for care (deductible and copay)	What you pay each month (monthly rate/premium)
Gold plans page 9 > Be Prosperous	\$	\$\$\$\$
Silver plans page 10 > Be Equipped > Be Driven	\$\$	\$\$\$
Bronze plans page 12 > Be Adventurous > Be Mighty (HSA)	\$\$\$	\$\$
Catastrophic plan page 14 > Be Rugged	\$\$\$\$	\$

Find your perfect plan

We love our health plans – and we hope you will, too. After all, they were created with you in mind. They are meant to help you be your healthy best

Each plan covers 100 percent of most preventive care – that includes women’s annual exams, well-baby care, routine physicals and immunizations. Plans vary by premiums, deductibles and copays. If you want to feel equipped for life’s ups and downs, you’re in the right place.

Read on to check out our 2015 individual and family plan summaries. For free print copies of plan summaries, call Moda Health at 855-718-1767.

Enrolling in your new plan

Starting Nov. 15, 2014, visit choosemoda.com to browse and compare 2015 Moda Health medical plans and enroll. You can use the same website to sign up for dental coverage, anytime. The site also explains how health plans, Health Care Reform and federal tax credits work – so take a look!

Not an online type of person? No worries. Our friendly and knowledgeable team members are here to help. Call us toll-free at 855-718-1767, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska Time. TTY users, please call 711.

Be Prosperous

	In-network, you pay ²	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		
Preventive care ³	\$0/per visit ¹	50%
Primary care physician (PCP) office visit ⁴	\$15/visit ¹	50%
Specialist office visit	\$15/visit ¹	50%
Urgent care visit	\$15/visit ¹	50%
Inpatient/outpatient care	15%	50%
Outpatient diagnostic X-ray and lab	15%	50%
Outpatient mental health/ chemical dependency	\$15/visit ¹	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy	\$15/visit ¹	50%
Alternative care ⁵	\$15/visit ¹	50%
Pediatric vision exam	15%	50%
Pediatric vision hardware	15%	50%
Accident benefit	No cost share for the first \$1,000. ¹ Services must be completed within 90 days of the injury.	
Prescription medications		
Value	\$2 ¹	\$2 ¹
Select	\$10 ¹	\$10 ¹
Preferred	35% ¹	35% ¹
Brand	45% ¹	45% ¹
Specialty ⁶	45% ¹	Not covered
Features		
Plan tier	Gold	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

Be Equipped

	In-network, you pay ²	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,350	\$2,700
Deductible per family	\$2,700	\$5,400
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ³	\$0/per visit ¹	50%
Primary care physician (PCP) office visit ⁴	\$25/visit ¹	50%
Specialist office visit	\$25/visit ¹	50%
Urgent care visit	\$25/visit ¹	50%
Inpatient/outpatient care	30%	50%
Outpatient diagnostic X-ray and lab	30%	50%
Outpatient mental health/ chemical dependency	\$25/visit ¹	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$25/visit ¹	50%
Alternative care ⁵	\$25/visit ¹	50%
Pediatric vision exam	30%	50%
Pediatric vision hardware	30%	50%
Accident benefit	No cost share for the first \$1,000. ¹ Services must be completed within 90 days of the injury.	
Prescription medications		
Value	\$2 ¹	\$2 ¹
Select	\$15 ¹	\$15 ¹
Preferred	35% ¹	35% ¹
Brand	45% ¹	45% ¹
Specialty ⁶	45% ¹	Not Covered
Features		
Plan tier	Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

Be Driven

	In-network, you pay ²	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		
Preventive care ³	\$0/per visit ¹	50%
Primary care physician (PCP) office visit ⁴	\$30/visit for first 5 visits ¹ , 35% subsequent visits ⁷	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit for first 5 visits ¹ , 35% subsequent visits ⁷	50%
Inpatient/outpatient care	35%	50%
Outpatient diagnostic X-ray and 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 ⁵	35%	50%
Pediatric vision exam	35%	50%
Pediatric vision hardware	35%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications		
Value	\$2 ¹	\$2 ¹
Select	\$10 ¹	\$10 ¹
Preferred	35% ¹	35% ¹
Brand	45% ¹	45% ¹
Specialty ⁶	45% ¹	Not Covered
Features		
Plan tier	Silver	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

⁷ 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.

Be Adventurous

	In-network, you pay ²	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$4,500	\$9,000
Deductible per family	\$9,000	\$18,000
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ³	\$0/per visit ¹	50%
Primary care physician (PCP) office visit ⁴	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ⁷	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits ¹ , 35% for subsequent visits ⁷	50%
Inpatient/outpatient care	35%	50%
Outpatient diagnostic X-ray and 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 ⁵	35%	50%
Pediatric vision exam	35%	50%
Pediatric vision hardware	35%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications		
Value	\$2 ¹	\$2 ¹
Select	\$15 ¹	\$15 ¹
Preferred	35%	35%
Brand	45%	45%
Specialty ⁶	45%	Not Covered
Features		
Plan tier	Bronze	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

⁷ 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.

Be Mighty (HSA)*

	In-network, you pay ²	Out-of-network, you pay
Calendar year costs		
Deductible (one enrollee)	\$5,250	\$10,500
Deductible (two or more enrollees)	\$10,500	\$21,000
Out-of-pocket max (one enrollee)	\$6,350	\$12,700
Out-of-pocket max (two or more enrollees)	\$12,700	\$25,400
Care & services		
Preventive care ³	\$0/per visit ¹	50%
Primary care physician (PCP) office visit ⁴	40%	50%
Specialist office visit	40%	50%
Urgent care visit	40%	50%
Inpatient/outpatient care	40%	50%
Outpatient diagnostic X-ray and 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 ⁵	40%	50%
Pediatric vision exam	40%	50%
Pediatric vision hardware	40%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications		
Value	\$2 ¹	\$2 ¹
Select	45%	45%
Preferred	45%	45%
Brand	45%	45%
Specialty ⁶	45%	Not Covered
Features		
Plan tier	Bronze	
Plan enrollment options	Health Insurance Marketplace or Moda Health	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

*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. Members have the freedom to use any financial institution for their HSA plan.

Be Rugged

To enroll, you must be under age 30 or meet other eligibility requirements.

	In-network, you pay ²	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$6,600	\$13,200
Deductible per family	\$13,200	\$26,400
Out-of-pocket max per person	\$6,600	\$13,200
Out-of-pocket max per family	\$13,200	\$26,400
Care & services		
Preventive care ³	\$0/per visit ¹	0%
Primary care physician (PCP) office visit ⁴	\$45/visit for first 3 visits ¹ , 0% subsequent visits ⁷	0%
Specialist office visit	0%	0%
Urgent care visit	0%	0%
Inpatient/outpatient care	0%	0%
Outpatient diagnostic X-ray and lab	0%	0%
Outpatient mental health/ chemical dependency	0%	0%
Emergency room	0%	0%
Ambulance	0%	0%
Physical, speech or occupational therapy	0%	0%
Alternative care ⁵	0%	0%
Pediatric vision exam	0%	0%
Pediatric vision hardware	0%	0%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription medications		
Value	0%	0%
Select	0%	0%
Preferred	0%	0%
Brand	0%	0%
Specialty ⁶	0%	Not Covered
Features		
Plan tier	Catastrophic	
Plan enrollment options	Health Insurance Marketplace	
Provider network	You can choose Endeavor Providence network or Endeavor Select network	
Embedded pediatric dental	Included for members under age 19	

¹ Deductible waived

² Every licensed professional provider in Alaska is covered at the in-network benefit level. In-network cost sharing and 50 percent out-of-network cost sharing apply to most services outside of Alaska.

³ For services as required under the Affordable Care Act

⁴ Includes naturopathic office visits

⁵ Covers medically necessary spinal and other manipulations and acupuncture care

⁶ Specialty medications require prior authorization and must be accessed through a specialty pharmacy provider.

⁷ Plan pays for first three office visits with a copay. Thereafter, the deductible and coinsurance apply.

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 of Alaska, the nation's largest dental network. Your smile will thank you, wherever you roam.

Is my dentist in the network?

To find out, visit modahealth.com and use our Find Care tool. Just choose a dental network and search for participating dentists in your area.

Individual dental plan highlights

Delta Dental plans have participating providers who will not charge more than Delta Dental of Alaska's allowed amount. However, you will pay less with participating in-network providers on the PPO plan.

- › Freedom to choose your dentist
- › 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
- › Fast and accurate claims payment
- › Superior customer service

Delta Dental Premier Network

Wherever you go, your Delta Dental of Alaska benefits go with you. The Delta Dental Premier Network includes the largest dental network in Alaska and the country. Three out of every four dentists participate nationwide, serving 50 states, the District of Columbia and Puerto Rico.

Delta Dental PPO Network

The preferred provider option (PPO) gives Anchorage members access to the largest PPO network in Alaska and across the country. You'll enjoy better benefits by seeing dentists in the PPO network.

Delta Dental Premier

Calendar year costs		
Deductible per person	None	
Out-of-pocket max per person (under age 19)	\$350 for one member; \$700 for two or more members	
Annual benefit max (ages 19+)	\$1,000	
	Under age 19	Ages 19+
Class 1		
Exams and X-rays	20%	20%
Cleanings	20%	20%
Periodontal maintenance	20%	20%
Sealants	20%	20%
Topical fluoride	20%	20% ²
Class 2		
Space maintainers	30%	Not covered
Restorative fillings	30%	30% ³
Class 3		
Oral surgery	50%	50% ⁴
Endodontics	50%	50% ⁴
Periodontics	50%	50% ⁴
Restorative crowns	50%	50% ⁴
Bridges	50%	50% ⁴
Partial and complete dentures	50%	50% ⁴
Anesthesia	50%	50% ⁴
Orthodontia	50% ⁵	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ No deductible on this plan

² Covered once in a 12-month period for high-risk patients only

³ Six-month exclusion period applies

⁴ 12-month exclusion period applies

⁵ This benefit is available only to dependent children; a two-year exclusion period applies.

Delta Dental PPO

This plan is only available to Anchorage residents age 19 and older.

Calendar year costs		
Deductible per person	None	
Out-of-pocket max per person	Not applicable	
Annual benefit max	\$1,000	
	In-network, you pay	Out-of-network, you pay
Class 1		
Exams and X-rays	10%	50%
Cleanings	10%	50%
Periodontal maintenance	10%	50%
Sealants	10%	50%
Topical fluoride	10% ²	50% ²
Class 2		
Space maintainers	Not covered	Not covered
Restorative fillings	30% ³	50% ³
Class 3		
Oral surgery	50% ⁴	50% ⁴
Endodontics	50% ⁴	50% ⁴
Periodontics	50% ⁴	50% ⁴
Restorative crowns	50% ⁴	50% ⁴
Bridges	50% ⁴	50% ⁴
Partial and complete dentures	50% ⁴	50% ⁴
Anesthesia	50% ⁴	50% ⁴
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental PPO Network	All other providers
Balance bill	No	Delta Dental Premier Network: No Nonparticipating: Yes

¹ No deductible on this plan

² Covered once in a 12-month period for high-risk patients only

³ Six-month exclusion period applies

⁴ 12-month exclusion period applies



Together, we
can find a way to
better health.

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 2015

Thanks in part to the Affordable Care Act, 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 premiums, simply add up the rates for everyone you want covered by your plans. That might be you, your spouse and your children.

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

How to calculate your premium

- 1 Jot down the rate for each person age 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

*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

Effective Jan. 1, 2015, through Dec. 31, 2015

Age	0 – 20	21	22	23	24	25	26	27
Medical plans								
Be Adventurous (Select)	\$209	\$329	\$329	\$329	\$329	\$330	\$337	\$345
Be Adventurous (Providence)	\$209	\$329	\$329	\$329	\$329	\$330	\$337	\$345
Be Prosperous (Select)	\$313	\$494	\$494	\$494	\$494	\$496	\$505	\$517
Be Prosperous (Providence)	\$313	\$494	\$494	\$494	\$494	\$496	\$505	\$517
Be Equipped (Select)	\$272	\$428	\$428	\$428	\$428	\$430	\$438	\$449
Be Equipped (Providence)	\$272	\$428	\$428	\$428	\$428	\$430	\$438	\$449
Be Driven (Select)	\$243	\$382	\$382	\$382	\$382	\$384	\$391	\$400
Be Driven (Providence)	\$243	\$382	\$382	\$382	\$382	\$384	\$391	\$400
Be Mighty (HSA) (Select)	\$197	\$310	\$310	\$310	\$310	\$311	\$317	\$325
Be Mighty (HSA) (Providence)	\$197	\$310	\$310	\$310	\$310	\$311	\$317	\$325
Be Rugged (Select)	\$181	\$285	\$285	\$285	\$285	\$286	\$292	\$298
Be Rugged (Providence)	\$181	\$285	\$285	\$285	\$285	\$286	\$292	\$298

Age (continued)	42	43	44	45	46	47	48	49	50
Medical plans									
Be Adventurous (Select)	\$436	\$446	\$459	\$475	\$493	\$514	\$538	\$561	\$587
Be Adventurous (Providence)	\$436	\$446	\$459	\$475	\$493	\$514	\$538	\$561	\$587
Be Prosperous (Select)	\$654	\$670	\$690	\$713	\$740	\$771	\$807	\$842	\$882
Be Prosperous (Providence)	\$654	\$670	\$690	\$713	\$740	\$771	\$807	\$842	\$882
Be Equipped (Select)	\$567	\$581	\$598	\$618	\$642	\$669	\$700	\$730	\$765
Be Equipped (Providence)	\$567	\$581	\$598	\$618	\$642	\$669	\$700	\$730	\$765
Be Driven (Select)	\$506	\$519	\$534	\$552	\$573	\$597	\$625	\$652	\$683
Be Driven (Providence)	\$506	\$519	\$534	\$552	\$573	\$597	\$625	\$652	\$683
Be Mighty (HSA) (Select)	\$411	\$420	\$433	\$447	\$465	\$484	\$507	\$529	\$553
Be Mighty (HSA) (Providence)	\$411	\$420	\$433	\$447	\$465	\$484	\$507	\$529	\$553
Be Rugged (Select)	\$377	\$386	\$398	\$411	\$427	\$445	\$466	\$486	\$509
Be Rugged (Providence)	\$377	\$386	\$398	\$411	\$427	\$445	\$466	\$486	\$509

Age	0 – 20	21+
Dental plans		
Delta Dental Premier	\$43	\$38
Delta Dental PPO	\$30*	\$30*

*This plan is only available to Anchorage residents age 19 and older.

28	29	30	31	32	33	34	35	36	37	38	39	40	41
\$357	\$368	\$373	\$381	\$389	\$394	\$399	\$402	\$404	\$407	\$410	\$415	\$420	\$428
\$357	\$368	\$373	\$381	\$389	\$394	\$399	\$402	\$404	\$407	\$410	\$415	\$420	\$428
\$537	\$552	\$560	\$572	\$584	\$591	\$599	\$603	\$607	\$611	\$615	\$623	\$631	\$643
\$537	\$552	\$560	\$572	\$584	\$591	\$599	\$603	\$607	\$611	\$615	\$623	\$631	\$643
\$465	\$479	\$486	\$496	\$507	\$513	\$520	\$523	\$527	\$530	\$534	\$540	\$547	\$557
\$465	\$479	\$486	\$496	\$507	\$513	\$520	\$523	\$527	\$530	\$534	\$540	\$547	\$557
\$415	\$428	\$434	\$443	\$452	\$458	\$464	\$467	\$470	\$473	\$476	\$482	\$488	\$498
\$415	\$428	\$434	\$443	\$452	\$458	\$464	\$467	\$470	\$473	\$476	\$482	\$488	\$498
\$337	\$347	\$352	\$359	\$367	\$371	\$376	\$379	\$381	\$384	\$386	\$391	\$396	\$403
\$337	\$347	\$352	\$359	\$367	\$371	\$376	\$379	\$381	\$384	\$386	\$391	\$396	\$403
\$310	\$319	\$323	\$330	\$337	\$341	\$346	\$348	\$350	\$353	\$355	\$359	\$364	\$371
\$310	\$319	\$323	\$330	\$337	\$341	\$346	\$348	\$350	\$353	\$355	\$359	\$364	\$371

51	52	53	54	55	56	57	58	59	60	61	62	63	64+
\$613	\$642	\$671	\$702	\$733	\$767	\$801	\$838	\$856	\$892	\$924	\$945	\$971	\$986
\$613	\$642	\$671	\$702	\$733	\$767	\$801	\$838	\$856	\$892	\$924	\$945	\$971	\$986
\$921	\$963	\$1,007	\$1,054	\$1,101	\$1,152	\$1,203	\$1,258	\$1,285	\$1,340	\$1,387	\$1,418	\$1,457	\$1,481
\$921	\$963	\$1,007	\$1,054	\$1,101	\$1,152	\$1,203	\$1,258	\$1,285	\$1,340	\$1,387	\$1,418	\$1,457	\$1,481
\$799	\$836	\$873	\$914	\$955	\$999	\$1,043	\$1,091	\$1,115	\$1,162	\$1,203	\$1,230	\$1,264	\$1,284
\$799	\$836	\$873	\$914	\$955	\$999	\$1,043	\$1,091	\$1,115	\$1,162	\$1,203	\$1,230	\$1,264	\$1,284
\$713	\$746	\$780	\$816	\$852	\$892	\$931	\$974	\$995	\$1,037	\$1,074	\$1,098	\$1,128	\$1,146
\$713	\$746	\$780	\$816	\$852	\$892	\$931	\$974	\$995	\$1,037	\$1,074	\$1,098	\$1,128	\$1,146
\$578	\$605	\$632	\$662	\$691	\$723	\$755	\$790	\$807	\$841	\$871	\$890	\$915	\$930
\$578	\$605	\$632	\$662	\$691	\$723	\$755	\$790	\$807	\$841	\$871	\$890	\$915	\$930
\$531	\$556	\$581	\$608	\$635	\$664	\$694	\$726	\$741	\$773	\$800	\$818	\$841	\$854
\$531	\$556	\$581	\$608	\$635	\$664	\$694	\$726	\$741	\$773	\$800	\$818	\$841	\$854

Answers to your questions

How do I sign up for 2015 benefits?

To enroll in a 2015 individual medical plan, visit choosemoda.com during open enrollment, Nov. 15, 2014, through Feb. 15, 2015. If you miss open enrollment and experience a qualifying event, such as losing health coverage or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Just want dental coverage? Enroll anytime. Visit choosemoda.com to pick a dental plan now or a 2015 dental plan later this year.

If you're not an online type of person, no worries. Just call us toll-free at 855-718-1767, Monday through Friday, 6:30 a.m. to 4:30 p.m. Alaska time. TTY users, please call 711.

Am I eligible to apply?

If you are buying a plan directly from Moda Health and not using the federal marketplace, you and any dependents applying for coverage must live in Alaska. You must be Alaska residents and live in our service area for six months out of the year. Eligible members include you, your legal spouse or domestic partner and any children up to age 26. Individuals who are eligible for Medicare are not eligible for a Moda Health individual medical plan, regardless of age.

Which network includes my provider?

Moda Health networks include a ton of great doctors, clinics, pharmacies and hospitals. To find one, visit modahealth.com and use Find Care. Search as a guest, choose a network and then enter a provider name.

To see which network each plan includes, review the plan details pages in this booklet.

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. Simply log in to myModa to get started.

Which individual medical plans can I purchase through the Health Insurance Marketplace, found at HealthCare.gov?

You can enroll in most Moda Health individual medical plans through us or the Health Insurance Marketplace. Our catastrophic plans, Be Rugged (Select) and Be Rugged (Providence), are only available via HealthCare.gov.

Visit choosemoda.com during open enrollment, starting Nov. 15, 2014, to learn more about 2015 plan purchase options.

Can my employer sponsor my individual coverage?

Moda Health individual plans cannot be employer-sponsored plans. You will be responsible for paying your monthly premium directly to Moda Health. We do not accept business checks for individual plans.

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 in January. 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 plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you can apply for special enrollment outside of the open enrollment period.

Which bank can I use for my HSA plan?

It's your choice. You have the freedom to pick any financial institution you wish.

Healthcare lingo explained

We realize that the words used in health plan brochures can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, including a printable uniform glossary, visit the Learning center at choosemoda.com. For free print copies of the uniform glossary or plan summaries of benefits and coverage, contact Moda Health at 855-718-1767.

Alternative care

This includes spinal manipulation and acupuncture care.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill you the difference between the maximum plan allowance and their billed charges. In-network providers can't do this.

Brand medication

Patented medications produced and marketed by a specific manufacturer. These medications have been reviewed by Moda Health and found to not have significant therapeutic advantage over their preferred alternative(s).

Catastrophic plan

Designed for members under 30, this plan is an affordable way for you 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 fixed amount you pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it.

Deductible

The amount you pay for covered healthcare services in a calendar year before the health plan starts paying for treatment. Fixed dollar copayments, prescription medications, out-of-pocket costs and disallowed charges may not apply toward the deductible.

Embedded pediatric dental

All medical plans include embedded pediatric dental that covers routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and medically necessary orthodontia care. 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 and standard lens and frame or contacts every 12 months for those under age 19.

Marketplace

Also called an "exchange," a health plan marketplace is an online hub where folks can buy affordable health coverage. The federal marketplace is called the "Health Insurance Marketplace." People who qualify for a federal tax credit based on income must buy a plan through the marketplace to receive the tax credit.

Out-of-pocket maximum

The most an individual pays in a calendar year for covered healthcare services before benefits are paid in full. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, co-insurance and co-payments. It does not include disallowed charges or balance billing amounts for out-of-network providers.

Preferred medication

Medications reviewed by Moda Health and found to be clinically effective at a favorable cost when compared with other medications in the same therapeutic class.

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.

Preferred provider option (PPO)

A preferred provider option (PPO) is a type of Delta Dental of Alaska dental or Moda Health medical plan. PPO members have in-network coverage when receiving care from a provider contracted on a PPO Network panel. Providers contracted under this panel cannot balance bill.

Preferred provider organization (PPO)

A PPO can also refer to "preferred provider organization." This is a network panel of medical or dental providers contracted under Moda Health to provide in-network coverage at agreed-upon rates, with no balance billing. Members maximize their benefits by seeing PPO Network providers.

Primary care provider (PCP)

A PCP can be an M.D. (Doctor of Medicine), a D.O. (Doctor of Osteopathic Medicine), a nurse practitioner or a physician's assistant. These providers practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology and women's health.

Select medications

Those generic medications that represent a more affordable option within their therapeutic category, as well as brand-name medications that are both clinically proven and cost-effective.

Specialty medication

Members with complex chronic health conditions may need to take specialty medications. These medications often require special handling, administration and ordering. You must have prior authorization to get these medications.

Special enrollment

Certain life events might qualify you for special enrollment. This means you can enroll for a health plan outside of the open enrollment period. For example, having a baby or moving to a new state could make you or those you cover eligible.

Tax credit

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

Value medication

These include select, commonly prescribed products used to treat chronic medical conditions and preserve health.

Limitations and exclusions for medical plans

Limitations

- Alternative care limited to 12 acupuncture and 12 spinal manipulation visits per calendar year
- Authorization by Moda Health required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services
- Home healthcare limited to 130 visits per year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Orthodontia limited to dependent children under age 19 and subject to a two-year exclusion period
- Prescriptions – maximum 90-day supply for retail and mail order and 30 days for specialty pharmacy
- 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 limited to 60 days per calendar year
- Transplants must be performed at an Exclusive Transplant Network facility to be eligible for coverage. Round trip transportation and lodging up to \$7,500 per transplant
- Vision exam and glasses or contacts covered once per calendar year for members under age 19

Exclusions

- Care outside the United States, other than emergency care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery after a mastectomy and some medically necessary complications of reconstructive surgeries)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Massage or massage therapy, except as specifically listed under rehabilitation and habilitation
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Sexual disorders, including sexual dysfunction or inadequacy and sex change procedures
- Temporomandibular joint syndrome (TMJ)
- Vision surgery to alter the refractive character of the eye

Limitations and exclusions for dental plans

Limitations

Diagnostic and preventive

- Exam once in a six-month period
- Bitewing X-rays once in a six-month period under age 19 and once in a 12-month period age 19 and over.
- Full-mouth or panoramic X-rays once in a five-year period
- Cleaning (prophylaxis or periodontal maintenance) once in a six-month period
- Fluoride covered once in six-month period under age 19 and once in a 12-month period age 19 and over if there is recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a three-year period under age 19 and once in a five-year period age 19 and over.

Basic and major

- Bridges and dentures once in a five-year period under age 19 and once in a seven-year period age 19 and over.
- Crowns and other cast restorations once in a five-year period under age 19 and once in a seven-year period age 19 and over.
- IV sedation or general anesthesia only with surgical procedures
- Scaling and root planing once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations
- Cosmetic services
- Duplication and interpretation of X-rays
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Implants
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Occlusal guard (nightguard) covered once in a 12-month period between ages 13 and 19
- Orthodontia covered only for dependent children under age 19
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Temporomandibular joint syndrome (TMJ)
- Treatment not dentally necessary

**For cost and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your agent or Moda Health.*



Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 888-374-8910. TTY users, please call 711.

[modahealth.com](https://www.modahealth.com)