

# 2026 Medical plan benefit summary

## ● Moda Select Alaska Silver 2900 Direct

|                                                                                                    | Tier 1 - you pay                                                                                                                                                                                                                                                                                                                               | Tier 2 - you pay     | Tier 3 - you pay     |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Calendar year costs</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Deductible per person                                                                              | \$2,900                                                                                                                                                                                                                                                                                                                                        | \$5,800              | \$17,400             |
| Deductible per family                                                                              | \$5,800                                                                                                                                                                                                                                                                                                                                        | \$11,600             | \$34,800             |
| Out-of-pocket max per person                                                                       | \$8,700                                                                                                                                                                                                                                                                                                                                        | \$8,700              | \$26,100             |
| Out-of-pocket max per family                                                                       | \$17,400                                                                                                                                                                                                                                                                                                                                       | \$17,400             | \$52,200             |
| <b>Care &amp; services</b>                                                                         |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Preventive care visit                                                                              |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| <i>Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act</i> | \$0/visit                                                                                                                                                                                                                                                                                                                                      | \$0/visit            | 60% after deductible |
| Primary care provider (PCP) office visit                                                           |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| <i>First 2 Tier 1 in person or virtual PCP visits at \$5</i>                                       | \$35/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Specialist office visit                                                                            | \$70/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Urgent care visit                                                                                  | \$70/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Virtual care visit                                                                                 | \$25/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Outpatient diagnostic X-ray & lab                                                                  | 35% after deductible                                                                                                                                                                                                                                                                                                                           | 40% after deductible | 60% after deductible |
| Emergency room visit                                                                               | 35% after deductible                                                                                                                                                                                                                                                                                                                           | 35% after deductible | 35% after deductible |
| Ambulance                                                                                          | 35% after deductible                                                                                                                                                                                                                                                                                                                           | 35% after deductible | 35% after deductible |
| Inpatient/outpatient care                                                                          | 35% after deductible                                                                                                                                                                                                                                                                                                                           | 40% after deductible | 60% after deductible |
| Behavioral health office visit                                                                     |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| <i>First 2 Tier 1 behavioral health visits at \$5</i>                                              | \$35/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Physical, speech or occupational therapy visit                                                     | \$70/visit                                                                                                                                                                                                                                                                                                                                     | 40%                  | 60% after deductible |
| Acupuncture, spinal manipulation & massage therapy                                                 | \$35/visit                                                                                                                                                                                                                                                                                                                                     | 40% 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                                                                                             | \$20                                                                                                                                                                                                                                                                                                                                           | \$20                 | \$20                 |
| Preferred                                                                                          | 40%                                                                                                                                                                                                                                                                                                                                            | 40%                  | 40%                  |
| Non-Preferred                                                                                      | 50% after deductible                                                                                                                                                                                                                                                                                                                           | 50% after deductible | 50% after deductible |
| Preferred Specialty                                                                                | 40%                                                                                                                                                                                                                                                                                                                                            | 40%                  | Not covered          |
| Non-Preferred Specialty                                                                            | 50% after deductible                                                                                                                                                                                                                                                                                                                           | 50% after deductible | Not covered          |
| <b>Features</b>                                                                                    |                                                                                                                                                                                                                                                                                                                                                |                      |                      |
| Metallic level                                                                                     | ● Silver                                                                                                                                                                                                                                                                                                                                       |                      |                      |
| Exchange                                                                                           | Off                                                                                                                                                                                                                                                                                                                                            |                      |                      |
| Medicare Part D creditable                                                                         | 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.