

2026 Medical plan benefit summary



● Moda Select Alaska Bronze HDHP 5500

	Tier 1 - you pay	Tier 2 - you pay	Tier 3 - you pay
Calendar year costs			
Deductible per person	\$5,500	\$6,000	\$18,000
Deductible per family	\$11,000	\$12,000	\$36,000
Out-of-pocket max per person	\$8,050	\$8,050	\$27,750
Out-of-pocket max per family	\$16,100	\$16,100	\$55,500
Care & services			
Preventive care visit	\$0/visit	\$0/visit	60% after deductible
<i>Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act</i>			
Primary care provider (PCP) office visit	40% after deductible	50% after deductible	60% after deductible
Specialist office 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
Behavioral health office visit	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, spinal manipulation & massage therapy	40% after deductible	50% after deductible	60% after deductible
Dental services for under age 19	Covered	Covered	Covered
Vision exam for under age 19	\$0/visit	\$0/visit	50%
Vision hardware for under age 19	0%	0%	50%
Prescription medications	One copay for a 30-day supply.		
Value	\$2	\$2	\$2
Select	35% after deductible	35% after deductible	35% after deductible
Preferred	35% after deductible	35% after deductible	35% after deductible
Non-Preferred	40% after deductible	40% after deductible	40% after deductible
Preferred Specialty	35% after deductible	35% after deductible	Not covered
Non-Preferred Specialty	40% after deductible	40% after deductible	Not covered
Features			
Metallic level	● Expanded Bronze		
Exchange	On and Off		
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.