

Experience better with Moda Health

Alaska 2022 | Small Group
(1-50)



moda
HEALTH

 DELTA DENTAL®

We're committed to making healthcare work better for everyone.

We realize that truly standing by this commitment means understanding that this goal isn't one of equality – it's one of equity. It means truly seeing our members, hearing their unique needs, and acknowledging that those unique needs are often directly tied to systemic disparities that exist in not only the communities we serve, but also throughout our entire country. And paramount to being empowered with this knowledge, it means doing everything we can to understand how to participate in building a more just society.

As a company, we have been working for many years to forge ways that weave the pillars of DEI into everything we do.

Diversity:

We value, respect and celebrate people of all backgrounds, identities, and abilities and actively seek to identify how uniqueness makes us better.

Equity:

We strive to understand the underlying causes of outcome disparities and actively work toward increasing justice and fairness in our processes, procedures and systems – both within our company and within our communities.

Inclusion:

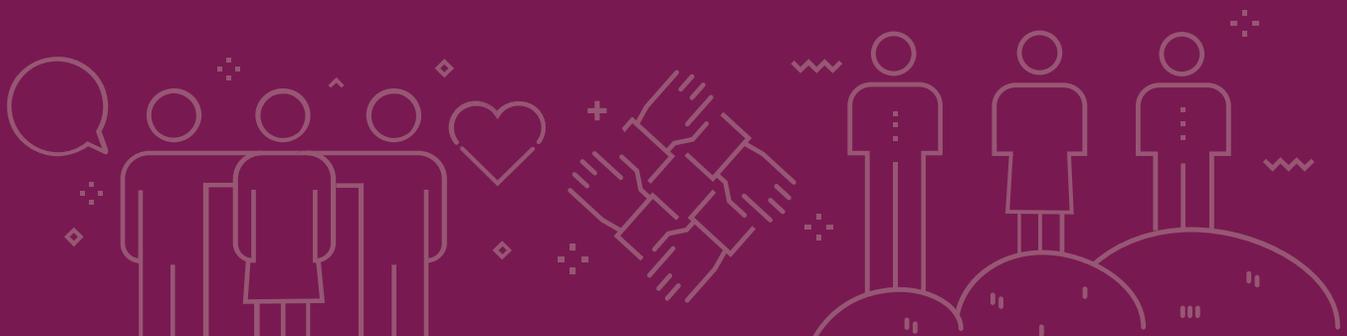
We are committed to creating environments wherein every individual has an equal opportunity to belong and can be recognized for their inherent worth and dignity.

Social injustices have served as a reminder of how crucial it is for these elements to be a measure in doing right by our employees and communities. Crises that disproportionately affect communities of color and other marginalized groups continue to leave us feeling helpless at times. But at our core, we believe that with a new day comes the opportunity to be better – to work harder and faster to create measurable change.

Through this lens, continuing to establish equity within our own walls is crucial. By not just building a more diverse workforce, but also by supporting that workforce through inclusion, education, and opportunity. And by creating spaces that allow for crucial conversations and transparency at all levels.

We fully embrace these efforts that will better equip us to support our communities. We know these goals will not be achieved overnight, but they are achievable and we are committed.

We will be better. We will do better. It is the right thing to do and we expect it of ourselves.



*Welcome to Moda Health
and Delta Dental of Alaska,
the place you go when you
want to experience better
– better people, better
plans, better services
and better health.*



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More choices for *better care*

Your clients have a lot to think about when choosing the right medical benefits for their group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda health offers a wide selection of preferred provider organization (PPO) plans and benefit levels to support your clients on their journey to better health and wellness.

As required under the Affordable Care Act, our medical plans cover most routine preventive care. These services include:

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

Choosing a plan

Explore our plans and help your clients choose the right fit.

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group.

Please note that employees living in Hawaii are not covered.

If you or your clients have questions about any plan, please contact your sales and service representative. See back cover for contact information.

PPO plans

We offer a wide selection of PPO plans to meet your client's specific needs. Our 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-contracted provider.

HDHPs

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



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.

Life's *better* in the network

Health happens, whether your clients' employees are at home or on the road. We want to make sure they stay covered, no matter where they go. So, we've made it easy for their employees to find in-network coverage.

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.

In- and out-of-network providers

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may balance bill members the difference between the maximum plan allowance and their billed charges when permitted by law.

Inside Alaska, members can see any professional provider and receive the in-network benefit level. However, out-of-network providers can balance bill when permitted by law. Members receive the best benefit by seeing First Choice 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 when permitted by law.

2022 provider networks

Employers can choose the networks that fit their employees needs.

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 First Choice PPO panel providers in Alaska 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 PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals to choose from. PHCS Network gives members plenty of choice and lower out-of-pocket costs.

Pioneer Network

For residents in the Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway Boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area.

The Pioneer Network was developed to provide cost-effective, coordinated care. Pioneer offers three benefit levels (tiers) of healthcare:

- **Tier One** – Includes: Fairbanks Memorial Hospital, SEARHC, Central Peninsula Hospital, Alaska Regional Hospital, PeaceHealth Ketchikan Medical Center, South Peninsula Hospital, Bartlett Regional Hospital and Mat-Su Regional Medical Center. Visit modahealth.com to see a list of Tier One providers.
- **Tier Two** – Includes the First Choice Network in Alaska
- **Tier Three** – All other Alaska providers not in Tier One or Tier Two

Members can use any professional provider or hospital. However, Tier Three providers can balance bill when permitted by law. Members receive the best benefit by using Tier One providers.

First Health Network outside Alaska

Services received outside Alaska are covered at the Tier One benefit level for urgent and emergency care through providers in the First Health Network.

Care outside of Alaska

Care outside of Alaska is not covered except for:

- Emergency services
- Coverage through the travel network
- Coverage through medical travel support
- Coverage through out-of-state contracted providers
- Medically necessary non-emergency services that are prior-authorized by Moda Health

VSP

Embedded VSP vision coverage for adults and members under the age of 19 is included with all Moda Health group plans, except for high-deductible health plans (HDHPs) for adults.

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

Embedded vision coverage for adults includes routine vision exam and eyewear through the VSP Choice plan and in-network coverage through VSP's Choice provider network. All routine vision exams and eyewear claims are administered by VSP. Embedded vision coverage for adults is included in all plans except for HDHP plans.

Pediatric dental

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

Pharmacy benefits, *and then some*

Members have access to comprehensive prescription drug benefits through the Navitus pharmacy network.

Navitus Network

The Navitus Network includes over 90 percent of pharmacies in Alaska, plus more than 65,000 pharmacies nationwide. This means they can fill prescriptions almost anywhere, including these local and national drug store chains:

- Carrs
- Costco
- CVS
- Fred Meyer
- Walgreens
- Wal-Mart

Simply use Find Care to access the Navitus Network and locate a nearby pharmacy.

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

Our pharmacy network

In-network pharmacies 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 Costco.

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 Navitus pharmacy network to see what's nearby.



2022 Medical plan benefit table

	Endeavor Select Gold No Deductible		Endeavor Select Gold 500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$0	\$0	\$500	\$1,000
Deductible per family	\$0	\$0	\$1,000	\$2,000
Out-of-pocket max per person	\$8,550	\$17,100	\$6,800	\$45,000
Out-of-pocket max per family	\$17,100	\$34,200	\$13,600	\$90,000
Care & services				
Preventive care visit ¹	\$0/visit	50%	\$0/visit	50% after deductible
Primary care provider (PCP) visit	30%	50%	\$30/visit	50% after deductible
Specialist visit	30%	50%	\$60/visit	50% after deductible
Urgent care visit	30%	50%	\$60/visit	50% after deductible
Virtual care visit	30%	50%	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50%	20%	50% after deductible
Emergency room visit	\$250/30%	\$250/30%	\$250/20% after deductible	\$250/20% after deductible
Ambulance	30%	30%	20% after deductible	20% after deductible
Inpatient/outpatient care	30%	50%	20% after deductible	50% after deductible
Mental health/substance use disorder visit	30%	50%	\$60/visit	50% after deductible
Other outpatient mental health/substance use disorder services	30%	50%	20% after deductible	50% after deductible
Physical, speech or occupational therapy visit	30%	50%	\$60/visit	50% after deductible
Acupuncture and spinal manipulation services	30%	50%	\$30/visit	50% after deductible
Massage therapy	30%	50%	\$30/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	\$0/visit	50%
Pediatric vision hardware	0%	50%	0%	50%
Prescription medications²				
Value	\$0	\$0	\$0	\$0
Select	30%	30%	\$20	\$20
Preferred	30%	30%	\$40	\$40
Non-Preferred	50%	50%	\$115	\$115
Preferred Specialty	30%	Not covered	20% after deductible	Not covered
Non-Preferred Specialty	50%	Not covered	50% after deductible	Not covered
Features				
Exchange	Out		Out	
Medicare Part D creditable	Yes		Yes	
Service area	Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

¹ Preventive care required under the Affordable Care Act

² 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.

Endeavor Select Gold 1000		Endeavor Select Gold 1500		Endeavor Select Gold 2000	
In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
\$1,000	\$2,000	\$1,500	\$3,000	\$2,000	\$4,000
\$2,000	\$4,000	\$3,000	\$6,000	\$4,000	\$8,000
\$6,400	\$45,000	\$6,000	\$45,000	\$6,000	\$45,000
\$12,800	\$90,000	\$12,000	\$90,000	\$12,000	\$90,000
\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
\$25/visit	50% after deductible	\$25/visit	50% after deductible	\$30/visit	50% after deductible
\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$60/visit	50% after deductible
\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$60/visit	50% after deductible
\$15/visit	50% after deductible	\$15/visit	50% after deductible	\$20/visit	50% after deductible
20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$60/visit	50% after deductible
20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
\$50/visit	50% after deductible	\$50/visit	50% after deductible	\$60/visit	50% after deductible
\$25/visit	50% after deductible	\$25/visit	50% after deductible	\$30/visit	50% after deductible
\$25/visit	50% after deductible	\$25/visit	50% after deductible	\$30/visit	50% after deductible
Yes	Yes	Yes	Yes	Yes	Yes
\$0/visit	50%	\$0/visit	50%	\$0/visit	50%
0%	50%	0%	50%	0%	50%
\$0	\$0	\$0	\$0	\$0	\$0
\$20	\$20	\$20	\$20	\$20	\$20
\$40	\$40	\$40	\$40	\$40	\$40
\$115	\$115	\$115	\$115	\$115	\$115
20% after deductible	Not covered	20% after deductible	Not covered	20% after deductible	Not covered
50% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Out		Out		Out	
Yes		Yes		Yes	
Statewide		Statewide		Statewide	
Endeavor Select/Navitus		Endeavor Select/Navitus		Endeavor Select/Navitus	
Includes adult vision/mandated hearing		Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

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2022 Medical plan benefit table

	Pioneer Gold 500		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$500	\$1,000	\$2,000
Deductible per family	\$1,000	\$2,000	\$4,000
Out-of-pocket max per person	\$6,400	\$8,700	\$45,000
Out-of-pocket max per family	\$12,800	\$17,400	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit under age 19	\$0/visit	40% after deductible	60% after deductible
Primary care provider (PCP) visit age 19+	\$25/visit ³	40% after deductible	60% after deductible
Specialist visit	\$50/visit	40% after deductible	60% after deductible
Urgent care visit	\$50/visit	40% after deductible	60% after deductible
Virtual care visit	\$15/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	20%	40% after deductible	60% after deductible
Emergency room visit	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	40% after deductible	60% after deductible
Mental health/ substance use disorder visit	\$50/visit	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	20% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$50/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$25/visit	40% after deductible	60% after deductible
Massage therapy	\$25/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications⁴			
Value	\$0	\$0	\$0
Select	\$15	\$15	\$15
Preferred	\$30	\$30	\$30
Non-Preferred	\$100	\$100	\$100
Preferred Specialty	20% after deductible	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
Exchange	Out		
Medicare Part D creditable	Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing		

Pioneer Gold 1000		
Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$1,000	\$2,000	\$4,000
\$2,000	\$4,000	\$8,000
\$6,400	\$8,700	\$45,000
\$12,800	\$17,400	\$90,000
\$0/visit	\$0/visit	60% after deductible
\$0/visit	40% after deductible	60% after deductible
\$25/visit ³	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$15/visit	40% after deductible	60% after deductible
20%	40% after deductible	60% after deductible
\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
20% after deductible	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	50%
0%	0%	50%
\$0	\$0	\$0
\$15	\$15	\$15
\$30	\$30	\$30
\$100	\$100	\$100
20% after deductible	20% after deductible	Not covered
50% after deductible	50% after deductible	Not covered
	Out	
	Yes	
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- 1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- 2 Preventive care required under the Affordable Care Act
- 3 No cost sharing for first 3 PCP visits per year
- 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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2022 Medical plan benefit table

	Pioneer Gold 1500		
	Tier 1 member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$1,500	\$2,000	\$4,000
Deductible per family	\$3,000	\$4,000	\$8,000
Out-of-pocket max per person	\$6,000	\$8,700	\$45,000
Out-of-pocket max per family	\$12,000	\$17,400	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit under age 19	\$0/visit	40% after deductible	60% after deductible
Primary care provider (PCP) visit age 19+	\$25/visit ³	40% after deductible	60% after deductible
Specialist visit	\$50/visit	40% after deductible	60% after deductible
Urgent care visit	\$50/visit	40% after deductible	60% after deductible
Virtual care visit	\$15/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	20%	40% after deductible	60% after deductible
Emergency room visit	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	40% after deductible	60% after deductible
Mental health/substance use disorder visit	\$50/visit	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	20% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$50/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$25/visit	40% after deductible	60% after deductible
Massage therapy	\$25/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications⁴			
Value	\$0	\$0	\$0
Select	\$15	\$15	\$15
Preferred	\$30	\$30	\$30
Non-Preferred	\$100	\$100	\$100
Preferred Specialty	20% after deductible	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
Exchange		Out	
Medicare Part D creditable		Yes	
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing		

Pioneer Gold 2000		
Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$2,000	\$2,000	\$4,000
\$4,000	\$4,000	\$8,000
\$6,000	\$8,700	\$45,000
\$12,000	\$17,400	\$90,000
\$0/visit	\$0/visit	60% after deductible
\$0/visit	40% after deductible	60% after deductible
\$25/visit ³	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$15/visit	40% after deductible	60% after deductible
20%	40% after deductible	60% after deductible
\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
20% after deductible	40% after deductible	60% after deductible
\$50/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	50%
0%	0%	50%
\$0	\$0	\$0
\$15	\$15	\$15
\$30	\$30	\$30
\$100	\$100	\$100
20% after deductible	20% after deductible	Not covered
50% after deductible	50% after deductible	Not covered
	Out	
	Yes	
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- 1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- 2 Preventive care required under the Affordable Care Act
- 3 No cost sharing for first 3 PCP visits per year
- 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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2022 Medical plan benefit table

	Endeavor Select Silver 2500		Endeavor Select Silver 3000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$2,500	\$5,000	\$3,000	\$6,000
Deductible per family	\$5,000	\$10,000	\$6,000	\$12,000
Out-of-pocket max per person	\$8,550	\$45,000	\$8,550	\$45,000
Out-of-pocket max per family	\$17,100	\$90,000	\$17,100	\$90,000
Care & services				
Preventive care visit ¹	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist visit	\$85/visit	50% after deductible	\$85/visit	50% after deductible
Urgent care visit	\$85/visit	50% after deductible	\$85/visit	50% after deductible
Virtual care visit	\$25/visit	50% after deductible	\$25/visit	50% after deductible
Outpatient diagnostic X-ray & lab	30%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	30% after deductible	30% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient care	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Mental health/substance use disorder visit	\$85/visit	50% after deductible	\$85/visit	50% after deductible
Other outpatient mental health/substance use disorder services	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Physical, speech or occupational therapy visit	\$85/visit	50% after deductible	\$85/visit	50% after deductible
Acupuncture and spinal manipulation services	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Massage therapy	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	\$0/visit	50%
Pediatric vision hardware	0%	50%	0%	50%
Prescription medications²				
Value	\$0	\$0	\$0	\$0
Select	\$25	\$25	\$25	\$25
Preferred	\$70	\$70	\$70	\$70
Non-Preferred	\$150	\$150	\$150	\$150
Preferred Specialty	30% after deductible	Not Covered	20% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered	50% after deductible	Not Covered
Features				
Exchange	Out		Out	
Medicare Part D creditable	Yes		Yes	
Service area	Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes adult vision/mandated hearing		Includes adult vision/mandated hearing	

Endeavor Select Silver 4000	
In-network member pays	Out-of-network member pays
\$4,000	\$8,000
\$8,000	\$16,000
\$8,550	\$45,000
\$17,100	\$90,000
\$0/visit	50% after deductible
\$35/visit	50% after deductible
\$85/visit	50% after deductible
\$85/visit	50% after deductible
\$25/visit	50% after deductible
20%	50% after deductible
\$250/20% after deductible	\$250/20% after deductible
20% after deductible	20% after deductible
20% after deductible	50% after deductible
\$85/visit	50% after deductible
20% after deductible	50% after deductible
\$85/visit	50% after deductible
\$35/visit	50% after deductible
\$35/visit	50% after deductible
Yes	Yes
\$0/visit	50%
0%	50%
\$0	\$0
\$20	\$20
\$60	\$60
\$135	\$135
20% after deductible	Not Covered
50% after deductible	Not Covered
Out	
Yes	
Statewide	
Endeavor Select/Navitus	
Includes adult vision/mandated hearing	

- 1 Preventive care required under the Affordable Care Act
- 2 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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2022 Medical plan benefit table

	Pioneer Silver 2000		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$2,000	\$4,000	\$8,000
Deductible per family	\$4,000	\$8,000	\$16,000
Out-of-pocket max per person	\$8,550	\$8,550	\$45,000
Out-of-pocket max per family	\$17,100	\$17,100	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit under age 19	\$0/visit	40% after deductible	60% after deductible
Primary care provider (PCP) visit age 19+	\$35/visit ³	40% after deductible	60% after deductible
Specialist visit	\$85/visit	40% after deductible	60% after deductible
Urgent care visit	\$85/visit	40% after deductible	60% after deductible
Virtual care visit	\$25/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	30%	40% after deductible	60% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	40% after deductible	60% after deductible
Mental health/substance use disorder visit	\$85/visit	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	30% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$85/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$35/visit	40% after deductible	60% after deductible
Massage therapy	\$35/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications⁴			
Value	\$0	\$0	\$0
Select	\$20	\$20	\$20
Preferred	\$60	\$60	\$60
Non-Preferred	\$135	\$135	\$135
Preferred Specialty	30% after deductible	30% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
Exchange	Out		
Medicare Part D creditable	Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing		

Pioneer Silver 2500		
Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$2,500	\$2,500	\$5,000
\$5,000	\$5,000	\$10,000
\$8,550	\$8,550	\$45,000
\$17,100	\$17,100	\$90,000
\$0/visit	\$0/visit	60% after deductible
\$0/visit	40% after deductible	60% after deductible
\$35/visit ³	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
30%	40% after deductible	60% after deductible
\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
30% after deductible	30% after deductible	30% after deductible
30% after deductible	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
30% after deductible	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$35/visit	40% after deductible	60% after deductible
\$35/visit	40% after deductible	60% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	50%
0%	0%	50%
\$0	\$0	\$0
\$20	\$20	\$20
\$60	\$60	\$60
\$135	\$135	\$135
30% after deductible	30% after deductible	Not covered
50% after deductible	50% after deductible	Not covered
	Out	
	Yes	
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- ¹ Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- ² Preventive care required under the Affordable Care Act
- ³ No cost sharing for first 3 PCP visits per year
- 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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2022 Medical plan benefit table

	Pioneer Silver 3000		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$3,000	\$3,000	\$6,000
Deductible per family	\$6,000	\$6,000	\$12,000
Out-of-pocket max per person	\$8,550	\$8,550	\$45,000
Out-of-pocket max per family	\$17,100	\$17,100	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit under age 19	\$0/visit	40% after deductible	60% after deductible
Primary care provider (PCP) visit age 19+	\$35/visit ³	40% after deductible	60% after deductible
Specialist visit	\$85/visit	40% after deductible	60% after deductible
Urgent care visit	\$85/visit	40% after deductible	60% after deductible
Virtual care visit	\$25/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	20%	40% after deductible	60% after deductible
Emergency room visit	\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	40% after deductible	60% after deductible
Mental health/substance use disorder visit	\$85/visit	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	20% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$85/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$35/visit	40% after deductible	60% after deductible
Massage therapy	\$35/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications⁴			
Value	\$0	\$0	\$0
Select	\$20	\$20	\$20
Preferred	\$60	\$60	\$60
Non-Preferred	\$135	\$135	\$135
Preferred Specialty	20% after deductible	20% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
Exchange	Out		
Medicare Part D creditable	Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing		

Pioneer Silver 4000		
Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$4,000	\$4,000	\$8,000
\$8,000	\$8,000	\$16,000
\$8,550	\$8,550	\$45,000
\$17,100	\$17,100	\$90,000
\$0/visit	\$0/visit	60% after deductible
\$0/visit	40% after deductible	60% after deductible
\$35/visit ³	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$25/visit	40% after deductible	60% after deductible
20%	40% after deductible	60% after deductible
\$250/20% after deductible	\$250/20% after deductible	\$250/20% after deductible
20% after deductible	20% after deductible	20% after deductible
20% after deductible	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
20% after deductible	40% after deductible	60% after deductible
\$85/visit	40% after deductible	60% after deductible
\$35/visit	40% after deductible	60% after deductible
\$35/visit	40% after deductible	60% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	50%
0%	0%	50%
\$0	\$0	\$0
\$20	\$20	\$20
\$60	\$60	\$60
\$135	\$135	\$135
20% after deductible	20% after deductible	Not Covered
50% after deductible	50% after deductible	Not Covered
	Out	
	Yes	
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- 1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- 2 Preventive care required under the Affordable Care Act
- 3 No cost sharing for first 3 PCP visits per year
- 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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2022 Medical plan benefit table

	Endeavor Select Bronze 6000		Endeavor Select Bronze 8550	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$6,000	\$12,000	\$8,550	\$17,100
Deductible per family	\$12,000	\$24,000	\$17,100	\$34,200
Out-of-pocket max per person	\$8,700	\$45,000	\$8,550	\$45,000
Out-of-pocket max per family	\$17,400	\$90,000	\$17,100	\$90,000
Care & services				
Preventive care visit ²	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	\$80/visit	50% after deductible	0% after deductible	50% after deductible
Specialist visit	\$135/visit	50% after deductible	0% after deductible	50% after deductible
Urgent care visit	\$135/visit	50% after deductible	0% after deductible	50% after deductible
Virtual care visit	\$70/visit	50% after deductible	0% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	35% after deductible	50% after deductible	0% after deductible	50% after deductible
Emergency room visit	\$250/35% after deductible	\$250/35% after deductible	0% after deductible	0% after deductible
Ambulance	35% after deductible	35% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient care	35% after deductible	50% after deductible	0% after deductible	50% after deductible
Mental health/substance use disorder visit	\$135/visit	50% after deductible	0% after deductible	50% after deductible
Other outpatient mental health/substance use disorder services	35% after deductible	50% after deductible	0% after deductible	50% after deductible
Physical, speech or occupational therapy visit	\$135/visit	50% after deductible	0% after deductible	50% after deductible
Acupuncture and spinal manipulation services	\$80/visit	50% after deductible	0% after deductible	50% after deductible
Massage therapy	\$80/visit	50% after deductible	0% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50%	0%	0%
Pediatric vision hardware	0%	50%	0%	0%
Prescription medications³				
Value	\$0	\$0	\$0	\$0
Select	\$25	\$25	\$20	\$20
Preferred	\$80	\$80	0% after deductible	0% after deductible
Non-Preferred	\$135	\$135	0% after deductible	0% after deductible
Preferred Specialty	30% after deductible	Not Covered	0% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered	0% after deductible	Not Covered
Features				
Exchange	Out		Out	
Medicare Part D creditable	No		No	
Service area	Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes adult vision/mandated hearing		Includes mandated vision/hearing	

Pioneer Bronze 5500

Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$5,500	\$5,500	\$11,000
\$11,000	\$11,000	\$22,000
\$8,700	\$8,700	\$45,000
\$17,400	\$17,400	\$90,000
\$0/visit	\$0/visit	60% after deductible
\$80/visit	45% after deductible	60% after deductible
\$135/visit	45% after deductible	60% after deductible
\$135/visit	45% after deductible	60% after deductible
\$70/visit	45% after deductible	60% after deductible
30% after deductible	45% after deductible	60% after deductible
\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
30% after deductible	30% after deductible	30% after deductible
30% after deductible	45% after deductible	60% after deductible
\$135/visit	45% after deductible	60% after deductible
30% after deductible	45% after deductible	60% after deductible
\$135/visit	45% after deductible	60% after deductible
\$80/visit	45% after deductible	60% after deductible
\$80/visit	45% after deductible	60% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	50%
0%	0%	50%
\$0	\$0	\$0
\$20	\$20	\$20
\$60	\$60	\$60
\$135	\$135	\$135
30% after deductible	30% after deductible	Not covered
50% after deductible	50% after deductible	Not covered
Out		
No		
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- 1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- 2 Preventive care required under the Affordable Care Act.
- 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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2022 Medical plan benefit table

	Pioneer Bronze 6350		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$6,350	\$6,500	\$13,000
Deductible per family	\$12,700	\$13,000	\$26,000
Out-of-pocket max per person	\$8,700	\$8,700	\$45,000
Out-of-pocket max per family	\$17,400	\$17,400	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit	\$55/visit	40% after deductible	60% after deductible
Specialist visit	\$120/visit	40% after deductible	60% after deductible
Urgent care visit	\$120/visit	40% after deductible	60% after deductible
Virtual care visit	\$45/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	40% after deductible	60% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	40% after deductible	60% after deductible
Mental health/substance use disorder visit	\$120/visit	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	30% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$120/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$55/visit	40% after deductible	60% after deductible
Massage therapy	\$55/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications³			
Value	\$0	\$0	\$0
Select	\$20	\$20	\$20
Preferred	\$60	\$60	\$60
Non-Preferred	\$135	\$135	\$135
Preferred Specialty	30% after deductible	30% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
Exchange		Out	
Medicare Part D creditable		No	
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes adult vision/mandated hearing		

Pioneer Bronze 8550

Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
\$8,550	\$8,550	\$17,100
\$17,100	\$17,100	\$34,200
\$8,550	\$8,550	\$45,000
\$17,100	\$17,100	\$90,000
\$0/visit	\$0/visit	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	0% after deductible
0% after deductible	0% after deductible	0% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	60% after deductible
0% after deductible	0% after deductible	0% after deductible
Yes	Yes	Yes
\$0/visit	\$0/visit	0%
0%	0%	0%
\$0	\$0	\$0
\$20	\$20	\$20
0% after deductible	0% after deductible	0% after deductible
0% after deductible	0% after deductible	0% after deductible
0% after deductible	0% after deductible	Not Covered
0% after deductible	0% after deductible	Not Covered
	Out	
	No	
Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Pioneer/Navitus		
Includes adult vision/mandated hearing		

- ¹ Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.
- ² Preventive care required under the Affordable Care Act.
- 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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2022 Medical HDHP benefit table

	Endeavor Select Gold HDHP 1500		Endeavor Select Silver HDHP 2500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible per person	\$1,500	\$3,000	\$2,500	\$5,000
Deductible per family	\$3,000	\$6,000	\$5,000	\$10,000
Out-of-pocket max per person	\$3,500	\$45,000	\$6,000	\$45,000
Out-of-pocket max per family	\$7,000	\$90,000	\$12,000	\$90,000
Care & services				
Preventive care visit ²	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent care visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Virtual care visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency room visit	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Ambulance	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient care	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Mental health/substance use disorder visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Other outpatient mental health/substance use disorder services	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Physical, speech or occupational therapy visit	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Acupuncture and spinal manipulation services	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Massage therapy	20% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	50%	0% after deductible	50%
Pediatric vision hardware	0% after deductible	50%	0% after deductible	50%
Prescription medications³				
Value	\$0	\$0	\$0	\$0
Select	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Preferred	20% after deductible	20% after deductible	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	20% after deductible	Not Covered	25% after deductible	Not Covered
Non-Preferred Specialty	50% after deductible	Not Covered	50% after deductible	Not Covered
Features				
HDHP deductible type	Aggregate ⁴		Aggregate ⁴	
Exchange	Out		Out	
Medicare Part D creditable	No		No	
Service area	Statewide		Statewide	
Network	Endeavor Select/Navitus		Endeavor Select/Navitus	
Additional benefits	Includes mandated hearing		Includes mandated hearing	

1 Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.

2 Preventive care required under the Affordable Care Act

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.

4 If the plan covers more than 1 person, the entire family deductible must be met before any benefits are payable.

5 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 per person deductible only until the total family deductible is satisfied before benefits are payable.

2022 Medical HDHP benefit table

	Pioneer Silver 2800 HDHP		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$2,800	\$2,800	\$5,600
Deductible per family	\$5,600	\$5,600	\$11,200
Out-of-pocket max per person	\$5,400	\$5,400	\$45,000
Out-of-pocket max per family	\$10,800	\$10,800	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit	25% after deductible	40% after deductible	60% after deductible
Specialist visit	25% after deductible	40% after deductible	60% after deductible
Urgent care visit	25% after deductible	40% after deductible	60% after deductible
Virtual care visit	25% after deductible	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	60% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient Care	25% after deductible	40% after deductible	60% after deductible
Mental health/substance use disorder visit	25% after deductible	40% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	25% after deductible	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	25% after deductible	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	25% after deductible	40% after deductible	60% after deductible
Massage therapy	25% after deductible	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	50%
Pediatric vision hardware	0% after deductible	0% after deductible	50%
Prescription medications³			
Value	\$0	\$0	\$0
Select	25% after deductible	25% after deductible	25% after deductible
Preferred	25% after deductible	25% after deductible	25% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	25% after deductible	25% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
HDHP deductible type	Embedded ⁴		
Exchange	Out		
Medicare Part D creditable	No		
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes mandated hearing		

¹ Tier 1 and Tier 2 deductibles and out-of-pocket maximums cross accumulate for 3 Tier Plans.

² Preventive care required under the Affordable Care Act

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.

⁴ 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 per person deductible only until the total family deductible is satisfied before benefits are payable.

2022 Medical HDHP benefit table

	Pioneer Bronze 5950 HDHP		
	Tier 1 ¹ member pays	Tier 2 ¹ member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$5,950	\$5,950	\$11,900
Deductible per family	\$11,900	\$11,900	\$23,800
Out-of-pocket max per person	\$7,000	\$7,000	\$45,000
Out-of-pocket max per family	\$14,000	\$14,000	\$90,000
Care & services			
Preventive care visit ²	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) visit	40% after deductible	50% after deductible	60% after deductible
Specialist visit	40% after deductible	50% after deductible	60% after deductible
Urgent care visit	40% after deductible	50% after deductible	60% after deductible
Virtual care visit	40% after deductible	50% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible	60% after deductible
Emergency room visit	40% after deductible	40% after deductible	40% after deductible
Ambulance	40% after deductible	40% after deductible	40% after deductible
Inpatient/outpatient Care	40% after deductible	50% after deductible	60% after deductible
Mental health/substance use disorder visit	40% after deductible	50% after deductible	60% after deductible
Other outpatient mental health/ substance use disorder services	40% after deductible	50% after deductible	60% after deductible
Physical, speech or occupational therapy visit	40% after deductible	50% after deductible	60% after deductible
Acupuncture and spinal manipulation services	40% after deductible	50% after deductible	60% after deductible
Massage therapy	40% after deductible	50% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	50%
Pediatric vision hardware	0% after deductible	0% after deductible	50%
Prescription medications³			
Value	\$0	\$0	\$0
Select	40% after deductible	40% after deductible	40% after deductible
Preferred	40% after deductible	40% after deductible	40% after deductible
Non-Preferred	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	40% after deductible	40% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered
Features			
HDHP deductible type	Embedded ⁴		
Exchange	Out		
Medicare Part D creditable	No		
Service area	Municipality of Anchorage, Fairbanks North Star, Haines, Kenai Peninsula, Ketchikan Gateway, Mat-Su, Petersburg and Municipality of Skagway boroughs, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area and Prince of Wales-Hyder Census Area		
Network	Pioneer/Navitus		
Additional benefits	Includes mandated hearing		

Quality coverage for your *smile*

Healthy teeth are happy teeth. With our Delta Dental of Alaska small group plans, your clients' employees have access to Delta Dental, one of the largest dental networks across the nation.

Dental benefit highlights

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

- Freedom to choose a dentist
- Savings with 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 tools

Members can use our dental tools to manage their dental health easily, in one online location – the Member Dashboard. The Member Dashboard gives members access to tools to help manage their dental health such as procedure cost calculators and risk self-assessments.

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 screenings, 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 thousands of dentists across the state, and the country.

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 one of the largest dental networks across the nation. It includes approximately 90% of dentists in Alaska and over 154,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands and the Virgin Islands.

Delta Dental PPOSM Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 210 participating providers and offers access to over 113,000 Delta Dental PPO dentists nationwide.

Is a dentist in-network?

To find out, members can visit DeltaDentalAK.com and use the find a dentist tool.

Customize your coverage

We offer a variety of plans so your clients can find the right fit for their group. Your clients can choose from the following types of dental plans and select the coverage and price to suit their needs.

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 additional balance billing charge. Employees with this plan have the freedom to choose their own dentist.

Delta Dental PPOSM plans

These plans help groups located in Anchorage, Fairbanks North Star Borough, and the Mat-Su Borough save costs by connecting members 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 additional balance billing charge.

Delta Dental pediatric plan

Our Delta Dental Premier Radiant SmilesSM pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Employers can offer this plan to their employees even if no one enrolls right away.

Delta Dental Premier Preventive Mandated Plan

This plan connects groups with the Delta Dental Premier Network. Members access coverage for preventive dental care services, as well as limited benefits for basic and major services. These providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

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 fund plans up to 100 percent by employees.

- Versatility to attract and retain staff
- Participation can be as low as 25 percent, with a minimum of two employees enrolled

Questions?

Please contact your sales and service representative. See back cover for contact information.

2022 Dental plan benefit table

	Delta Dental Premier [®] , +1000, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +1500, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +2000, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +2500, 100*/80/50, 50, PF ¹ Delta Dental Premier [®] , +3000, 100*/80/50, 50 PF ¹		Delta Dental Premier [®] , 1000, 100*/80/50, 50 Delta Dental Premier [®] , 1500, 100*/80/50, 50 Delta Dental Premier [®] , 2000, 100*/80/50, 50 Delta Dental Premier [®] , 2500, 100*/80/50, 50 Delta Dental Premier [®] , 3000, 100*/80/50, 50	
Calendar year costs				
Deductible per person/family	\$50 per person / \$150 per family		\$50 per person / \$150 per family	
Annual maximum plan payment limit (age 19+)	\$2,000 \$2,500 \$3,000 (option for groups 10-50 only)		\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)	
Out-of-pocket maximum (under age 19)	\$375 for one member/\$750 for two or more members		\$375 for one member/\$750 for two or more members	
Class 1	member pays		member pays	
	Under age 19	Ages 19+	Under age 19	Ages 19+
Exams and X-rays	0%	0%	0%	0%
Cleanings	0%	0%	0%	0%
Periodontal maintenance	0%	0%	0%	0%
Sealants	0%	0%	0%	0%
Topical fluoride	0%	0% ²	0%	0% ²
Space maintainers	0%	Not covered	0%	Not covered
Class 2				
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Class 3				
Restorative crowns	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
Implants	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
Features				
Provider 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	

* Deductible waived for Class 1 services

1 In Delta Dental Premier Preventive First plans, only Class 2 and Class 3 services apply to the annual maximum.

2 For ages 19 and over, 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.

3 Only medically necessary orthodontia is covered.

Delta Dental Premier®, 1000, 80*/80/50,50

\$50 per person / \$150 per family

\$1,000

\$375 for one member/\$750 for two or more members

member pays

Under age 19

Ages 19+

0%

20%

0%

20%

0%

20%

0%

20%

0%

20%²

0%

Not covered

40% after deductible

20% after deductible

50% after deductible³

Not covered

Delta Dental Premier Network

Delta Dental Premier Network: No
Nonparticipating: Yes

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



2022 Dental plan benefit table

	Delta Dental PPO SM , 1000, 100*/90/50, 50 Delta Dental PPO SM , 1500, 100*/90/50, 50 Delta Dental PPO SM , 2000, 100*/90/50, 50 Delta Dental PPO SM , +2500, 100*/90/50, 50 PF ⁴ Delta Dental PPO SM , +3000, 100*/90/50, 50 PF ⁴			
Calendar year costs				
Deductible per person/family	\$50 per person / \$150 per family			
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)			
Out-of-pocket maximum (under age 19)	\$375 for one member/\$750 for two or more members			
Class 1	member pays			
	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Periodontal maintenance	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Topical fluoride	0%	20%	0% ¹	10% ¹
Space maintainers	0%	20%	Not covered	Not covered
Class 2				
Restorative fillings	0%	50% after deductible	10% after deductible	30% after deductible
Oral surgery	0%	50% after deductible	10% after deductible	30% after deductible
Endodontics	0%	50% after deductible	10% after deductible	30% after deductible
Periodontics	0%	50% after deductible	10% after deductible	30% after deductible
Class 3				
Restorative crowns	0%	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	0%	50% after deductible	50% after deductible	50% after deductible
Implants	0%	50% after deductible	50% after deductible	50% after deductible
Orthodontia	0% ²	50% after deductible ²	Not covered	Not covered
Features				
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

* Deductible waived for Class 1 services

¹ For ages 19 and over, 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.

³ Not covered for ages 14 and over

⁴ In Preventive First plans, only Class 2 and Class 3 services apply to the annual maximum

Delta Dental Premier® Radiant Smiles Plan		Delta Dental Premier® Preventive Mandated Plan	
\$50 per person / \$150 per family		\$25 per person / \$75 per family	
N/A		\$500 (applies to all ages)	
\$375 for one member/\$750 for two or more members		N/A	
member pays		member pays	
Under age 19	Ages 19+	Under age 19	Ages 19+
0%	Not covered	0% after deductible	0% after deductible
0%	Not covered	0% after deductible	0% after deductible
0%	Not covered	0% after deductible	0% after deductible
0%	Not covered	0% after deductible	0% after deductible
0%	Not covered	0% after deductible	0% after deductible ¹
0%	Not covered	0% after deductible ³	Not covered
40% after deductible	Not covered	90% after deductible	90% after deductible
40% after deductible	Not covered	90% after deductible	90% after deductible
40% after deductible	Not covered	90% after deductible	90% after deductible
40% after deductible	Not covered	90% after deductible	90% after deductible
50% after deductible	Not covered	90% after deductible	90% after deductible
50% after deductible	Not covered	90% after deductible	90% after deductible
50% after deductible	Not covered	90% after deductible	90% after deductible
50% after deductible ²	Not covered	Not covered	Not covered
Delta Dental Premier Network		Delta Dental Premier Network	
Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2022 Dental plan benefit table

	Delta Dental Premier®, Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier®, Voluntary, 1500, 100*/80/50, 50	
Calendar year costs		
Deductible per person/family	\$50 per person / \$150 per family	
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 (option for groups 10-50 only)	
Out-of-pocket maximum (under age 19)	\$375 for one member/\$750 for two or more members	
Class 1	member pays	
	Under age 19	Ages 19+
Exams and X-rays	0%	0%
Cleanings	0%	0%
Periodontal maintenance	0%	0%
Sealants	0%	0%
Topical fluoride	0%	0% ¹
Space maintainers	0%	Not covered
Class 2		
Restorative fillings	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible
Class 3		
Restorative crowns	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

* Deductible waived for Class 1 services

¹ For ages 19 and over, 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.

³ In Preventive First plans, only Class 2 and Class 3 services apply to the annual maximum

Delta Dental PPOSM, Voluntary, 1000, 100*/90/50, 50 PF³
 Delta Dental PPOSM, Voluntary, 1500, 100*/90/50, 50 PF³

\$50 per person / \$150 per family

\$1,000 | \$1,500
 (option for groups 10-50 only)

\$375 for one member/\$750 for two or more members

member pays

Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
0%	20%	0%	10%
0%	20%	0%	10%
0%	20%	0%	10%
0%	20%	0%	10%
0%	20%	0% ¹	10% ¹
0%	20%	Not covered	Not covered
0%	50% after deductible	10% after deductible	30% after deductible
0%	50% after deductible	10% after deductible	30% after deductible
0%	50% after deductible	10% after deductible	30% after deductible
0%	50% after deductible	10% after deductible	30% after deductible
0%	50% after deductible	50% after deductible	50% after deductible
0%	50% after deductible	50% after deductible	50% after deductible
0%	50% after deductible	50% after deductible	50% after deductible
0% ²	50% after deductible ²	Not covered	Not covered
Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

Limitations and exclusions apply; see the handbook or contract for details. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2022 Dental plan benefit table

	Delta Dental PPO, Voluntary, 2000, 100*/80/50, 50 PF ³ Delta Dental PPO, PF, Voluntary, 2500, 100*/80/50, 50 PF ³ Delta Dental PPO, PF, Voluntary, 3000, 100*/80/50, 50 PF ³			
Calendar year costs				
Deductible per person/family	\$50 per person / \$150 per family			
Annual maximum plan payment limit (age 19+)	\$2,000 \$2,500 \$3,000 (option for groups 10-50 only)			
Out-of-pocket maximum (under age 19)	\$375 for one member/\$750 for two or more members			
Class 1	member pays			
	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
Exams and X-rays	0%	20%	0%	10%
Cleanings	0%	20%	0%	10%
Periodontal maintenance	0%	20%	0%	10%
Sealants	0%	20%	0%	10%
Topical fluoride	0%	20%	0% ¹	10% ¹
Space maintainers	0%	20%	Not covered	Not covered
Class 2				
Restorative fillings	0%	50% after deductible	20% after deductible	30% after deductible
Oral surgery	0%	50% after deductible	20% after deductible	30% after deductible
Endodontics	0%	50% after deductible	20% after deductible	30% after deductible
Periodontics	0%	50% after deductible	20% after deductible	30% after deductible
Class 3				
Restorative crowns	0%	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	0%	50% after deductible	50% after deductible	50% after deductible
Implants	0%	50% after deductible	50% after deductible	50% after deductible
Orthodontia	0% ²	50% after deductible ²	Not covered	Not covered
Features				
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

* Deductible waived for Class 1 services

¹ For ages 19 and over, 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.

³ In Preventive First plans, only Class 2 and Class 3 services apply to the annual maximum

Delta Dental orthodontia riders

If your client has at least 15 enrolled employees, help them freshen up their smiles with orthodontic care. These dental plan riders 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%

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



wellbeing

We're here to help your clients take care of their whole health. That's why we created Moda Wellbeing – a comprehensive collection of innovative services, programs and tools that empower members to be better in every way.

Tools and programs for your entire health journey

“Well-being” means the state of being happy, healthy and prosperous. It's about more than just physical health. It's about the health of your clients' employees entire being, which also includes mental and emotional health. Moda Wellbeing makes it possible for them to choose the services, programs and tools that are right for their whole health.

Programs are evidence-based actions and activities designed to help meet their specific goals. Digital tools are self-serve and available 24/7.

Moda Wellbeing includes:



Member support

Assistance getting the most out of your benefits and managing your plan



Care management

Support accessing care and managing care needs



Condition and disease management

Special support for acute and chronic conditions



Wellness management

Everything needed to maintain and improve health



Financial management

Access to tools to help control healthcare costs and protect identity



Custom services

Programs created specifically to meet the unique needs of your population

Member support

Assistance getting the most out of your benefits and managing your plan



Services

Claims and appeals support

If you have questions about how a claim was paid just contact us for help.

Travel assistance

We've got members covered at home and away. Whether they are traveling around the world or only 100 miles away from home, they can call upon Assist America® for medical services and transport. There are no exclusions for geographic locations, pre-existing conditions and adventure sports injuries. And, they can call Assist America's operations center 24 hours a day to speak with emergency-certified assistance professionals.

Services (cont.)

Prior authorization support

We want to make sure members get the right care. That's why we require prior authorization (pre-approval) for some healthcare services and prescriptions. If prior authorization is required, the member's in-network healthcare provider will request it. It's important they make sure to see in-network healthcare providers. If in-network providers perform a service that requires prior authorization without pre-approval, they will have to pay for the service. If this happens with a provider who is out-of-network, the member will need to pay a penalty.

Self-serve tools

Pharmacy locator

Members can access our Pharmacy Locator to find in-network pharmacies. It's online and easy to use. They can search by pharmacy name, address, city, state and ZIP. The locator also lets members know if a pharmacy is open 24 hours.

Provider locator

Members can access our Find Care tool to locate in-network providers. It's online and easy to use. They can search by type of provider: medical, dental, pharmacy or vision; and provider name and location. Find Care also lets members know if a provider is accepting new patients.

Care management

Support accessing care and managing care needs



Services

Care coordination and case management

If members need to go to the hospital, need surgery, are seriously injured or are sick, they can get extra support. Members can focus on healing while our Healthcare Advocates help them:

- Understand and use all their benefits
- Navigate the healthcare system
- Communicate with their providers
- Set up care their provider recommends
- Find community resources

Services (cont.)

Dental health management

 Provided by Delta Dental

Dental members can access Dental Tools to easily manage their dental health in one location. They can use this online service to:

- Have an emergency virtual consult
 - Get a virtual checkup
 - See their benefits dashboard
 - Get dental cost estimates
 - Ask a dentist questions
 - Take a dental risk assessment
-

Text a doctor, 24/7

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to the members for most non-HDHP plans. With the CirrusMD app, all the members need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
 - Ask urgent or general health questions
 - Message, share photos or video chat
 - Get peace of mind, even at 2 a.m.
 - Come back to conversations or follow up as often as they would like
-

Virtual care

Members can get care from the comfort of their home or anywhere they like with Virtual Visits or telehealth. Depending on their plan, they can use a Virtual Visit or telehealth when they need attention right away, but do not feel like their life is in danger. For example, they could use these services for a cold or flu, a sore throat, stuffy nose, coughs, congestion, allergies, poison ivy/oak, nausea, minor injuries, and bites and stings. They should not use Virtual Visits or telehealth for medical emergencies.

Condition and disease management

Special support for acute and chronic conditions



Programs

Counseling

Now medical members can get therapy on their smartphone through our partner, Meru Health. Completely confidential, the therapy is part of a 12-week treatment program to help with depression, anxiety and burnout. The program offers:

- Confidential and fast access to evidence-based treatment through smartphone
- The ability to meet with a dedicated, licensed therapist via both video and app chat
- Different practice options to choose from
- Empowering life skills to reduce symptoms and stay mentally healthy
- A heart rate variability biofeedback monitoring system to help you learn how to recover from stress quickly

Extra dental care – Oral Health, Total Health

 Provided by Delta Dental

If members have diabetes or are pregnant in their third trimester, they can get extra dental care through our Oral Health, Total Health program.

Programs (cont.)

Health coaching

When members need a hand with their health our health coaches use evidence-based practices to help them set goals and feel their best. Our care programs include:

- Cardiac care
- Behavioral health
- Dental care
- Depression care
- Diabetes care
- Kidney care
- Lifestyle coaching
- Women's health & maternity care
- Respiratory care
- Spine & joint care
- Weight care
- Quitting tobacco

Diabetes support

We offer a comprehensive diabetes management program, for no cost, to members who qualify. The program, made possible through our partner, Livongo, provides:

- A smart meter, which automatically uploads blood glucose readings, eliminating the need for logbooks. The meter also serves up real-time tips.
- Unlimited supplies with no hidden costs. Strips and lancets are shipped directly to the members, at their request.
- Coaching anytime and anywhere. Livongo's expert coaches are available via phone, text and our mobile app to give guidance on nutrition and lifestyle questions.

Non-emergency surgery program

A member may have an elective procedure at a nationally recognized center of excellence. With help from our partner, Transcarent, the member will receive guidance from a personal care coordinator who will handle all the administrative work, plan approvals and billing.

Self-serve tools

Medication interaction finder

Some medications should not be used together. Members can protect themselves from possible harmful effects. It's easy to find out how different medications interact with each other. Just use our online tool, MEDCounselor.

Prescription history finder

We offer PersonalHealthRX as an easy way for members to see their prescription history. Members can view and print their current medication histories, including copayments and yearly tax reports of expenses.

Wellness management

Everything members need to maintain and improve health. These additional services are a complement to the small group plan, but are not insurance. Some services may not be available in all areas.



Services

Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, members have access to:

- 16,000+ Standard and Premium fitness centers and exercise studios nationwide
- The ability to purchase a membership for their spouse (or domestic partner)
- The option to switch fitness centers to make sure they find the right fit
- 4,000+ digital workout videos so they can work out at home or on-the-go

ChooseHealthy

Members have access to these health and wellness services from ChooseHealthy.

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PROCompression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic, and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Members with plans that include alternative care benefits will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes

Services (cont.)

Hearing aid discounts

Get a discount on a hearing aid exam and hearing aid from TruHearing. Medical members can enjoy:

- The latest advances in hearing technology
- Expert care from a team of helpful professionals in their area
- A hearing exam plus three follow-up visits for fitting and adjustments
- A worry-free purchase with a 45-day trial and three-year warranty
- 48 free batteries per aid included with non-rechargeable models

Programs

Counseling

Members get confidential support, guidance and resources to help them and their family resolve personal issues. Just use our employee assistance program (EAP).

Personal health assessment

Members can use Momentum to determine their health age and access recommended articles. They can take an annual health assessment and see recommended tests, screenings and lifestyle changes based on their results, as well as research health conditions and topics.

Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Members can join Fitbit Care™ for Moda Health to access Fitbit Premium and health coaching at no cost. From steps to sleep, members will gain valuable insights into how their behaviors affect their health. Plus, members will get the tools they need to make healthy changes by visiting the Moda Health Fitbit store. Members can redeem a discounted Fitbit device to help kickstart their wellbeing journey. Members will enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program
- Fitness challenges to complete on their own or with others
- Guided programs to help them move more, sleep better and eat well. These programs are customizable, based on their goals and schedule.
- Personalized insights to help improve their health, based on their exercise, heart rate and sleep
- Advanced sleep tools to boost energy

Financial management

Access to tools to help control healthcare costs and protect identity



Self-serve tools

Healthcare cost estimates

Members can see an estimate of what they may pay for medical services before they have them – not after the bill arrives. Use our Healthcare Cost Estimator to:

- See procedure costs
- Compare costs across providers
- See their specific out-of-pocket costs

Prescription price checker

Members can find out what they may pay for prescriptions before they get them. They can use our online prescription price check tool to see costs at specific pharmacies and to find out about generic options.

Services

Identity protection

Members can keep their information safe with complete identity protection through IDX™ Identity. Spot false claims early and find fraud before it causes them or their family harm. Members can simply enroll in IDX Identity for full financial and medical protection. Once enrolled, they can access all monitoring in one user-friendly app.

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 your clients through the plan selection and administration process.

Faster benefits administration with Employer dashboard

The employer dashboard was created to help your clients quickly access and manage the details of benefits administration with us. It's self-service, easy-to-use and available 24/7.

With the Employer Dashboard, all employers can:

- Review employee enrollment information and history
- Generate an enrollment census of all covered employees and/or dependents
- View benefit and plan details
- View Member Handbooks
- Manage billing with eBill
- Message us securely
- Order ID cards

Employers who do not submit electronic eligibility can:

- Enroll employees and dependents
- Make coverage changes
- Update employee contact information

Your clients can learn more about our comprehensive set of employer tools at modahealth.com/employers.

Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday.

See back cover for contact information.

We help every member find the right path 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!

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

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

If you need help filing a complaint, please call Customer Service.

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:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

اردو (URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سہاٹی اعانت آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔ بلا معاوضہ دستياب ہے۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzenste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવી) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કૉલ કરો

ໂປດລຸບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການລູວອຸຕູ້ອຸດ້ານພາສາແມ່ນມີໃຫ້ ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែក ភាសាដោយឥតគិតថ្លៃ គឺមានជូល ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់ លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

Individual & family

Medicare



Small group

Large group

Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
907-278-2628 or toll-free at 888-374-8910,
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

Portland office (corporate headquarters)

601 SW 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

DeltaDentalAK.com



For a list of medical plan exclusions, any reduction or limitations, contact Moda Health. These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans provided by Moda Health Plan, Inc. Dental plans in Alaska provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association