2026 Medical plan benefit summary



Moda Select Alaska Standard Silver - 73% CSR			
	Tier 1 - you pay	Tier 2 - you pay	Tier 3 - you pay
Calendar year costs			
Deductible per person	\$3,000	\$3,000	\$17,100
Deductible per family	\$6,000	\$6,000	\$34,200
Out-of-pocket max per person	\$7,400	\$7,400	\$22,200
Out-of-pocket max per family	\$14,800	\$14,800	\$44,400
Care & services			
Preventive care visit Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) office visit	\$40/visit	\$40/visit	60% after deductible
Specialist office visit	\$80/visit	\$80/visit	60% after deductible
Jrgent care visit	\$60/visit	\$60/visit	60% after deductible
/irtual care visit	\$40/visit	\$40/visit	60% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	40% after deductible	60% after deductible
mergency room visit	40% after deductible	40% after deductible	40% after deductible
Ambulance	40% after deductible	40% after deductible	40% after deductible
npatient/outpatient care	40% after deductible	40% after deductible	60% after deductible
ehavioral health office visit	\$40/visit	\$40/visit	60% after deductible
Physical, speech or occupational therapy visit	\$40/visit	\$40/visit	60% after deductible
Acupuncture, spinal nanipulation & massage therapy	\$40/visit	\$40/visit	60% after deductible
Dental services for under age 19	Covered	Covered	Covered
ision exam for under age 19	\$0/visit	\$0/visit	50%
ision hardware for under age 19	0%	0%	50%
rescription medications	One copay for a 30-day supply.		
'alue	\$20	\$20	\$20
elect	\$20	\$20	\$20
referred	\$40	\$40	\$40
Non-Preferred	\$80 after deductible	\$80 after deductible	\$80 after deductible
referred Specialty	\$350 after deductible	\$350 after deductible	Not covered
Non-Preferred Specialty	\$350 after deductible	\$350 after deductible	Not covered
eatures			
Metallic level	Silver		
Exchange	On		
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		
iervice 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 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.