



Delta Dental of Oregon & Alaska



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.

You know your group needs quality coverage, programs, online tools and, most important, partnerships that help them along the way.

As your health partner, we offer all of that and more – and we're excited to help your group 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, we ask that your group simply comes ready to find healthy moments every day.

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

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Special programs

Tools for your group's health journey

Moda Health and Delta Dental of Alaska are here to help your group members feel well so they can live better longer. We have a long tradition of finding new and better ways to care for others on the path to better health. We even have special programs and care teams to support them in reaching their personal health goals.

Get started with myModa

Your team members will love everything they can do at myModa, their personalized member website. As Moda Health members, they'll log in at modahealth.com to:

- Find in-network providers
- See their 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 their member ID card

Be Better tools

These handy resources come with every small group health plan. Members can use them to be their healthy best! They simply log in to myModa to get started. >



Momentum

Members take charge of their health – and track their progress – with Momentum, powered by Moda Health.

After logging in to myModa, members choose Momentum to:

- Take a health assessment and see their “health age”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



Health coaching

Any time members need a hand with their health, we're here to help. Our health coaches use evidence-based practices to help members set goals and feel their 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 members are sick, need hospitalization or surgery, or are seriously injured, we'll give them support – so they can focus on healing.

We help members:

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



Prescription price check

This tool lets members see prescription medication prices and their share of costs by medication tier at an in-network pharmacy.

After logging in to myModa, members can look up medication cost estimates and generic options.



eDoc

When worrisome, non-critical medical issues arise, eDoc gives members access to health professionals to better manage their health. Members use eDoc to email board-certified doctors, psychologists, pharmacists, dentists, dietitians and fitness experts for medical advice about any health concern. Accessible through each member's myModa account, eDoc keeps it private and customized to them.

Members benefit from:

- Guidance on treatment for illnesses, nutrition, fitness, and more
- Understanding symptoms to make informed decisions about their health
- Uploading and attaching pictures to their emails
- eDocVoice – When members leave a message for a provider, they'll get a phone response within 24 hours.

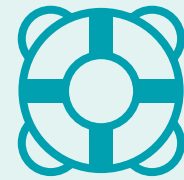


Nurse line

Give your team access to quick advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Members can call 866-321-7580 night or day for guidance on:

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



Quitting tobacco

Empower members to stop smoking or chewing tobacco for good.¹ With tobacco use among adults in Alaska (22%) four percentage points higher than the national average (18%). We connect members 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 members see an in-network provider.

Members can tap into:

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



¹ Percentages for 2013, Alaska Tobacco Facts 2015.

Available at http://dhss.alaska.gov/dph/Chronic/Documents/Tobacco/PDF/2015_AKTobaccoFacts.pdf.

Medical plans

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Create more healthy moments

We love our health plans – and we know you will, too. They are meant to help your team members find moments every day to be their 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 members feel good, it’s easier to create healthy moments. As required under the ACA, Moda Health medical plans cover most routine preventive care. These services include:

- Preventive 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 right plan for your group.

Generally, members pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so members pay less out of pocket for care.

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.

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

Medical networks protect members, near and far

Health happens, whether you're at home or on the road. We want to make sure your team members stay covered, no matter where they go. So, we've made it easy for them to find in-network coverage in their 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, members must use the in-network hospital for covered care. In Alaska, hospital care members receive outside Anchorage is covered at the in-network cost sharing amount.

When choosing your group 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.

In- and out-of-network care

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 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 for in-network coverage — however, out-of-network hospitals can balance bill.

Members can receive in-network care from physicians, ancillary providers, clinics and hospitals outside Alaska through the PHCS Network.

Pediatric dental and vision care

Embedded pediatric dental care covers members under age 19. Members can see any licensed dental care provider in Alaska or the country. Members may save money when they choose a Delta Dental Premier Network provider.

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

Members can live anywhere in the U.S.

Group members have access to in-network care wherever they live in the United States. Employees living outside of Alaska in the U.S. can see in-network providers through the PHCS Network. (Employees living in Hawaii are not covered.)

2017 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.



Real plan options for everybody

There's a lot to think about when choosing medical benefits for your team. That's why we've made it easy to compare the details. This section highlights our current plan categories. Read on to see plan benefit summary tables. Questions? Please contact your sales and service representative. See back cover for contact information.

PPO plans

We offer a wide selection of preferred provider organization (PPO) plans to meet your group's specific needs. PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO provider.

HSA plans

These high-deductible plans are compatible with a health savings account (HSA). Having an HSA plan allows members to use tax-free funds for eligible healthcare expenses. Members with this plan option can choose a financial institution that offers HSA accounts to get the tax advantages.

Expect quality pharmacy benefits

Quality prescription coverage is at the heart of a great plan. We're here to support member 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 prescription 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. Members can visit modahealth.com/pdl and choose "Small group" to search medications and find out their medication tiers and their costs.

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

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

2017 Medical plan benefit table

	PPO 500 (Select)		PPO 500 (Providence)		PPO 1000 (Select)		PPO 1000 (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$500	\$1,000	\$500	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000
Deductible per family	\$1,000	\$2,000	\$1,000	\$2,000	\$2,000	\$4,000	\$2,000	\$4,000
Out-of-pocket max per person	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000	\$12,000	\$24,000
Care & services								
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/ chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit ²	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/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.		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.	
Pediatric vision exam	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Prescription medications³								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$30	\$30	\$30	\$30	\$30	\$30
Brand	\$60	\$60	\$60	\$60	\$60	\$60	\$60	\$60
Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features								
Metallic level	● Gold		● Gold		● Gold		● Gold	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact		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.

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.

2017 Medical plan benefit table

	PPO 1500 (Select)		PPO 1500 (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	\$1,500	\$3,000	\$1,500	\$3,000
Deductible per family	\$3,000	\$6,000	\$3,000	\$6,000
Out-of-pocket max per person	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000	\$12,000	\$24,000
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Alternative care visit ²	\$20/visit	50% after deductible	\$20/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.	
Pediatric vision exam	20%	50% after deductible	20%	50% after deductible
Pediatric vision hardware	20%	50% after deductible	20%	50% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$10
Preferred	\$30	\$30	\$30	\$30
Brand	\$60	\$60	\$60	\$60
Specialty	45%	Not covered	45%	Not covered
Features				
Metallic level	● Gold		● Gold	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes	
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.

2017 Medical plan benefit table

	PPO 2500 (Select)		PPO 2500 (Providence)		PPO 3000 (Select)		PPO 3000 (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$2,500	\$5,000	\$2,500	\$5,000	\$3,000	\$6,000	\$3,000	\$6,000
Deductible per family	\$5,000	\$10,000	\$5,000	\$10,000	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services								
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible
Specialist office visit	\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
Urgent care visit	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible
Outpatient diagnostic X-ray & lab	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible
Emergency room visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit	\$300/25%/visit
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$50/visit	50% after deductible
Physical, speech or occupational therapy visit	\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible	\$75/visit	50% after deductible
Alternative care visit ²	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/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.		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.	
Pediatric vision exam	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible
Pediatric vision hardware	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible	25%	50% after deductible
Prescription medications³								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	35%	35%	35%	35%	35%	35%	35%	35%
Brand	45%	45%	45%	45%	45%	45%	45%	45%
Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact		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.

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2017 Medical plan benefit table

	Value 2000 (Select)		Value 2000 (Providence)		Value 3000 (Select)		Value 3000 (Providence)	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$2,000	\$4,000	\$2,000	\$4,000	\$3,000	\$6,000	\$3,000	\$6,000
Deductible per family	\$4,000	\$8,000	\$4,000	\$8,000	\$6,000	\$12,000	\$6,000	\$12,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services								
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit ²	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/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.		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.	
Pediatric vision exam	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Pediatric vision hardware	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible	30%	50% after deductible
Prescription medications³								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	35%	35%	35%	35%	35%	35%	35%	35%
Brand	45%	45%	45%	45%	45%	45%	45%	45%
Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact		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.

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2017 Medical plan benefit table

	Value 4000 (Select)		Value 4000 (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	\$4,000	\$8,000	\$4,000	\$8,000
Deductible per family	\$8,000	\$16,000	\$8,000	\$16,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600
Care & services				
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	30%	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	30% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$60/visit	50% after deductible	\$60/visit	50% after deductible
Alternative care visit ²	\$35/visit	50% after deductible	\$35/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.	
Pediatric vision exam	30%	50% after deductible	30%	50% after deductible
Pediatric vision hardware	30%	50% after deductible	30%	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 modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes	
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.

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2017 Medical plan benefit table

	Moda Health Select Caliber 2000		Moda Health Providence Caliber 2000		Moda Health Select Caliber 2500		Moda Health Providence Caliber 2500	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$2,000	\$4,000	\$2,000	\$4,000	\$2,500	\$5,000	\$2,500	\$5,000
Deductible per family	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services								
Preventive care visit ¹	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Specialist office visit	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Urgent care visit	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Outpatient diagnostic X-ray & lab	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Emergency room visit	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible	\$250/35% after deductible
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient care	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Physical, speech or occupational therapy visit	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Alternative care visit ²	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	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.		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.	
Pediatric vision exam	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Pediatric vision hardware	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Prescription medications³								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	35%	35%	35%	35%	35%	35%	35%	35%
Brand	45%	45%	45%	45%	45%	45%	45%	45%
Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact		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.

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2017 Medical plan benefit table

	Moda Health Select Expedition 4000 ¹		Moda Health Providence Expedition 4000 ¹		Moda Health Select Expedition 5000 ¹		Moda Health Providence Expedition 5000 ¹	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs								
Deductible per person	\$4,000	\$8,000	\$4,000	\$8,000	\$5,000	\$10,000	\$5,000	\$10,000
Deductible per family	\$8,000	\$16,000	\$8,000	\$16,000	\$10,000	\$20,000	\$10,000	\$20,000
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600	\$14,300	\$28,600
Care & services								
Preventive care visit ²	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient care	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Alternative care visit ³	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% 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.		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.	
Pediatric vision exam	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Pediatric vision hardware	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible	50%	50% after deductible
Prescription medications⁴								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible	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	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	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Specialty	45% after deductible	Not Covered	45% after deductible	Not Covered	45% after deductible	Not Covered	45% after deductible	Not Covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	Yes		Yes		Yes		Yes	
Provider network	Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact		Endeavor Select Network/MedImpact		Endeavor Providence Network/MedImpact	

1 This plan includes mandated hearing and vision.
 2 For services as required under the Affordable Care Act
 3 Covers medically necessary spinal manipulations and acupuncture care

4 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.

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2017 Medical plan benefit table

	Moda Health Select Vital 7150		Moda Health Providence Vital 7150	
	In-network you pay	Out-of-network you pay	In-network you pay	Out-of-network you pay
Calendar year costs				
Deductible per person	\$7,150	\$14,300	\$7,150	\$14,300
Deductible per family	\$14,300	\$28,600	\$14,300	\$28,600
Out-of-pocket max per person	\$7,150	\$14,300	\$7,150	\$14,300
Out-of-pocket max per family	\$14,300	\$28,600	\$14,300	\$28,600
Care & services				
Preventive care visit ¹	\$0/visit	0% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Specialist office visit	\$120/visit	0% after deductible	\$120/visit	0% after deductible
Urgent care visit	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	\$250/0% after deductible	\$250/0% after deductible	\$250/0% after deductible	\$250/0% after deductible
Ambulance	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 mental health/chemical dependency visit	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Physical, speech or occupational therapy visit	\$120/visit	0% after deductible	\$120/visit	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; deductible waived for in-network preventive services.		Included for members under age 19; deductible waived for in-network preventive services.	
Pediatric vision exam	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Pediatric vision hardware	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription medications³				
Value	\$2	\$2	\$2	\$2
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	● Bronze		● Bronze	
Plan enrollment options	Direct through modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	No		No	
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.

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Be a better saver with an HSA

Our health savings account (HSA)-compliant, high-deductible PPO health plans give members flexibility and choice.

Members have the freedom to choose any financial institution for their HSA plan. They can use HSA tax-free dollars to pay for deductibles, copays, coinsurance and other qualified expenses not covered by their health plan.

HSA members 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 contribute to an HSA plan, members must:

- Be covered by a Moda Health HSA health plan (see page 31–32)
- Not be covered under another non-HSA-compliant medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

Calendar year costs

Deductible

The deductible works differently on the HSA plan than on our other plans. If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the entire family deductible before benefits are payable.

Out-of-pocket maximum

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

2017 Medical plan benefit table

	Moda Health Select HSA 2000		Moda Health Select HSA 2500	
	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)	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family (Two or more enrollees)	\$4,000	\$8,000	\$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
Outpatient diagnostic X-ray & lab	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
Inpatient/outpatient care	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
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	
Pediatric vision exam	25% after deductible	50% after deductible	25% after deductible	50% after deductible
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 modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	No		No	
Provider network	Endeavor Select Network/MedImpact		Endeavor Select 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.

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2017 Medical plan benefit table

	Moda Health Providence HSA 2000		Moda Health Providence HSA 2500	
	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)	\$2,000	\$4,000	\$2,500	\$5,000
Deductible per family (Two or more enrollees)	\$4,000	\$8,000	\$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
Outpatient diagnostic X-ray & lab	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
Inpatient/outpatient care	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
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	
Pediatric vision exam	25% after deductible	50% after deductible	25% after deductible	50% after deductible
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 modahealth.com or through HealthCare.gov		Direct through modahealth.com or through HealthCare.gov	
Medicare Part D creditable coverage	No		No	
Provider network	Endeavor Providence 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.

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Limitations and exclusions for medical plans

These are some common limitations and exclusions for our Moda Health small group medical plans. Questions? Please contact your sales and service representative. See back cover for contact information.

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 calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Orthodontia limited to dependent children under ages 19 only when medically necessary
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy
- Rehabilitation and habilitation benefits are limited to 30 inpatient days and 45 outpatient sessions per calendar year. Limits apply separately to rehabilitative and habilitative services.
- 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
- The Plan coordinates benefits with Medicare Part A or B as required under federal government rules and regulations. If your Group's size is less than 20 employees, Medicare will be assumed to be the primary payer, and the Plan will not pay for any part of a covered expense to the extent the expense is actually paid under Medicare Part A or B or would have paid under Medicare Part B had the member properly enrolled in Medicare and applied for benefits.
- Vision exam and glasses or contacts covered once per calendar year for members under age 19

Exclusions

- Any expense that results from an act of declared or undeclared war or armed aggression
- Any expense you or your dependents do not have to pay
- 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
- 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 character of the eye

Bringing it all into focus

Seeing is believing when it comes to better health. These medical plan riders ensure that your team members can focus on feeling and staying well. Our vision plans are available to adults and eligible dependents age 19 and over.

Vision plans	Vision Eye Exam Only	Vision \$200 Max	Vision \$300 Max
Calendar year benefit maximum	\$200	\$200	\$300
What members pay			
Eye examinations (including refraction)	0%	0%	0%
Lenses	Not covered	0% ¹	0% ¹
Frames	Not covered	0% ¹	0% ¹
Plan enrollment options	Direct through modahealth.com		

¹ Contact lenses are covered in lieu of regular lenses and frames.

Limitations and exclusions for vision plans

- Only covered for the subscriber and any dependent age 19 and over
- Vision exam and hardware benefits are covered once in a calendar year and are subject to the calendar year benefit maximum, except the mandated vision rider limits frames once every two years.
- Percentages shown reflect what members pay for covered vision exam, lenses and frames, or contacts in lieu of lenses and frames.
- Noncovered, excluded services are the member's responsibility and do not apply toward the calendar year benefit maximum.
- No vision care benefits will be paid for the following services and supplies:
 - » Treatment of eyes for special procedures such as orthoptics and vision training
 - » Charges for fashion eyewear features such as flint glass or blended (except tints #1 and #2)
 - » Any extra charge for lenses with prisms, prism segs, slab-off and other special-purpose vision aids
 - » Nonprescription lenses
 - » Medical or surgical treatment of the eyes
 - » Services and supplies that are payable under a workers' compensation or occupational disease law
 - » Any expense a member did not have to pay because of discounts received or other promotions

State mandated vision plan

- Included in Moda Health Select Expedition 4000, Moda Health Providence Expedition 4000, Moda Health Select Expedition 5000 and Moda Health Providence Expedition 5000

Music to their ears

Our hearing riders give members even more reason to tune in. Beginning the first year that benefits are used, the rider pays 80 percent for hearing exams, testing and hearing hardware – up to \$3,000 over three years. We think they'll like the sound of that.

Hearing plan	Hearing \$3,000 Max
Three-year period	
Benefit maximum	\$3,000
What members pay	
Otological (ear) exam	20%
Audiological (hearing) exam	20%
Hearing aid (monaural or binaural)	20%
Ear molds	20%
Hearing aid instruments	20%
Initial batteries, cords and other necessary supplementary equipment	20%
Warranty	20%
Follow-up consultation (within 30 days of hearing aid delivery)	20%
Repairs, servicing or alteration of hearing aid equipment	20%

Limitations and exclusions

- The benefit maximum is provided once every three years beginning with the date of the ontological examination. The plan allows you to choose any licensed physician, audiologist or surgeon.
- No hearing care benefits will be paid for the following services and supplies:
 - » Replacement of a hearing aid, for any reason, more than once in a three-year period
 - » Batteries or other supplementary equipment other than those obtained upon purchase of the hearing aid
 - » A hearing aid exceeding the specifications prescribed for correction of hearing loss
 - » Expenses incurred for a hearing aid within 30 days of termination will be covered if during the 30 days before coverage ends:
 - The prescription for the hearing aid is written; and
 - The hearing aid is ordered
 - » Services and supplies that are payable under a workers' compensation or occupational disease law

This rider is included in Moda Health Select Expedition 4000, Moda Health Providence Expedition 4000, Moda Health Select Expedition 5000 and Moda Health Providence Expedition 5000.

Dental plans

Overview *page 36*

Networks *page 38*

Plan types *page 39*

Benefit tables *page 40*

> Voluntary plans *page 44*

> Orthodontia plans *page 46*

> Limitations and exclusions *page 47*

Quality coverage for your group's smile

Healthy teeth are happy teeth. With our small group Delta Dental of Alaska plans, your group members have access to Delta Dental, the nation's largest dental network. Their smile will thank them, wherever they roam.

Moda Health began as ODS in 1955, providing dental plans to folks in the Northwest. In 1966, we were a founding member of the Delta Dental Plans Association. Today, through Delta Dental of Alaska, we're proud to offer affordable, quality Delta Dental plans.

Dental benefit highlights

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

- Freedom to choose a dentist
- Contracted-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.

Dental Optimizer puts oral health on their radar

Powered by Microsoft HealthVault, Dental Optimizer™ lets members store dental health information and share it with caregivers. The result? More coordinated and effective care.

To get started, members log in to myModa at modahealth.com and look for Dental Optimizer. Then, they can try out tools like risk assessment quizzes and a treatment cost calculator. Along the way, members learn about:

- Preventing dental disease
- The latest and most effective treatments
- Saving out-of-pocket costs

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or are pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screening, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.

Delta Dental networks go where members go

Each Delta Dental of Alaska plan comes with a Delta Dental network. It includes hundreds of in-network dentists across the state and thousands throughout the country.

Is a dentist in-network?

To find out, members can visit modahealth.com and use Find Care.

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 four out of every five providers in Alaska and over 152,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, Northern Mariana Islands and Virgin Islands.

Delta Dental PPO Network

The preferred provider option (PPO) dental network in Anchorage and the Mat-Su Valley includes over 135 participating providers and offers access to over 102,000 Delta Dental PPO dentists nationwide.

Enjoy total cost control

By negotiating charges for certain services, we help members residing in the service area save on out-of-pocket costs.

Premier and PPO 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. If members see providers outside the network, they may pay more for care.

Dental plan options

We offer a variety of plans so you can find the right fit for your team. Choose from these types of dental plans. You can customize the coverage and price to suit you.

Delta Dental Premier plans

Premier plans offer groups access to the Delta Dental Premier Network. Providers accept the Delta Dental contracted fee, so there will be no balance billing. Employees with this plan have the freedom to choose their own dentist.

Delta Dental PPO plans

These plans help groups residing in Anchorage and the Mat-Su Valley save on out-of-pocket costs by connecting employees 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 pediatric plan

Our Delta Dental Premier Radiant Smiles pediatric plan offers child-only benefits to members. It allows anyone to meet federal essential health benefits (EHB) requirements for pediatric dental coverage.

Groups can purchase this plan for their employees even if no one enrolls right away.

Delta Dental Premier Preventive Mandated plan

This plan connects members with the Delta Dental Premier Network. It is a prevention-focused plan with limited benefits provided for basic and major services. Providers accept the Delta Dental contracted fee, so there will be no balance billing.

Voluntary plans

These Delta Dental voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to have their plans funded up to 100 percent by employees.

- Versatility to attract and retain staff
- 51 to 100 percent funded by employees
- Participation can be as low as 25 percent

2017 Delta Dental Premier plan benefit table

	Delta Dental Premier Pinnacle plan 2000 2500 ²		Delta Dental Premier Advance plan 1000 1500 2000		Delta Dental Premier Practical plan 1000 1500		Delta Dental Premier Practical plan 2000	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Calendar year costs								
Deductible per person	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members	
Annual maximum for groups 1-9 (age 19+)	NA		\$1000 \$1500		\$1000 \$1500		NA	
Annual maximum for groups 10-50 (age 19+)	\$2000 \$2500		\$1000 \$1500 \$2000		\$1000 \$1500		\$2,000	
Class 1								
Exams and X-rays	0%	0%	0%	0%	0%	20%	0%	20%
Cleanings	0%	0%	0%	0%	0%	20%	0%	20%
Periodontal maintenance	0%	0%	0%	0%	0%	20%	0%	20%
Sealants	0%	0%	0%	0%	0%	20%	0%	20%
Topical fluoride	0%	0% ¹	0%	0% ¹	0%	20% ¹	0%	20% ¹
Space maintainers	0%	Not covered	0%	Not covered	0%	Not covered	0%	Not covered
Class 2								
Restorative fillings	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Oral surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Endodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Periodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ³	Not covered	50% after deductible ³	Not covered	50% after deductible ³	Not covered	50% after deductible ³	Not covered
Features								
Location	All areas		All Areas		All Areas		All Areas	
Plan enrollment options	Direct through modahealth.com only		Direct through modahealth.com only		Through HealthCare.gov only		Direct through modahealth.com only	
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		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 The Pinnacle plan includes coverage for composites on teeth outside the smile line, nitrous with a 12-month exclusion period and Preventive 1.
³ Only medically necessary orthodontia is covered.

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.

2017 Delta Dental PPO plan benefit table

	Delta Dental PPO Properous plan 1000 1500 2000				Delta Dental Premier Radiant Smiles plan		Delta Dental Premier Preventive Mandated Dental 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				
Calendar year costs								
Deductible per person	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$25 per person / \$75 per family	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members (in-network only)		NA		\$350 for one member/\$700 for two or more members		NA	
Annual maximum for groups 1-9 (age 19+)	NA		\$1000, \$1500		NA		\$500	
Annual maximum for groups 10-50 (age 19+)	NA		\$1000 \$1500 \$2000		NA		\$500	
Class 1								
Exams and X-rays	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Cleanings	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Periodontal maintenance	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Sealants	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Topical fluoride	0%	20%	0% ¹	10% ¹	0%	Not covered	0% after deductible	0% after deductible ¹
Space maintainers	0%	20%	Not covered	Not covered	0%	Not covered	0% after deductible ²	Not covered
Class 2								
Restorative fillings	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	Not covered	90% after deductible	90% after deductible
Oral surgery	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	Not covered	90% after deductible	90% after deductible
Endodontics	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	Not covered	90% after deductible	90% after deductible
Periodontics	20% after deductible	40% after deductible	10% after deductible	30% after deductible	20% after deductible	Not covered	90% after deductible	90% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Orthodontia	50% after deductible ³	50% after deductible ³	Not covered	Not covered	50% after deductible ³	Not covered	Not Covered	Not Covered
Features								
Location	Anchorage and the Mat-Su Valley		Anchorage and the Mat-Su Valley		All Areas		All Areas	
Plan enrollment options	Direct through modahealth.com only		Direct through modahealth.com only		Direct through modahealth.com only		Direct through modahealth.com only	
Provider network	Delta Dental PPO Network		Delta Dental PPO Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		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 Space maintainers are only covered for members under age 14.
³ Only medically necessary orthodontia is covered.

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.

2017 Delta Dental voluntary plan benefit table

	Delta Dental Premier Advance Voluntary plan 1000 1500		Delta Dental Premier Practical Voluntary plan 1000 1500		Delta Dental PPO Properous Voluntary plan 1000 1500			
	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
Calendar year costs								
Deductible per person	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family			
Out-of-pocket maximum (under age 19)	\$350 for one member/ \$700 for two or more members		\$350 for one member/ \$700 for two or more members		\$350 for one member/\$700 for two or more members			
Annual maximum for groups 1-9 (age 19+)	NA		NA		NA			
Annual maximum for groups 10-50 (age 19+)	\$1000 \$1500		\$1000 \$1500		NA			
Class 1								
Exams and X-rays	0%	0%	0%	20%	0%	20%	0%	10%
Cleanings	0%	0%	0%	20%	0%	20%	0%	10%
Periodontal maintenance	0%	0%	0%	20%	0%	20%	0%	10%
Sealants	0%	0%	0%	20%	0%	20%	0%	10%
Topical fluoride	0%	0% ¹	0%	20% ¹	0%	20%	0% ¹	10% ¹
Space maintainers	0%	Not covered	0%	Not covered	0%	20%	Not covered	Not covered
Class 2								
Restorative fillings	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Oral surgery	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Endodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Periodontics	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	40% after deductible	10% after deductible	30% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	Not covered	50% after deductible ²	Not covered	50% after deductible ²	50% after deductible ²	Not covered	Not covered
Features								
Location	All Areas		All Areas		Anchorage and the Mat-Su Valley		Anchorage and the Mat-Su Valley	
Plan enrollment options	Direct through modahealth.com only		Direct through modahealth.com only		Direct through modahealth.com only		Direct through modahealth.com only	
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network		Delta Dental PPO Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: 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 Only medically necessary orthodontia is covered.

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.

Delta Dental orthodontia plans

If your group has more than 26 employees, help them freshen up their smiles with orthodontic care. These plans close the gap on happier teeth and are available to groups that choose a non-voluntary plan.

Orthodontia plans

	Child Ortho 1000	Child Ortho 1500	Adult Ortho 1000	Adult Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
What members pay						
Members age 19+	Not covered	Not covered	50%	50%	50%	50%
Members under age 19	50% ¹	50% ¹	Not covered	Not covered	50%	50%
Plan enrollment options	Direct through modahealth.com					

¹ Treatment must start prior to child's 17th birthday.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2017 Delta Dental of Alaska small group dental plans. Questions? Please contact your sales and service representative. See back cover for contact information.

Limitations

- Delta Dental Premier Radiant Smiles plan benefits are only available for members under age 19.
- Delta Dental Premier Preventive Mandated plan includes preventive services, as well as limited benefits for basic and major services. Call us for details.

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
- Prophylaxis (cleaning) or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year.
- Fluoride once in a six-month period (under age 19)
- 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

- IV sedation or general anesthesia only covered in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions.
- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 24-month period age 16 and over. Over-the-counter athletic mouth guards are not covered.
- 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)
- Crown over implant once in a five-year period when dentally necessary (under age 19) and once per lifetime per tooth space (age 19 and over)

- Night guard (occlusal guard) is covered once per year between ages 13 and 19 and once in a 5-year period at 50% up to a \$150 maximum for age 19 and over. Over-the-counter night guards are excluded.
- Scaling and root planning once in a two-year period
- Tooth-colored fillings or crowns on back teeth limited to amount allowed for metallic restoration except for Delta Dental Premier Pinnacle Plan

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide, except for IV sedation or general anesthesia with surgical procedures (nitrous is only covered in the Delta Dental Premier Pinnacle Plan)
- 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
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary treatment under age 19 or when an orthodontia rider is included)
- 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

Enrollment guidelines

Requirements *page 48*

Contribution *page 49*

How to enroll *page 51*

Prepare for a healthy start

Keeping your group members healthy is an investment that pays dividends. After all, when they feel great, they're more apt to hit a few home runs for the team.

Business requirements

Here are some of the finer points about enrolling your small group in one of our plans. To learn more, contact us or a Moda/Delta Dental-certified agent.

- **Confirm your eligibility.** Your business must be located in Alaska and have 1 – 50 employees.
- **Enroll by the 20th of the month.** New group medical enrollment information must be received no later than the 20th of the month prior to the desired effective date.
- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days.
- **Make changes to plans upon renewal.** Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

Voluntary plan guidelines

For groups that don't currently offer dental, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so employers can reduce their financial risk while offering all of the same benefits. Groups with 10 or more enrolled employees can choose a Delta Dental voluntary plan.

Group contribution and participation

Group size	Minimum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents
Medical-only coverage				
1 – 4	50%	0%	100%	100%
5 – 50	50%	0%	70%	25%
Medical/dental coverage				
1 – 4	50%	0%	100%	100%
5 – 50	50%	0%	70%	25%
Dental-only coverage				
1 – 4	NA	NA	NA	NA
5 – 50	50%	0%	70%	25%

Voluntary group contribution and participation

Group size (enrolling subscribers)	Minimum employer contribution		Maximum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents	For employees	For dependents
Dental-only coverage						
10 – 50	0%	0%	49%	NA	25%	0%



Ready to enroll?

Once you determine your eligibility, simply follow these steps to enroll:



Decide on your plans

Pick from the 2017 small group plans listed in this brochure.

To get more details about our plans, or for help enrolling, please call us or a Moda/Delta Dental-certified agent.

Enroll

Our small group plans are available directly through us and the Marketplace, HealthCare.gov. If you qualify for federal financial assistance and want to use it, you must enroll through HealthCare.gov.

Welcoming your group members

Once you're enrolled, members will receive a welcome letter that confirms their plan and includes their subscriber ID number. Their ID card will arrive in a separate mailing. They can use their ID number to log in to myModa at modahealth.com. Then it's easy to find in-network providers, access health resources and review the Member Handbook to get familiar with their plan.

Support services

Support tools *page 52*

FAQs *page 53*

Glossary *page 54*

We're here to help

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for employers and explore group plans. We're also available to guide you through the plan selection and administration process.

We help each member find the right path for them through compassionate care – and by guiding them on their health journey, every step of the way.

If you need a hand, please let us know!

Faster benefits administration with EOS

Taking care of group benefits can be complicated. We're here to make it quick and easy. Our Employer Online Services (EOS) tool gives you the freedom to manage your team's coverage in your own way. After enrolling, log in for free, 24 hours a day, seven days a week to:

- Enroll new members
- Order ID cards
- Update address and personal information
- Terminate coverage
- View eligibility

Contact us

Have questions about our plans or need marketing materials? We're here to help. Please contact your sales and service representative. See back cover for contact information.

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 ACH (Automated Clearing House) payments.

Which bank can members use for HSA plans?

It's their choice. They have the freedom to pick the financial institution they wish.

Do plans cover alternative care?

Yes, all Moda Health medical plans include alternative care benefits. These cover medically necessary spinal and other 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 members get massage therapy covered?

No. Medical plans do not cover massage therapy.

Does it matter which dentist members see?

Yes. Members will save money by seeing an in-network provider for their plan:

- Delta Dental Premier plans – 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 – Members can visit providers in the Delta Dental PPO Network for the best benefit. They are the in-network providers for these plans. If members go out of network, they 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.

Which medical plans are available on the federal Marketplace?

We offer small group plans through us and the Marketplace, HealthCare.gov. Just check the plan summary tables 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. If you have questions, please contact your sales and service representative. See back cover for contact information.

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 have been 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 (copayment)

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.

Contracted 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 and small group employers 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

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. For dental plans, only pediatric services have an out-of-pocket maximum.

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.



Moda Health nondiscrimination notice

Moda, Inc. complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

Moda provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, Moda also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

Medicare Customer Service
877-299-9062 (TDD/TTY 711)

Medicaid Customer Service
888-788-9821 (TDD/TTY 711)

Customer Service for all other plans
888-217-2363 (TDD/TTY 711)

If you believe that Moda has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Moda, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need assistance filing a grievance, please call the applicable Customer Service department listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone to:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-868-1019, 800-537-7697 (TDD)

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

Moda's efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

Disponible ayuda gratuita de idioma,
favor de llamar al 877-605-3229
(TTY/TDD sólo 711)

如需免費語言幫助，請致電
877-605-3229 (TTY/TDD 僅撥打 711)

免費語言幫助可用，請致電
877-605-3229 (TTY/TDD 僅撥打 711)

Để được hỗ trợ ngôn ngữ miễn phí, vui
lòng gọi 877-605-3229 (TTY/TDD- một
thiết bị viễn thông cho người khiếm thính
hoặc điện thoại văn bản, chỉ có 711)

무료 언어 지원이 가능합니다.
877-605-3229 (TTY/TDD의 경우 711)
로 전화 주십시오.

May magagamit na libreng tulong sa wika,
mangyaring tumawag sa 877-605-3229
(TTY/TDD lang 711)

Бесплатную консультацию на своем
родном языке Вы можете получить
по телефону 877-605-3229
(для TTY/TDD - 711)

توجد مساعدة لغوية مجانية، يرجى الاتصال برقم
877-605-3229 (الهاتف النصي فقط: 711)

W ap jwenn asistans gratis nan lang ou
pale a, tanpri rele nan 877-605-3229
(moun ki itilize sistèm TTY/TDD rele
sèlman nan 711)

Assistance gratuite disponible, veuillez appeler
au 877-605-3229 (TTY/TDD uniquement au 711)

Bezpłatna pomoc w ojczystym języku jest
dostępna pod numerem 877-605-3229
(urządzenia TTY/TTD: tylko 711)

Assistència lingüística gratuïta disponible, ligue
para 877-605-3229 (TTY/TDD disque 711)

Assistenza linguistica disponibile
gratuitamente, si prega di chiamare
877-605-3229 (solo 711 TTY / TDD)

無料で通訳します。877-605-3229
(TTY/TDD は 711のみ)にお電話下さい。

Für kostenlose Unterstützung in Ihrer
Sprache rufen Sie bitte 877-605-3229
(TTY/TDD nur 711)

کمک ترجمه رایگان موجود است، با شماره
8776053229 (برای TTY/TDD فقط 711)
تماس بگیرید

Безкоштовну консультацію рідною
для Вас мовою можна отримати
за телефоном 877-605-3229
(для TTY/TDD - 711)

Este disponibilă asistență gratuită în
limba dvs. Vă rugăm să sunați la nr.
877-605-3229 (pentru TTY/TDD -
persoanele cu probleme de auz -
formați doar 711)

Dawb kev pab txhais lus muaj,
thov hu rau 877-605-3229 (TTY / TDD tsuas 711)

มีบริการให้ความช่วยเหลือด้านภาษาฟรี โทร
877-605-3229 (TTY/TDD เฉพาะ 711)

មានជំនួយជំនួយជាភាសាភាគតិចថ្ងៃ
សូមទូរស័ព្ទទៅកាន់លេខ 877-605-3229
(TTY/TDD ហៅទៅកាន់ 711)

Gargaarsi afaanii kaffaltii malee jira, maaloo
877-605-3229/TTY /TDD. 711 aqofa) tiin bilbilaa.



Questions?

We're here to help. Contact a Moda/Delta Dental-appointed agent, or call one of our offices listed below. TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
907-278-2626 or toll-free at 888-374-8910,
Monday through Friday, 8:30 a.m. to 5 p.m. Alaska time

Portland office (corporate headquarters)

601 S.W. Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402,
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

modahealth.com

These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Alaska provided by Moda Health Plan, Inc. Dental plans in Alaska provided by Delta Dental of Alaska.