



A man and a woman are shown in profile, facing each other and smiling. They are inside a car, with the man on the left holding the steering wheel and the woman on the right. The background shows the car's interior, including the dashboard, air vents, and a sunroof. A large, semi-transparent magenta rectangle is overlaid on the center of the image, containing white text.

Hello.

Welcome to Moda Health Plan, Inc. 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.

To be your healthy best, you need quality coverage, programs, online tools and, most important, partnerships that help you along the way.

We offer all of that and more – and we're excited to help you start on a journey to be better.

For our part, we'll provide networks of doctors and dentists, expert health coaches, caring customer service and a dedicated team here to support you. For your part, simply come ready to find healthy moments every day.

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

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PPO

We take quality seriously. In 2014, that commitment earned our Marketplace PPO plans an accreditation status of "Accredited" by the National Committee for Quality Assurance (NCQA).

Wellness resources

Member website

Online health tools

Special programs

Tools for your health journey

Moda Health and Delta Dental of Alaska are here to help you feel well so you can live better longer. We even have special programs and care teams to support you in reaching your health goals.

Get started with myModa

You'll love everything you can do at myModa, your personalized member website. As a member, log in at modahealth.com to:

- Find in-network providers
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access Be Better tools to get and stay healthy
- Look up medication prices
- Download your member ID card
- Pay your premium with eBill and set up recurring payments with AutoPay

Be Better tools

These handy resources come with every individual and family plan. Use them to create a healthier you! Simply log in to myModa to get started. >



Momentum

Take charge of your health – and follow your progress. It's easy with 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.

Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney 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 give you support – so you can focus on healing.

We can help you:

- Understand your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to myModa to find medication cost estimates and generic options.



eDoc

Email a health professional about any health concern. eDoc keeps it private and customized to you.

You can connect with:

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

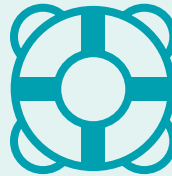


Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Call 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'll connect you with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to stop smoking is covered in full when you see an in-network provider.

You can tap into these perks:

- Tips for dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by your doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



MIDAS medical ID protection

Keep your health privacy safe with this free service.

As a Moda Health member, log in to myModa and follow the links to MIDAS to claim your benefit. It's an easy way to safeguard your medical record from fraud.



Medical plan details

Overview *page 8*

Networks *page 10*

Pharmacy *page 13*

Create more healthy moments

We love our health plans – and we hope you will, too. They are meant to help you find moments every day to be your healthy best. We call these “Moda moments” – times to connect, help, relax and play.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it’s easier to create healthy moments. As required under the Affordable Care Act (ACA), Moda Health medical plans cover most routine preventive care. These services may include:

- Periodic health exams
- Well-baby care
- Women’s annual exams
- Many immunizations
- Preventive cancer and other health screenings

Deciding on a plan

Plans vary by premiums, networks, deductibles, copays and coinsurance. Understanding these factors can help you pick the plan for you.

Generally, you’ll pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so you’ll pay less out of pocket for care. Metallic levels can help you narrow down what you pay each month for coverage.

Metallic levels

- **Gold plans** typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- **Silver plans** sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- **Bronze plans** provide a little less coverage – about 60 percent of the total average cost of care – but have lower monthly premiums.
- **Catastrophic plans** offer our lowest level of coverage. To enroll, you must apply through the Marketplace, HealthCare.gov, and be under age 30 or meet some eligibility requirements as defined by the Marketplace.

	Cost of care	Monthly premium
Gold plans	\$	\$\$\$\$
Silver plans	\$\$	\$\$\$
Bronze plans	\$\$\$	\$\$
Catastrophic plans	\$\$\$\$	\$

Medical networks protect you, near and far

Health happens, whether you're at home or on the road. So, we've made it easy for you to find in-network coverage in your hometown and across the country.

All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies labs and hospitals located in a certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

Our Alaska medical networks differ only by the Anchorage-area hospital they include. Within Anchorage, you must use the in-network hospital for covered care. In Alaska, hospital care you receive outside Anchorage is covered at the in-network benefit level.

When choosing your plan, pick one with the network that covers the hospital you prefer. Check the plan benefit tables in this brochure to see a plan's network.

Both networks give you access to 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.

In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Care from out-of-network providers may also be subject to "balance billing" – the difference between the maximum plan allowance and providers' charges.

Inside Alaska, members can see any licensed professional provider and receive the in-network benefit level. However, out-of-network providers can balance bill. Members receive the best benefit by seeing Beech Street PPO providers in Alaska.

For in-network hospital care in the Anchorage area, members must visit the hospital covered by their network. Outside the Anchorage area, members can use any hospital in Alaska for in-network coverage – however, out-of-network hospitals can balance bill.

Members can receive in-network clinic and hospital care outside Alaska through the PHCS Network.

Pediatric dental and vision care

Embedded pediatric dental care is limited to members under age 19. Members can see any licensed dental care provider in Alaska or the country. However, choosing a Delta Dental Premier Network provider may save members money.

Embedded pediatric vision coverage comes with all Moda Health individual plans in Alaska. Vision care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

2016 provider networks

Endeavor Providence

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 services in the Anchorage area. Members can see Beech Street PPO panel providers for in-network care.

Endeavor Select

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 services in the Anchorage area. Members can see Beech Street PPO panel providers for in-network care.

PHCS Network outside Alaska

For care outside Alaska, members can see providers in the PHCS Network for in-network care. It is the largest preferred provider organization (PPO) medical network nationwide. Members have access to more than 130,000 practitioners, 7,500 clinics and 300 hospitals. PHCS Network gives members plenty of choice and low out-of-pocket costs.

Is your provider in-network?

Find out by visiting modahealth.com and using Find Care. Choose a network and look for providers near you.

You can also search for Beech Street PPO panel providers at beechstreet.com.

To focus on PHCS Network providers, visit phcs.com and select this logo to get started:





At **moda**, we understand good health is about balance and finding little moments every day to be your healthy best. We call these healthy living moments, **Moda moments**.

They let us **connect** so we can smile and share a story. They let us **help** so we can reach out and spread some love. They let us **relax** so we can recharge and rewind. And they let us **play** because we should always find time for fun.

#modamoment



Expect quality pharmacy benefits

Quality prescription coverage is right at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Medication tiers offer ways to save

All Moda Health medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, brand and specialty. Each tier has a copay or coinsurance amount set by the plan.

To see medication tier coverage amounts, check the plan benefit tables in this brochure. You can visit www.modahealth.com/pdl and choose "individual" to search medications and find out the medication tiers and your costs when covered by our medical plans.

Our pharmacy network

Members get the best benefit by using the MedImpact pharmacy network. Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS) and Walgreens.

For specialty pharmacy needs, we connect members with our exclusive specialty pharmacy provider.

Find an in-network pharmacy

Visit modahealth.com and use Find Care. Choose the MedImpact pharmacy network to see what's nearby.

Other handy pharmacy features

Along with great benefits, members get tools that make finding medications a little easier.

The "prescription price check" lets members look up estimated medication prices online. They just log in to myModa and enter a medication name to find cost estimates by medication tier. Members can also compare pricing estimates from various in-network pharmacies and see generic or lower-cost options to discuss with their doctor.

Picking a medical plan

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Choose and enroll in your plan

Not sure where to start? Whatever your needs, we're confident you'll find the medical plan that fits just right.

How open enrollment works

Open enrollment for 2016 individual and family medical plans is Nov. 1, 2015, through Jan. 31, 2016. You can enroll in a plan or switch to a different plan during that time.

If you miss open enrollment and experience a life change, you might qualify for special enrollment. For example, having a baby, getting married or divorced, losing health coverage or moving to a new state could make you and those you want to cover eligible.

Visit the Learning Center at choosemoda.com to learn more about open and special enrollment.

After you enroll

Once you're enrolled, you'll receive a welcome letter that confirms your plan and includes your subscriber ID number. Your ID card will arrive in a separate mailing. Use your ID number to log in to myModa at modahealth.com. Then find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first invoice is ready, you can also manage billing and payment options through myModa.

Questions?

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.

Follow these simple steps to enroll



Confirm your eligibility

You must be an Alaska resident and live in Alaska at least six months out of the calendar year to be eligible to enroll.

Eligible members include you, your legal spouse or domestic partner and any children up to age 26. Individuals who are enrolled in Medicare (Part A and Part B) or Medicare Advantage cannot enroll in a Moda Health individual medical plan, regardless of age. Learn more about Medicare at cms.gov.

Find the plan you like

Browse and compare our 2016 medical plans in this brochure or at choosemoda.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look! For free print copies of plan summaries of benefits and coverage (SBCs), please call us.

When deciding on a plan, be sure to pick one with the provider network you prefer.

Enroll at choosemoda.com

Starting Nov. 1, 2015, visit choosemoda.com to enroll in 2016 Moda Health medical plans. If you qualify for federal financial assistance, we'll show you how to apply through the Marketplace, HealthCare.gov.

Be sure to enroll before open enrollment ends, Jan. 31, 2016.



2016 Medical plan benefit table

	Be Prosperous (Select)		Be Prosperous (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$750	\$1,500	\$750	\$1,500
Deductible per family	\$1,500	\$3,000	\$1,500	\$3,000
Out-of-pocket max per person	\$4,750	\$9,500	\$4,750	\$9,500
Out-of-pocket max per family	\$9,500	\$19,000	\$9,500	\$19,000
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Specialist office visit	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Urgent care visit	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Inpatient/outpatient care	15% after deductible	50% after deductible	15% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	15% after deductible	50% after deductible	15% after deductible	50% after deductible
Outpatient mental health/ chemical dependency visit	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Emergency room visit	15% after deductible	15% after deductible	15% after deductible	15% after deductible
Ambulance	15% after deductible	15% after deductible	15% after deductible	15% after deductible
Physical, speech or occupational therapy visit	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Alternative care visit ²	\$15/visit	50% after deductible	\$15/visit	50% after deductible
Embedded pediatric dental care	Included for members under age 19; deductible waived for in-network preventive services		Included for members under age 19; deductible waived for in-network preventive services	
Embedded pediatric vision exam	15% after deductible	50% after deductible	15% after deductible	50% after deductible
Embedded pediatric vision hardware	15% after deductible	50% after deductible	15% after deductible	50% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	35%	35%	35%	35%
Brand	45%	45%	45%	45%
Specialty	45%	Not covered	45%	Not covered
Features				
Metallic level	● Gold		● Gold	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

¹ For services as required under the Affordable Care Act

² Covers medically necessary spinal manipulations and acupuncture care

³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

2016 Medical plan benefit table

	Be Equipped (Select)		Be Equipped (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$1,750	\$3,500	\$1,750	\$3,500
Deductible per family	\$3,500	\$7,000	\$3,500	\$7,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Specialist office visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Urgent care visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/ chemical dependency visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Physical, speech or occupational therapy visit	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Alternative care visit ²	\$30/visit	50% after deductible	\$30/visit	50% after deductible
Embedded pediatric dental care	Included for members under age 19; deductible waived for in-network preventive services		Included for members under age 19; deductible waived for in-network preventive services	
Embedded pediatric vision exam	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Embedded pediatric vision hardware	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20
Preferred	35%	35%	35%	35%
Brand	45%	45%	45%	45%
Specialty	45%	Not covered	45%	Not covered
Features				
Metallic level	● Silver		● Silver	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

1 For services as required under the Affordable Care Act
2 Covers medically necessary spinal manipulations and acupuncture care

3 90-day supply when filled at a retail or mail-order pharmacy.
Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Moda Health Select Be Vigorous		Moda Health Providence Be Vigorous	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$2,500	\$5,000	\$2,500	\$5,000
\$5,000	\$10,000	\$5,000	\$10,000
\$6,650	\$13,300	\$6,650	\$13,300
\$13,300	\$26,600	\$13,300	\$26,600
0%	50% after deductible	0%	50% after deductible
35%	50% after deductible	35%	50% after deductible
35%	50% after deductible	35%	50% after deductible
35%	50% after deductible	35%	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35%	50% after deductible	35%	50% after deductible
35% after deductible	35% after deductible	35% after deductible	35% after deductible
35% after deductible	35% after deductible	35% after deductible	35% after deductible
35%	50% after deductible	35%	50% after deductible
35%	50% after deductible	35%	50% after deductible
Included for members under age 19; deductible waived for in-network preventive services		Included for members under age 19; deductible waived for in-network preventive services	
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
\$2	\$2	\$2	\$2
\$15	\$15	\$15	\$15
35%	35%	35%	35%
45%	45%	45%	45%
45%	Not covered	45%	Not covered
● Silver		● Silver	
Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com only	
Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2016 Medical plan benefit table

	Moda Health Select Be Secure		Moda Health Providence Be Secure	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$5,750	\$11,500	\$5,750	\$11,500
Deductible per family	\$11,500	\$23,000	\$11,500	\$23,000
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Specialist office visit	\$100/visit	50% after deductible	\$100/visit	50% after deductible
Urgent care visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Inpatient/outpatient care	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Outpatient mental health/ chemical dependency visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible
Emergency room visit	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Ambulance	40% after deductible	40% after deductible	40% after deductible	40% after deductible
Physical, speech or occupational therapy visit	\$100/visit	50% after deductible	\$100/visit	50% after deductible
Alternative care visit ²	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Embedded pediatric dental care	Included for members under age 19; deductible waived for in-network preventive services		Included for members under age 19; deductible waived for in-network preventive services	
Embedded pediatric vision exam	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Embedded pediatric vision hardware	40% after deductible	50% after deductible	40% after deductible	50% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preferred	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Brand	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Specialty	45% after deductible	Not covered	45% after deductible	Not covered
Features				
Metallic level	● Bronze		● Bronze	
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

1 For services as required under the Affordable Care Act
2 Covers medically necessary spinal manipulations and acupuncture care

3 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Moda Health Select Be Safeguarded		Moda Health Providence Be Safeguarded	
In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
\$4,500	\$9,000	\$4,500	\$9,000
\$9,000	\$18,000	\$9,000	\$18,000
\$6,850	\$13,700	\$6,850	\$13,700
\$13,700	\$27,400	\$13,700	\$27,400
0%	50% after deductible	0%	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	35% after deductible	35% after deductible	35% after deductible
35% after deductible	35% after deductible	35% after deductible	35% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
Included for members under age 19; deductible waived for in-network preventive services		Included for members under age 19; deductible waived for in-network preventive services	
35% after deductible	50% after deductible	35% after deductible	50% after deductible
35% after deductible	50% after deductible	35% after deductible	50% after deductible
\$2	\$2	\$2	\$2
\$15	\$15	\$15	\$15
35% after deductible	35% after deductible	35% after deductible	35% after deductible
45% after deductible	45% after deductible	45% after deductible	45% after deductible
45% after deductible	Not covered	45% after deductible	Not covered
● Bronze		● Bronze	
Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov	
Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Be a better saver with an HSA

Our health savings account (HSA)–compliant, high-deductible PPO health plan gives you flexibility and choice.

You have the freedom to use any financial institution for your HSA plan. You may use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan. Enjoy a number of tax advantages, including:

- Contributions made on a tax-advantaged basis
- Unused funds carried over from year to year, growing tax-deferred
- Tax-free withdrawal of funds to pay for qualified medical expenses

Eligibility

To be eligible to participate in an HSA plan, you must:

- Use a financial institution that has an HSA option
- Be covered by a qualified high-deductible health plan
- Not be covered under another non-HSA–compliant medical plan (including your spouse’s plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else’s tax return

Calendar year costs

The deductible works differently in the HSA plan than in our other plans. And if you have a 2015 HSA plan, please note there are some changes to the out-of-pocket maximum.

Deductible

If you have subscriber-only coverage, you must meet the per-person deductible. If your plan covers more than one person, your family must meet the entire family deductible before benefits are payable.

Out-of-pocket maximum

After you or your family meet the per-person or per-family out-of-pocket maximum, the plan pays 100% of covered care for the remainder of the year. If your plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

2016 Medical plan benefit table

	Moda Health Select HSA		Moda Health Providence HSA	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person (subscriber-only coverage)	\$2,500	\$5,000	\$2,500	\$5,000
Deductible per family (two or more enrollees)	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-pocket max per person	\$5,250	\$10,500	\$5,250	\$10,500
Out-of-pocket max per family	\$10,500	\$21,000	\$10,500	\$21,000
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent care visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Physical, speech or occupational therapy visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Alternative care visit ²	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric dental care	Included for members under age 19.		Included for members under age 19.	
Embedded pediatric vision exam	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric vision hardware	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preferred	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Brand	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Specialty	45% after deductible	Not covered	45% after deductible	Not covered
Features				
Metallic level	● Silver		● Silver	
Plan enrollment options	Direct through choosemoda.com only		Direct through choosemoda.com only	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

¹ For services as required under the Affordable Care Act

² Covers medically necessary spinal manipulations and acupuncture care

³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

2016 Medical plan benefit table

	Be Rugged (Select)		Be Rugged (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$6,850	\$13,700	\$6,850	\$13,700
Deductible per family	\$13,700	\$27,400	\$13,700	\$27,400
Out-of-pocket max per person	\$6,850	\$13,700	\$6,850	\$13,700
Out-of-pocket max per family	\$13,700	\$27,400	\$13,700	\$27,400
Care & services				
Preventive care visit ¹	0%	0% after deductible	0%	0% after deductible
Primary care provider (PCP) office visit	\$45/visit for first 3 visits; 0% after deductible for subsequent visits	0% after deductible	\$45/visit for first 3 visits; 0% after deductible for subsequent visits	0% after deductible
Specialist office visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/ chemical dependency visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Alternative care visit ²	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Embedded pediatric dental care	Included for members under age 19.		Included for members under age 19.	
Embedded pediatric vision exam	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Embedded pediatric vision hardware	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription medications³				
Value	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Select	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Brand	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialty	0% after deductible	Not covered	0% after deductible	Not covered
Features				
Metallic level	● Catastrophic		● Catastrophic	
Plan enrollment options	Through HealthCare.gov only		Through HealthCare.gov only	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

¹ For services as required under the Affordable Care Act

² Covers medically necessary spinal manipulations and acupuncture care

³ 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.

Limitations and exclusions for medical plans

These are some common limitations and exclusions for our 2016 Moda Health individual and family medical plans. For a full list of limitations and exclusions per plan or for copies of plan summaries of benefits and coverage (SBCs), please call us at 855-718-1767.

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 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
- For Be Prosperous (Select), Be Prosperous (Providence), Be Equipped (Select) and Be Equipped (Providence), hearing and adult vision benefits up to the mandated limits.

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 treatments for complications from 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
- Temporomandibular joint syndrome (TMJ)
- Treatment of sexual dysfunction
- Vision surgery to alter the refractive

Dental plan details

Overview *page 26*

Networks *page 27*

Benefit tables *page 28*

› Limitations and exclusions *page 30*

Quality coverage for your smile

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

Dental benefit highlights

Our Delta Dental of Alaska plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- No waiting periods for Class 1 services
- Filed-fee savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs for members who need a little extra attention for their pearly whites.

Plan options

We offer a variety of plans so you can find the right fit for you:

Delta Dental Premier plan

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental PPO plans

These plans help members in Anchorage and the Mat-Su Valley save costs by connecting them with providers in the Delta Dental PPO Network. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the

Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Premier Healthy Smiles plan

This Premier plan is available to all individual members. It allows anyone to meet federal requirements for pediatric dental coverage. Benefits only cover children under age 19. Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

Delta Dental Preventive Only Alaska Mandated plan

This plan connects members with the Delta Dental Premier Network. Members access coverage for preventive dental care services only. Providers accept the Delta Dental contracted fee, so there will be no balance billing.

Enroll anytime

You can enroll in dental coverage year-round. Visit choosemoda.com to pick the dental plan you like.

You can enroll through the Marketplace, HealthCare.gov, only if you are also enrolling in a medical plan at the same time and/or if you qualify for federal financial assistance.

Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network that includes thousands of dentists across the state, and the country.

In-network dentists agree to accept our contracted fees as full payment. They also don't balance-bill – the difference between the allowed amount and the dentist's fee. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Is my dentist in the network?

To find out, visit modahealth.com and use Find Care. Choose a dental network and look for participating dentists in your area.

2016 dental networks

Delta Dental Premier Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and nationally. It includes three out of every five providers in Alaska and over 151,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia and Puerto Rico.

Delta Dental PPO Network

The preferred provider option (PPO) dental network in Anchorage and the Mat-Su Valley includes over 125 participating providers and offers access to over 99,000 Delta Dental PPO dentists nationwide.

2016 Dental plan benefit table

	Delta Dental Premier		Delta Dental PPO 1000			
	Under age 19	Ages 19+	Under age 19		Ages 19+	
			In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay
Calendar year costs						
Deductible per person	\$0		\$0			
Out-of-pocket maximum per person (under age 19)	\$350 for one member; \$700 for two or more members		\$350 for one member; \$700 for two or more members (in-network only)			
Annual benefit maximum (age 19+)	\$1,000		\$1,000			
Class 1						
Exams and X-rays	20%	20%	0%	50%	0%	50%
Cleanings	20%	20%	0%	50%	0%	50%
Periodontal maintenance	20%	20%	0%	50%	0%	50%
Sealants	20%	20%	0%	50%	0%	50%
Topical fluoride	20%	20% ¹	0%	50%	0% ¹	50% ¹
Class 2						
Space maintainers	30%	Not covered	20%	50%	Not covered	Not covered
Restorative fillings ²	30%	30%	20%	50%	20%	50%
Class 3						
Oral surgery ³	50%	50%	50%	50%	50%	50%
Endodontics ³	50%	50%	50%	50%	50%	50%
Periodontics ³	50%	50%	50%	50%	50%	50%
Restorative crowns ³	50%	50%	50%	50%	50%	50%
Bridges ³	50%	50%	50%	50%	50%	50%
Partial and complete dentures ³	50%	50%	50%	50%	50%	50%
Anesthesia ³	50%	50%	50%	50%	50%	50%
Orthodontia ⁴	50%	Not covered	50%	50%	Not covered	Not covered
Features						
Location	All areas		Anchorage and the Mat-Su Valley			
Plan enrollment options	Direct through choosemoda.com or through HealthCare.gov		Direct through choosemoda.com or through HealthCare.gov			
Provider network	Delta Dental Premier Network		Delta Dental PPO Network			
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ Covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment

² Six-month exclusion period applies for ages 19 and older. Waiting periods may be waived with one year of coverage from a comparable plan with no more than a 90-day break in coverage.

³ 12-month exclusion period applies to age 19 and over.

⁴ 2-year exclusion period and only medically necessary orthodontia is covered.

Delta Dental PPO 1500				Delta Dental Premier Healthy Smiles		Delta Dental Premier Preventive Only Mandated Plan	
Under age 19		Ages 19+		Under age 19	Ages 19+	Under age 19	Ages 19+
In-network, you pay	Out-of-network, you pay	In-network, you pay	Out-of-network, you pay				
\$0				\$0		\$25 per person/ \$75 per family	
\$350 for one member; \$700 for two or more members (in-network only)				\$350 for one member; \$700 for two or more members		NA	
\$1,500				NA		\$500 (applies to all ages)	
0%	50%	0%	50%	20%	Not covered	0% after deductible	0% after deductible
0%	50%	0%	50%	20%	Not covered	0% after deductible	0% after deductible
0%	50%	0%	50%	20%	Not covered	Not covered	Not covered
0%	50%	0%	50%	20%	Not covered	0% after deductible	Not covered
0%	50%	0% ¹	50% ¹	20%	Not covered	0% after deductible	0% ¹ after deductible
20%	50%	Not covered	Not covered	30%	Not covered	Not covered	Not covered
20%	50%	20%	50%	30%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	50%	50%	50%	Not covered	Not covered	Not covered
50%	50%	Not covered	Not covered	50%	Not covered	Not covered	Not covered
Anchorage and the Mat-Su Valley				All areas		All areas	
Direct through choosemoda.com or through HealthCare.gov				Direct through choosemoda.com only		Direct through choosemoda.com only	
Delta Dental PPO Network				Delta Dental Premier Network		Delta Dental Premier Network	
Delta Dental PPO Network: No		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2016 Delta Dental of Alaska individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries please call us at 855-718-1767.

Limitations

- Delta Dental Premier Healthy Smiles with benefits for age under 19.
- Delta Dental Premier Preventive Only Mandated Plan with preventive services only.
- Sealants are covered under age 19. Periodontal maintenance is not covered.

Class 1

- 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 and up to four cleanings every year for members who have been diagnosed with periodontal disease
- 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.

Class 2 and Class 3

- 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 surgical procedures or when necessary due to concurrent medical conditions

- Scaling and root planing once per quadrant in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration
- Occlusal guard (nightguard) covered at 50%, once in a 12-month period between ages 13 and 19 and once in a five-year period up to \$150 maximum for age 19 and over
- Orthodontia covered only for dependent children under age 19
- Athletic mouth guards covered at 50%, once in a 12-month period for age 15 and under and once in a 24-month period for age 16 and over

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- 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)
- 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



Plan premiums

What you pay *page 32*

› Premium calculator
page 33

Premium tables *page 34*

› Medical premiums
page 34

› Dental premiums
page 37

Calculate what you pay each month

Our plans offer competitive premiums – the amount you pay each month for coverage. If you want great benefits and value, you're in good hands.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. Just follow the steps on the worksheet to the right to calculate it.

How your premium could change

2016 premiums are effective Jan. 1, 2016, through Dec. 31, 2016. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member.

Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice 90 days' prior to the new plan effective date explaining any updates.

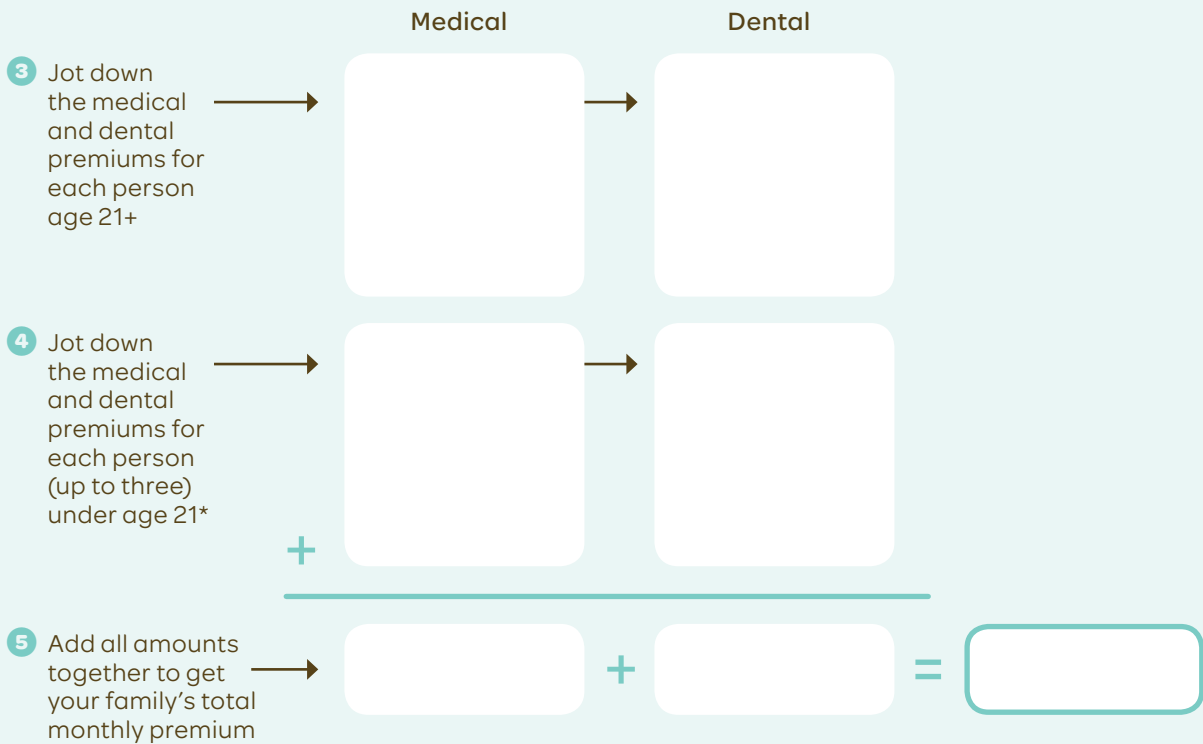
How to add up your total monthly premium

1 Pick a medical plan

Pick a dental plan

2 Check the medical plan premium tables to locate your plan

Check the dental plan premium table to locate your plan



If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at [HealthCare.gov](https://www.healthcare.gov).

**All children under age 21 have the same premium based on the plan. However, no more than three children under age 21 need to be calculated in your total premium. This helps keep your healthcare affordable. Child dependents ages 21 through 25 have a premium based on their actual age.*

Medical plan premiums

Age	0 – 20	21	22	23	24	25	26	27
● Be Prosperous (Select)	\$418	\$658	\$658	\$658	\$658	\$661	\$674	\$690
● Be Prosperous (Providence)	\$422	\$665	\$665	\$665	\$665	\$668	\$681	\$697
● Be Equipped (Select)	\$357	\$563	\$563	\$563	\$563	\$565	\$576	\$590
● Be Equipped (Providence)	\$361	\$568	\$568	\$568	\$568	\$571	\$582	\$596
● Moda Health Select Be Vigorous	\$340	\$535	\$535	\$535	\$535	\$537	\$548	\$561
● Moda Health Providence Be Vigorous	\$343	\$540	\$540	\$540	\$540	\$543	\$553	\$566
● Moda Health Select HSA	\$346	\$546	\$546	\$546	\$546	\$548	\$559	\$572
● Moda Health Providence HSA	\$350	\$551	\$551	\$551	\$551	\$553	\$564	\$578
● Moda Health Select Be Secure	\$288	\$453	\$453	\$453	\$453	\$455	\$464	\$475
● Moda Health Providence Be Secure	\$291	\$458	\$458	\$458	\$458	\$459	\$469	\$480
● Moda Health Select Be Safeguarded	\$294	\$463	\$463	\$463	\$463	\$465	\$474	\$485
● Moda Health Providence Be Safeguarded	\$297	\$468	\$468	\$468	\$468	\$470	\$479	\$490
● Be Rugged (Select)	\$247	\$389	\$389	\$389	\$389	\$390	\$398	\$408
● Be Rugged (Providence)	\$249	\$393	\$393	\$393	\$393	\$394	\$402	\$412

Age	42	43	44	45	46	47	48	49	50
● Be Prosperous (Select)	\$872	\$893	\$920	\$950	\$987	\$1,029	\$1,076	\$1,123	\$1,176
● Be Prosperous (Providence)	\$881	\$902	\$929	\$960	\$997	\$1,039	\$1,087	\$1,134	\$1,187
● Be Equipped (Select)	\$745	\$763	\$786	\$812	\$844	\$879	\$920	\$960	\$1,005
● Be Equipped (Providence)	\$753	\$771	\$794	\$821	\$852	\$888	\$929	\$970	\$1,015
● Moda Health Select Be Vigorous	\$709	\$726	\$747	\$773	\$802	\$836	\$875	\$913	\$956
● Moda Health Providence Be Vigorous	\$716	\$733	\$755	\$780	\$811	\$845	\$884	\$922	\$965
● Moda Health Select HSA	\$723	\$740	\$762	\$788	\$818	\$853	\$892	\$931	\$974
● Moda Health Providence HSA	\$730	\$748	\$770	\$796	\$827	\$861	\$901	\$940	\$984
● Moda Health Select Be Secure	\$600	\$615	\$633	\$654	\$679	\$708	\$741	\$773	\$809
● Moda Health Providence Be Secure	\$606	\$621	\$639	\$661	\$686	\$715	\$748	\$781	\$817
● Moda Health Select Be Safeguarded	\$614	\$628	\$647	\$669	\$695	\$724	\$757	\$790	\$827
● Moda Health Providence Be Safeguarded	\$620	\$635	\$654	\$675	\$702	\$731	\$765	\$798	\$835
● Be Rugged (Select)	\$515	\$528	\$543	\$561	\$583	\$608	\$636	\$663	\$694
● Be Rugged (Providence)	\$520	\$533	\$549	\$567	\$589	\$614	\$642	\$670	\$701

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

28	29	30	31	32	33	34	35	36	37	38	39	40	41
\$715	\$737	\$747	\$763	\$779	\$789	\$799	\$804	\$810	\$815	\$820	\$831	\$841	\$857
\$723	\$744	\$755	\$771	\$787	\$797	\$807	\$812	\$818	\$823	\$828	\$839	\$850	\$866
\$612	\$630	\$639	\$652	\$666	\$674	\$683	\$688	\$692	\$697	\$701	\$710	\$719	\$733
\$618	\$636	\$645	\$659	\$672	\$681	\$690	\$694	\$699	\$704	\$708	\$717	\$726	\$740
\$582	\$599	\$607	\$620	\$633	\$641	\$649	\$654	\$658	\$662	\$667	\$675	\$684	\$697
\$587	\$605	\$613	\$626	\$639	\$647	\$656	\$660	\$665	\$669	\$673	\$682	\$691	\$704
\$593	\$611	\$619	\$632	\$645	\$654	\$662	\$667	\$671	\$675	\$680	\$689	\$697	\$710
\$599	\$617	\$626	\$639	\$652	\$660	\$669	\$673	\$678	\$682	\$687	\$696	\$704	\$718
\$492	\$507	\$514	\$525	\$536	\$543	\$550	\$554	\$557	\$561	\$564	\$572	\$579	\$590
\$497	\$512	\$519	\$530	\$541	\$548	\$555	\$559	\$563	\$566	\$570	\$577	\$585	\$596
\$503	\$518	\$526	\$537	\$548	\$555	\$562	\$566	\$570	\$573	\$577	\$584	\$592	\$603
\$508	\$523	\$531	\$542	\$553	\$560	\$568	\$572	\$575	\$579	\$583	\$590	\$598	\$609
\$423	\$435	\$441	\$451	\$460	\$466	\$472	\$475	\$478	\$481	\$484	\$491	\$497	\$506
\$427	\$440	\$446	\$455	\$465	\$471	\$477	\$480	\$483	\$486	\$489	\$496	\$502	\$511

51	52	53	54	55	56	57	58	59	60	61	62	63	64+
\$1,228	\$1,285	\$1,343	\$1,405	\$1,468	\$1,536	\$1,604	\$1,677	\$1,713	\$1,786	\$1,850	\$1,891	\$1,943	\$1,974
\$1,240	\$1,298	\$1,356	\$1,420	\$1,483	\$1,551	\$1,620	\$1,694	\$1,731	\$1,804	\$1,868	\$1,910	\$1,963	\$1,995
\$1,049	\$1,098	\$1,148	\$1,201	\$1,255	\$1,313	\$1,371	\$1,434	\$1,464	\$1,527	\$1,581	\$1,616	\$1,661	\$1,688
\$1,060	\$1,109	\$1,159	\$1,213	\$1,267	\$1,326	\$1,385	\$1,448	\$1,479	\$1,542	\$1,597	\$1,633	\$1,678	\$1,704
\$998	\$1,044	\$1,091	\$1,142	\$1,193	\$1,248	\$1,304	\$1,363	\$1,393	\$1,452	\$1,503	\$1,537	\$1,579	\$1,605
\$1,008	\$1,055	\$1,102	\$1,154	\$1,205	\$1,261	\$1,317	\$1,377	\$1,407	\$1,467	\$1,519	\$1,553	\$1,595	\$1,620
\$1,018	\$1,065	\$1,113	\$1,165	\$1,217	\$1,273	\$1,330	\$1,390	\$1,420	\$1,481	\$1,533	\$1,568	\$1,611	\$1,637
\$1,028	\$1,076	\$1,124	\$1,177	\$1,229	\$1,286	\$1,343	\$1,404	\$1,435	\$1,496	\$1,549	\$1,583	\$1,627	\$1,653
\$845	\$884	\$924	\$967	\$1,010	\$1,057	\$1,104	\$1,154	\$1,179	\$1,229	\$1,273	\$1,301	\$1,337	\$1,359
\$853	\$893	\$933	\$977	\$1,020	\$1,067	\$1,115	\$1,166	\$1,191	\$1,242	\$1,286	\$1,315	\$1,351	\$1,373
\$864	\$904	\$945	\$989	\$1,033	\$1,080	\$1,129	\$1,180	\$1,205	\$1,257	\$1,301	\$1,331	\$1,367	\$1,389
\$872	\$913	\$954	\$999	\$1,043	\$1,091	\$1,140	\$1,192	\$1,218	\$1,270	\$1,314	\$1,344	\$1,381	\$1,403
\$725	\$759	\$793	\$830	\$867	\$907	\$948	\$991	\$1,012	\$1,055	\$1,093	\$1,117	\$1,148	\$1,167
\$733	\$767	\$801	\$839	\$876	\$916	\$957	\$1,001	\$1,022	\$1,066	\$1,104	\$1,128	\$1,159	\$1,178



Dental plan premiums

Age	Under age 19	Ages 19+
Delta Dental Premier	\$43	\$38
Delta Dental PPO 1000	\$38	\$35
Delta Dental PPO 1500	\$38	\$41
Delta Dental Premier Healthy Smiles	\$43	\$0
Delta Dental Premier Preventive Only Mandated Plan	\$29	\$29

Premiums effective Jan. 1, 2016, through Dec. 31, 2016

Tips and terms

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Answers to your questions

What payment methods do you accept?

We accept checks, cash, money orders, electronic funds transfer (EFT) from a savings or checking account and debit and credit cards (Visa, MasterCard and Discover Card). Just select the billing and payment option that is best for you:

- **eBill, our electronic billing service.** Beginning with your plan effective date, you can review your premium invoice and make payments online through myModa, your personalized member website. Your premium invoices will be paperless, and you can set up recurring payments or initiate payment each month. Visit modahealth.com and follow the instructions to create a myModa account.
- **Electronic funds transfer (EFT).** To use EFT, contact us and complete an EFT authorization. Your first payment may initiate on the 25th of the month prior to your initial effective date of coverage. After that, EFT initiates around the fifth of the month. It typically takes one or two days to post to your account. Your premium invoice will be paperless and located in the eBill section of myModa.
- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or initiate payment through eBill after logging in to your myModa account.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium.

If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to myModa to manage your payment method and set up recurring payments with AutoPay.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Which bank can I use for my HSA plan?

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

Can my employer sponsor my individual coverage?

Individual plans cannot be employer-sponsored plans. In general, you will be responsible for paying your monthly premium directly to Moda Health except when allowed by Alaska requirements.

Do plans cover alternative care?

Yes, all Moda Health medical plans include alternative care benefits. These cover medically necessary spinal manipulations (12 visits per calendar year) and acupuncture care (12 visits per calendar year) only. Check plan summary tables for specific benefit amounts per year.

Can I get massage therapy covered?

No. Medical plans do not cover massage therapy.

Can I see a naturopath under my plan?

Yes. Naturopathic office visits are covered.

Does it matter which dentist I see?

Yes. You'll save money by seeing an in-network provider for your plan:

- **Delta Dental Premier plan or Delta Dental Healthy Smiles plan** – You can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental PPO plans** – Visit providers in the Delta Dental PPO Network in Anchorage and Mat-Su Valley for the best benefit. These are the in-network providers for this plan. If you go out-of-network, you can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no balance billing.
- **Delta Dental Preventive only Alaska Mandated Plan** – Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no balance billing.

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 medical plans can I purchase through the federal Marketplace?

You can enroll in some Moda Health individual medical plans through us and all Moda Health plans via the Marketplace, HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time. Check the medical plan benefit tables in this brochure for the "plan enrollment options."



Healthcare lingo explained

We realize that health plans can be confusing, so we've made you a cheat sheet of sorts.

To find even more definitions, along with the uniform Glossary of Health Coverage and Medical Terms, visit the Learning Center at choosemoda.com. For free print copies of the glossary or plan summaries of benefits and coverage, contact Moda Health at 855-718-1767.

Balance billing

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

Brand tier medications

Brand medications reviewed by Moda Health and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under the value, select and/or preferred medication tiers.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Copay

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Dental annual maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

Embedded pediatric dental

A medical plan benefit that covers pediatric dental care for members under age 19.

Embedded pediatric vision

A medical plan benefit that covers pediatric vision care for members under age 19.

Evidence-based practices

Healthcare options or decisions that research shows work best, are most cost-effective and consider the patient's needs and experience.

Filed-fee savings

Savings due to a Premier or PPO network provider's accepted or contracted fee with Delta Dental.

Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Alaska residents use the federal Marketplace, HealthCare.gov.

Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum (dental)

In dental plans, the most members pay in a calendar year for covered pediatric dental care services before benefits are paid in full up to the allowable amount or up to any visit limit. Once members meet the out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing from out-of-network providers.

Out-of-pocket maximum (medical)

In medical plans, the most members pay in a calendar year for covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing from out-of-network providers.

Preferred provider

A person or place contracted with a health network to provide care. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

Preferred provider organization (PPO)

A type of provider network. For our plans, a PPO network includes providers contracted with us to offer in-network coverage at agreed-upon rates, with no balance billing.

Preferred tier medications

Preferred 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 and/or category. Generic medications that have been identified as having no more favorable outcomes, from a clinical perspective, than other more cost-effective generic medications may be included in this tier.

Primary care provider (PCP)

The family doctor who treats members or coordinates their care to keep them healthy. Examples of a PCP include an M.D. (Doctor of Medicine), D.O. (Doctor of Osteopathic Medicine), nurse practitioner or physician assistant. These providers may practice primary care in the specialties of internal medicine, family medicine, general practice, geriatric medicine, pediatrics, obstetrics/gynecology or women's health.

Select tier medications

Generic medications that represent the most cost-effective option within their category, and brand name medications that are both clinically favorable and cost-effective.

Special prescription fulfillment

Special handling for certain medications that require dispensing through an exclusive specialty pharmacy provider. These medications may include specialty tier and other tier medications that are often used to treat complex chronic health conditions.

Specialist

A medical provider specializing in a specific type of health condition or care. Specialists might include cardiologists, dermatologists, naturopaths, oncologists, urologists and many others.

Specialty tier medications

Prescription medications that are often used to treat complex chronic health conditions. Specialty treatments may require special handling techniques, careful administration and a unique ordering process. Specialty medications may require prior authorization.

Value tier medications

Commonly prescribed medications used to treat chronic medical conditions and preserve health.



Questions?

We're here to help. Contact a Moda Health-appointed agent, or call us toll-free at 855-718-1767. TTY users, please call 711.

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