2026 Medical plan benefit summary

Moda Select Alaska Standard Silver - 94% CSR

	Tier 1 - you pay	Tier 2 - you pay	Tier 3 - you pay
Calendar year costs			
Deductible per person	$0	$0	$0
Deductible per family	$0	$0	$0
Out-of-pocket max per person	$2,200	$2,200	$6,600
Out-of-pocket max per family	$4,400	$4,400	$13,200
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%
Primary care provider (PCP) office visit	$0/visit	$0/visit	60%
Specialist office visit	$10/visit	$10/visit	60%
Urgent care visit	$5/visit	$5/visit	60%
Virtual care visit	$0/visit	$0/visit	60%
Outpatient diagnostic X-ray & lab	25%	25%	60%
Emergency room visit	25%	25%	25%
Ambulance	25%	25%	25%
Inpatient/outpatient care	25%	25%	60%
Behavioral health office visit	$0/visit	$0/visit	60%
Physical, speech or occupational therapy visit	$0/visit	$0/visit	60%
Acupuncture, spinal manipulation & massage therapy	$0/visit	$0/visit	60%
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	$0	$0	$0
Select	$0	$0	$0
Preferred	$15	$15	$15
Non-Preferred	$50	$50	$50
Preferred Specialty	$150	$150	Not covered
Non-Preferred Specialty	$150	$150	Not covered
Features			
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		
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.