

2026 Medical plan benefit summary



● Moda Select Alaska Bronze 5500 - AI/AN Limited

	Indian Health Care Provider (IHCP) you pay	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs				
Deductible per person	\$0	\$5,500	\$6,000	\$18,000
Deductible per family	\$0	\$11,000	\$12,000	\$36,000
Out-of-pocket max per person	\$0	\$8,050	\$8,050	\$27,750
Out-of-pocket max per family	\$0	\$16,100	\$16,100	\$55,500
Care & services				
Preventive care visit <i>Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act</i>	0%	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) office visit	0%	40% after deductible	50% after deductible	60% after deductible
Specialist office visit	0%	40% after deductible	50% after deductible	60% after deductible
Urgent care visit	0%	40% after deductible	50% after deductible	60% after deductible
Virtual care visit	0%	40% after deductible	50% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	0%	40% after deductible	50% after deductible	60% after deductible
Emergency room visit	0%	40% after deductible	40% after deductible	40% after deductible
Ambulance	0%	40% after deductible	40% after deductible	40% after deductible
Inpatient/outpatient care	0%	40% after deductible	50% after deductible	60% after deductible
Behavioral health office visit	0%	40% after deductible	50% after deductible	60% after deductible
Physical, speech or occupational therapy visit	0%	40% after deductible	50% after deductible	60% after deductible
Acupuncture, spinal manipulation & massage therapy	0%	40% after deductible	50% after deductible	60% after deductible
Dental services for under age 19	0%	Covered	Covered	Covered
Vision exam for under age 19	0%	\$0/visit	\$0/visit	50%
Vision hardware for under age 19	0%	0%	0%	50%
Prescription medications	One copay for a 30-day supply.			
Value	0%	\$2	\$2	\$2
Select	0%	35% after deductible	35% after deductible	35% after deductible
Preferred	0%	35% after deductible	35% after deductible	35% after deductible
Non-Preferred	0%	40% after deductible	40% after deductible	40% after deductible
Preferred Specialty	0%	35% after deductible	35% after deductible	Not covered
Non-Preferred Specialty	0%	40% after deductible	40% after deductible	Not covered
Features				
Metallic level	● Expanded Bronze			
Exchange	On			
Medicare Part D creditable	Not Creditable			
Network	Tier 1 - Moda Select network, Tier 2 - First Choice network in Alaska, Tier 3 - Other providers in Alaska, Dental Services - Delta Dental Premier network			
Service area	Municipality of Anchorage, Fairbanks North Star Borough, Haines Borough, Kenai Peninsula Borough, Ketchikan Gateway, Matanuska-Susitna Borough, Petersburg Borough, Municipality of Skagway, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area, Prince of Wales-Hyder Census Area			
Additional benefits	Includes hearing exam/hearing aid and adult vision			

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.