

moda



Alaska 2021

Individual and family medical plans - Pioneer

+ Dental plans that will make you smile

 DELTA DENTAL®



Welcome to Moda Assurance Company and Delta Dental of Alaska, the place you go when you want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.



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How your health plan *works*

Knowledge is power. When you get to know your health plan, you can get the most out of your benefits. As your partner on the journey to better health and wellness, we're here to help you feel your best and empower you to live your best.

Preventive care matters

Regular checkups are vital to staying well. And, when you feel good, it's easier to create healthy moments.

Preventive care services include:

- Preventive health exams
- Well-baby care
- Women's annual exams
- Many immunizations
- Colorectal cancer and other health screenings

Medication tiers offer ways to save

All of our medical plans include prescription benefits. These benefits connect you with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, nonpreferred, preferred specialty, and nonpreferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amounts, check the plan benefit tables in this brochure. You can visit modahealth.com/pdl and choose "Individual/Family" to search medications and find out your medication tiers and your costs.

Pediatric vision and dental care

Vision care is limited to members under age 19. Embedded pediatric vision coverage comes with all Moda individual plans in Alaska. Embedded pediatric dental care is limited to members under age 19.

TruHearing™

Hearing aids are costly. Using TruHearing makes them more affordable. Eligible members can get a routine hearing aid exam and hearing aids through TruHearing. To schedule an appointment, please call 866-202-2170.

CirrusMD

Text a doctor

Enjoy fast and private access to a dedicated doctor in under a minute – at no cost to you. With the CirrusMD app, all you need is Internet access to:

- Connect with a doctor via text, 24/7, without appointments or time limits
- Ask urgent or general health questions
- Message, share photos or video chat
- Get peace of mind, even at 2 a.m.
- Come back to conversations or follow up as often as you'd like

Moda Health members can sign up for CirrusMD at modahealth.com/cirrusmd. Members can download the CirrusMD app from the App Store or Google Play.

High-deductible health plans

These plans are compatible with a health savings account (HSA). Having an HDHP allows members to use tax-free funds for eligible healthcare expenses. They can simply check to see if their financial institution has an HSA. Members with this plan option can choose a financial institution that offers HSA accounts to get the tax advantages.

Deciding on a plan

Plans vary by premiums, deductibles, copays and coinsurance. Understanding these factors can help you pick the right plan. Generally, you'll pay more for covered doctor visits and other services with a lower-premium plan. A higher-premium plan shares more of those costs, so you'll pay less out-of-pocket for care. Metallic levels (listed below) can help you narrow down what you'll pay each month for coverage.

Metallic levels

- Gold plans typically have higher premiums, but they cover more, too – about 80 percent of the total average cost of care.
- Silver plans sit somewhere in the middle, covering around 70 percent of the total average cost of care.
- Bronze plans provide a little less coverage – about 60 percent of the total average cost of care.

Life's *better* in the network

Health happens, whether at home or on the road. We want to make sure you stay covered, no matter where you go. So, we've made it easy for you to find in-network coverage.

All plans include a provider network

Each medical plan comes with a provider network. This is a group of licensed medical professionals, clinics, pharmacies, labs and hospitals located in a service area. These providers offer quality care and services to Moda members at an agreed-upon cost.

Pioneer Network

Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs; Prince of Wales-Hyder Census Area.

The Pioneer Network was developed to provide cost-effective, coordinated care. Pioneer offers three benefit levels (tiers) of healthcare:

- **Tier One** – Includes: Central Peninsula Hospital, Alaska Regional Hospital, Bartlett Regional Hospital, Mat-Su Regional Medical Center, PeaceHealth Ketchikan Medical Center, South Peninsula Hospital and other professional providers. Visit modahealth.com to see a list of Tier One providers.
- **Tier Two** – It includes the First Choice Network in Alaska.
- **Tier Three** – All other Alaska providers not in Tier One or Tier Two.

You can use any professional provider or hospital in Alaska. However, Tier Three providers can balance bill. You receive the best benefit by using Tier One providers.

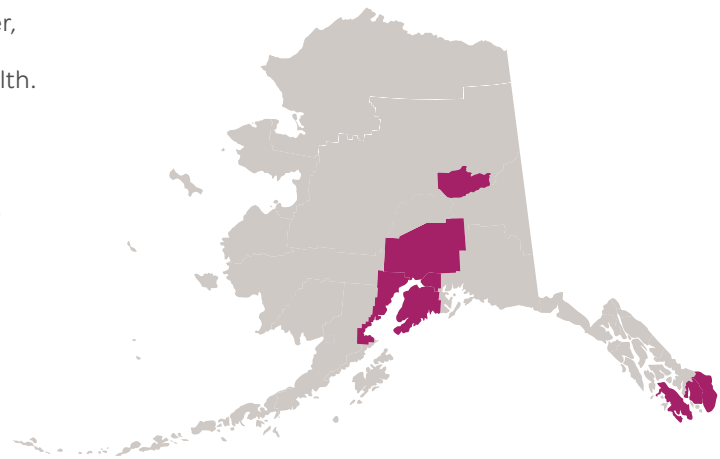
First Health Network outside Alaska

Services received outside Alaska are covered at the Tier One benefit level for urgent and emergency care through providers in the First Health Network.

Care outside of Alaska

Care outside of Alaska is not covered except for:

- Emergency services
- Coverage through medical travel support
- Coverage through out-of-state contracted providers
- Medically necessary non-emergency services that are prior-authorized by Moda



How open enrollment *works*

The open enrollment period for 2021 individual and family medical plans ended on Dec. 15, 2020. However, there is a new open enrollment period for 2021 individual medical and dental plans from February 15, 2021 to May 15, 2021. You can enroll in a plan or switch to a different plan during that time. If you miss this new open enrollment period and experience a life change, you might qualify for special enrollment. For example, having a baby, getting married or divorced, losing health coverage or moving to a new state may make you and those you want to cover eligible. Visit the Learning Center at ShopModaPlans.com to find out more about open and special enrollment.

Eligibility

You must currently live and have a fixed, permanent home address in the service area to be eligible to enroll. You must live in the service area for at least six months of the year. Eligible members include you, your legal spouse or domestic partner and any children up to age 26. Coverage is not available to a person who lives in the service area to get health coverage or for another temporary reason such as getting treatment.

Please note, if your dependents live outside of the service area, for example, they are away at school, they are not eligible for this plan.

Individuals who are enrolled in Medicare (Part A or Part B) or Medicare Advantage cannot enroll in a Moda individual medical plan, regardless of age. Learn more about Medicare at cms.gov, or visit modahealth.com/medicare to see our Medicare Supplement options available in Alaska.

After you enroll

Once you're enrolled, use the ID number you'll receive in your welcome letter to log in to your Member Dashboard at modahealth.com. There, you can find in-network providers, access health resources and review your Member Handbook to get familiar with your plan. When your first bill is ready, you can also manage billing and payment options through eBill using your Member Dashboard.

Follow these simple steps to enroll



Confirm your eligibility

You must currently reside in the service area, and continue to reside in the service area for at least six months out of the year, to be eligible to enroll. Eligible members include you, your legal spouse or domestic partner and any children up to age 26. Any dependents enrolled in your plan must live in the network service area to receive benefits. Coverage is not available to a person who resides in the service area for the primary purpose of obtaining health coverage or receiving treatment.

Find the plan you like

Browse and compare our 2021 plans in this brochure or at ShopModaPlans.com. The website also explains how health plans, healthcare reform and federal financial assistance work – so take a look! For free print copies of medical plan summaries of benefits and coverage (SBCs), please call us. You may also view our Member Handbooks at modahealth.com during open enrollment.

Enroll at ShopModaPlans.com

To enroll during the new open enrollment period, beginning Feb. 15, 2021, visit ShopModaPlans.com to enroll in 2021 Moda plans. Even if you qualify for federal financial assistance, visit us at ShopModaPlans.com to view our plans before you go to HealthCare.gov.

All medical plans are available through Moda or HealthCare.gov. All Delta Dental plans are available through DeltaDentalAK.com/shop and some Delta Dental plans are available through HealthCare.gov.

If you make changes to your medical plan through HealthCare.gov, you must reselect your dental plan or you will lose your dental coverage.

Be sure to enroll before the new open enrollment period ends on May 15, 2021.

Expect *quality* pharmacy benefits

Quality prescription coverage is at the heart of a great plan. We're here to support your pharmacy needs, every step of the way.

Medication tiers offer ways to save

All Moda medical plans include prescription benefits. These benefits connect you with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan. To see medication tier coverage amount, check the plan benefit tables in this brochure. You can visit modahealth.com/pdl to search medications and find your medication tiers and costs.

Value tier medications

Commonly prescribed medications for chronic medical conditions that are safe, effective and more affordable compared to alternative medications.

Select tier medications

Generic medications that are safe and effective and represent the most cost-effective option within their category, and certain brand medications that are both clinically favorable and cost-effective.

Preferred tier medications

Preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

Non-preferred tier medications:

Non-preferred medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under value, select and/or preferred medication tiers.

Preferred specialty tier medications:

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.

Non-preferred specialty tier medications

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring. These medications have been reviewed by the Moda Health Pharmacy and Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

Our pharmacy network

In-network pharmacies are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost you more.

We also offer mail-order pharmacy services through Postal Prescription Services (PPS).

For specialty pharmacy needs, we connect you with our exclusive specialty pharmacy provider.

Find an in-network pharmacy

Visit modahealth.com and use Find Care. Choose the Navitus pharmacy network to see what's nearby.

2021 Medical plan benefit table

	Moda Pioneer Gold 1500			Moda Pioneer Silver 4500		
	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) 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	\$1,500 ¹	\$3,000 ²	\$9,000	\$4,500 ¹	\$6,000 ²	\$18,000
Deductible per family	\$3,000 ¹	\$6,000 ²	\$18,000	\$9,000 ¹	\$12,000 ²	\$36,000
Out-of-pocket max per person	\$6,000 ³	\$6,000 ⁴	\$18,000	\$7,350 ³	\$8,150 ⁴	\$24,450
Out-of-pocket max per family	\$12,000 ³	\$12,000 ⁴	\$36,000	\$14,700 ³	\$16,300 ⁴	\$48,900
Care & services						
Preventive care visit ⁵	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$25/visit ⁶	40%	60% after deductible	\$25/visit ⁶	40%	60% after deductible
Specialist office visit	\$50/visit	40%	60% after deductible	\$50/visit	40%	60% after deductible
Urgent care visit	\$50/visit	40%	60% after deductible	\$50/visit	40%	60% after deductible
Virtual care visit	\$15/visit	40%	60% after deductible	\$15/visit	40%	60% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	40% after deductible	60% after deductible	30% after deductible	40% after deductible	60% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	40% after deductible	60% after deductible	30% after deductible	40% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	\$25/visit	40%	60% after deductible	\$25/visit	40%	60% after deductible
Physical, speech or occupational therapy visit	\$50/visit	40%	60% after deductible	\$50/visit	40%	60% after deductible
Acupuncture and spinal manipulation services	\$25/visit	40% after deductible	60% after deductible	\$25/visit	40% after deductible	60% after deductible
Massage therapy	\$25/visit	40% after deductible	60% after deductible	\$25/visit	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0%	0%	50%	0%	0%	50%
Pediatric vision hardware	0%	0%	50%	0%	0%	50%
Prescription medications⁷						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$10	\$10	\$10	\$20	\$20	\$20
Preferred	\$45	\$45	\$45	\$60	\$60	\$60
Non-Preferred	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Preferred Specialty	40% after deductible	40% after deductible	Not covered	40% after deductible	40% after deductible	Not covered
Non-Preferred Specialty	50% after deductible	50% after deductible	Not covered	50% after deductible	50% after deductible	Not covered
Features						
Metallic level	● Gold			● Silver		
Exchange	In and Out			In and Out		
Medicare Part D creditable	Yes			Yes		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs; Prince of Wales-Hyder Census Area			Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs; Prince of Wales-Hyder Census Area		
Network	Pioneer			Pioneer		
Additional benefits ⁸	Includes adult vision/mandated hearing			Includes adult vision/mandated hearing		

1 Tier 2 deductible applies
2 Tier 1 deductible applies
3 Tier 2 out-of-pocket maximum applies
4 Tier 1 out-of-pocket maximum applies
5 Preventive care required under the Affordable Care Act
6 No cost sharing for first 2 PCP visits per year
7 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
8 This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Assurance Company policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Medical plan benefit table

	Moda Pioneer Bronze 6500		
	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs			
Deductible per person	\$6,500 ¹	\$7,500 ²	\$22,500
Deductible per family	\$13,000 ¹	\$15,000 ²	\$45,000
Out-of-pocket max per person	\$8,000 ³	\$8,000 ⁴	\$24,000
Out-of-pocket max per family	\$16,000 ³	\$16,000 ⁴	\$48,000
Care & services			
Preventive care visit ⁵	\$0/visit	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$30/visit	40% after deductible	60% after deductible
Specialist office visit	\$60/visit	40% after deductible	60% after deductible
Urgent care visit	\$60/visit	40% after deductible	60% after deductible
Virtual care visit	\$20/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	60% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient Care	30% after deductible	50% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	\$30/visit	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$60/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	\$30/visit	50% after deductible	60% after deductible
Massage therapy	\$30/visit	50% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	0%	0%	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications⁶			
Value	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible
Preferred	30% after deductible	30% after deductible	30% after deductible
Non-Preferred	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	35% after deductible	35% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	45% after deductible	Not covered
Features			
Metallic level	● Bronze		
Exchange	In and Out		
Medicare Part D creditable	No		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs; Prince of Wales-Hyder Census Area		
Network	Pioneer		
Additional benefits ⁷	Includes Alaska mandated hearing/vision		

1 Tier 2 deductible applies
 2 Tier 1 deductible applies
 3 Tier 2 out-of-pocket maximum applies
 4 Tier 1 out-of-pocket maximum applies

5 Preventive care required under the Affordable Care Act
 6 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
 7 This plan includes mandated hearing and vision. For more details contact your sales and service representative.

These benefits and Moda Assurance Company policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



Tax advantages with an HDHP

Our health savings account (HSA)-compatible, high-deductible PPO health plans (HDHP) give you flexibility and choice. You have the freedom to choose any financial institution for your HSA. You can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by your health plan.

Calendar year costs

Deductible

If you have subscriber-only coverage, you must meet the per-person deductible. If your plan covers more than one person, you must meet the total family deductible before benefits are payable.

Out-of-pocket maximum

After you meet the per-person or per-family out-of-pocket maximum, the plan pays 100 percent of covered care for the remainder of the year. If your plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

Eligibility

Anyone can enroll in a Moda Assurance Company HDHP, even if you do not have an HSA.

To be eligible to participate in an HSA, you must:

- Use a financial institution that has an HSA option
- Be covered by a Moda Assurance Company HDHP. See this plan on page 17
- Not be covered under another non-HSA-compatible medical plan (including your spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

2021 Medical HDHP plan benefit table

	Moda Pioneer Bronze HDHP 5500		
	Tier 1 benefits you pay	Tier 2 benefits you pay	Tier 3 (out-of-network) you pay
Calendar year costs			
Deductible per person	\$5,500 ¹	\$6,000 ²	\$18,000
Deductible per family	\$11,000 ¹	\$12,000 ²	\$36,000
Out-of-pocket max per person	\$7,000 ³	\$7,000 ⁴	\$21,000
Out-of-pocket max per family	\$14,000 ³	\$14,000 ⁴	\$42,000
Care & services			
Preventive care visit ⁵	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) office visit	35% after deductible	50% after deductible	60% after deductible
Specialist office visit	35% after deductible	50% after deductible	60% after deductible
Urgent care visit	35% after deductible	50% after deductible	60% after deductible
Virtual care visit	35% after deductible	50% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	35% after deductible	50% 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	50% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	35% after deductible	50% after deductible	60% after deductible
Physical, speech or occupational therapy visit	35% after deductible	50% after deductible	60% after deductible
Acupuncture and spinal manipulation services	35% after deductible	50% after deductible	60% after deductible
Massage therapy	35% after deductible	50% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	50%
Pediatric vision hardware	0% after deductible	0% after deductible	50%
Prescription medications⁶			
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	● Bronze		
Exchange	In and Out		
Medicare Part D creditable	No		
Service area	Municipality of Anchorage, Fairbanks North Star, Ketchikan Gateway, Kenai Peninsula and Mat-Su Boroughs; Prince of Wales-Hyder Census Area		
Network	Pioneer		
Additional benefits ⁷	Includes mandated hearing		

1 Tier 2 deductible applies
 2 Tier 1 deductible applies
 3 Tier 2 out-of-pocket maximum applies
 4 Tier 1 out-of-pocket maximum applies

5 Preventive care required under the Affordable Care Act
 6 90-day supply when filled at a retail or mail-order pharmacy. Copay amounts are per 30-day supply. Some medications require special fulfillment through an exclusive pharmacy provider.
 7 This plan includes mandated hearing and vision. For more details contact your sales and service representative.

These benefits and Moda Assurance Company policies are subject to change in order to be compliant with state and federal guidelines. This table provides summaries of various health plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

Limitations and exclusions for medical plans

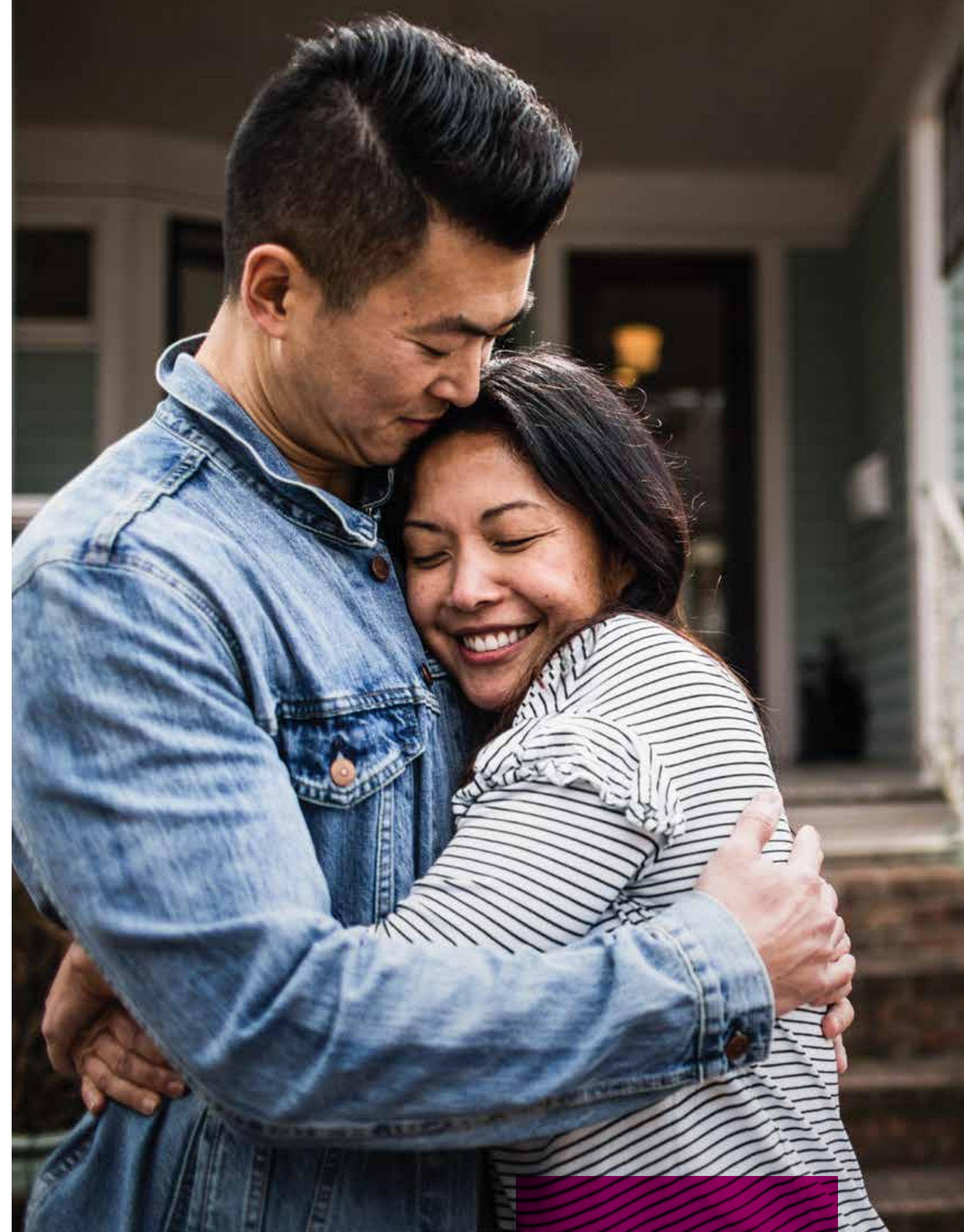
These are some common limitations and exclusions for our Moda Assurance Company Individual and family medical plans. For a full list of limitations and exclusions per plan, or for copies of plan summaries of benefits and coverage (SBCs), please call us toll-free at 888-374-8910.

Limitations

- Acupuncture, massage therapy and spinal manipulations limited to 24 visits each per calendar year
- Authorization by Moda is required for all medical and surgical admissions and some outpatient services and medications
- Coordination of benefits. When a member has other health coverage, combined benefits for all plans is limited to the maximum plan allowance for all covered services.
- For plans with adult vision care, vision exam and lenses or contacts covered once per calendar year for members age 19 and older. One pair of frames covered every 2 years.
- Hearing aids are covered once every 3 calendar years
- Home healthcare limited to 130 visits per calendar year
- Hospice benefits limited to 10 days of inpatient care and 240 hours of respite care
- Inpatient rehabilitative and chronic pain care is limited to 30 days per calendar year; outpatient rehabilitation and habilitation benefits are limited to 45 sessions per calendar year (the limit does not apply to members under 21 with autism spectrum disorders). Limits apply separately to rehabilitation and habilitation services.
- Orthodontia limited to dependent children under ages 19 only when medically necessary
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy for most medications
- Skilled nursing facility limited to 60 days per calendar year
- Specialty medications must be obtained from a Moda-designated specialty pharmacy
- Transplants must be performed at a Center of Excellence facility to be eligible for coverage. Round-trip transportation and lodging up to \$7,500 per transplant.
- Vision exam and glasses or contacts are covered once per calendar year for members under age 19

Exclusions

- Any expense that results from an illegal act
- Any expense members or their dependents do not have to pay
- Care outside the United States, other than emergency or urgent care
- Charges above the maximum plan allowance
- Cosmetic services and supplies (exception for reconstructive surgery if medically necessary and not specifically excluded)
- Court-ordered services, except when medically necessary
- Custodial care
- Dental examinations and treatment over age 18 (exception for accidental injury)
- Experimental or investigational treatment, except routine costs for qualified clinical trials
- Infertility (services or supplies for treatment of, including reversal of sterilization)
- Instruction programs, except as provided for under the health education services benefit
- Intellectual disability
- Naturopathic and homeopathic remedies
- Obesity (all services and supplies except those required under the Affordable Care Act)
- Optional services or supplies, including those for comfort, convenience, environmental control or education, and treatment not medically necessary
- Orthognathic surgery
- Personality disorders
- Professional athletic events
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Services provided by the patient or a member of the patient's immediate family, other than services by a dental provider
- Temporomandibular Joint Syndrome (TMJ)
- Treatment of sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye



Calculate what you pay each month

As your healthcare partner and your guide to accessing quality care, we're here to help you understand the amount you pay each month for coverage.

What affects your premium?

The plan, your age and the ages of your dependents affect your premium amount. If you have more than three dependents under age 21 on the plan, you will only be charged a premium for the first three. Child dependents ages 21 through 25 will each have a premium based on their age. For medical plans, your rating area, or where you live, also matters. The maps on page 21 show the rating area locations and list the boroughs or census area in each rating area.

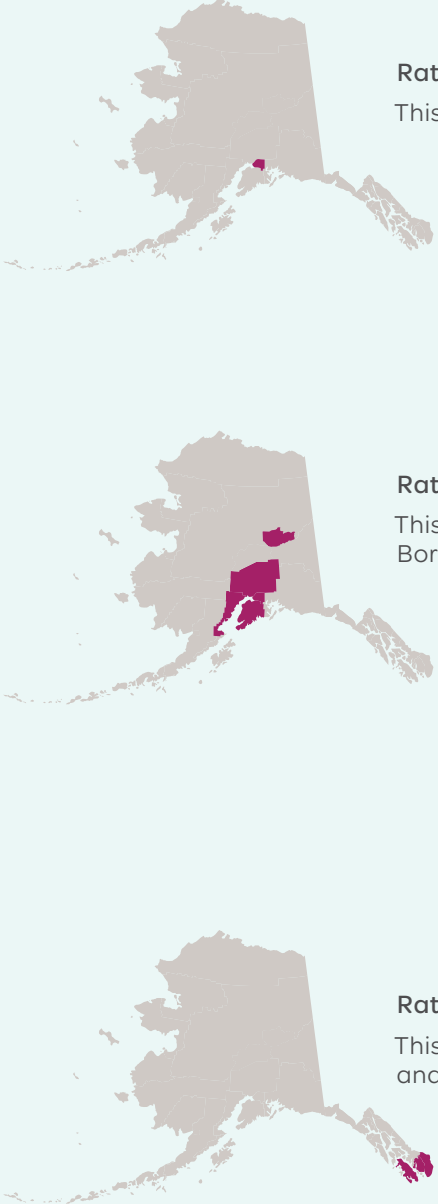
If you qualify for federal financial assistance, it may cover some of your premium. To find out what you'd pay with this assistance, visit the Marketplace at [HealthCare.gov](https://www.healthcare.gov).

How your premium could change

2021 premiums are effective Jan. 1, 2021, through Dec. 31, 2021. Your premium could change during the plan year if you add a family member through a special enrollment. If that happens, in most cases the new premium is effective the first of the month following the special enrollment event. Your premium may also change if you remove a family member. Having a birthday during a plan year won't affect your current premium. When you renew your plan in January, your premium will reflect the current plan amount for your age.

Yearly premium updates

We adjust premiums for individual and family plans each year. You'll receive a renewal notice 90 days prior to the new plan effective date explaining any changes to your plan and premium.



Rating Area 1 *page 22*
This area includes Municipality of Anchorage.

Rating Area 2 *page 22*
This area includes Fairbanks North Star Borough, Kenai Peninsula and Mat-Su Boroughs.

Rating Area 3 *page 24*
This area includes Ketchikan Gateway Borough and Prince of Wales-Hyder Census Area.

Medical plan premiums for rating area 1

This area includes Municipality of Anchorage.



Age	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
● Moda Pioneer Gold 1500	\$374	\$407	\$419	\$432	\$446	\$460	\$474	\$488	\$488	\$488	\$488	\$490	\$500	\$512	\$531	\$546	\$554	\$566	\$578	\$585	\$593	\$597	\$601	\$605	\$608	\$616
● Moda Pioneer Silver 4500	\$412	\$449	\$463	\$477	\$492	\$507	\$523	\$539	\$539	\$539	\$539	\$541	\$552	\$565	\$586	\$603	\$612	\$625	\$638	\$646	\$654	\$659	\$663	\$667	\$672	\$680
● Moda Pioneer Bronze 6500	\$261	\$284	\$293	\$302	\$311	\$321	\$331	\$341	\$341	\$341	\$341	\$342	\$349	\$357	\$371	\$381	\$387	\$395	\$403	\$408	\$414	\$417	\$419	\$422	\$425	\$430
● Moda Pioneer Bronze HDHP 5500	\$267	\$291	\$300	\$309	\$319	\$328	\$339	\$349	\$349	\$349	\$349	\$350	\$357	\$366	\$379	\$391	\$396	\$405	\$413	\$418	\$424	\$427	\$429	\$432	\$435	\$440

Age	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Pioneer Gold 1500	\$624	\$636	\$647	\$663	\$682	\$705	\$732	\$763	\$798	\$833	\$872	\$911	\$953	\$996	\$1,043	\$1,089	\$1,139	\$1,190	\$1,244	\$1,271	\$1,325	\$1,372	\$1,403	\$1,442	\$1,464
● Moda Pioneer Silver 4500	\$689	\$702	\$714	\$732	\$753	\$778	\$809	\$843	\$881	\$920	\$963	\$1,005	\$1,052	\$1,100	\$1,151	\$1,202	\$1,258	\$1,314	\$1,374	\$1,403	\$1,463	\$1,515	\$1,549	\$1,591	\$1,617
● Moda Pioneer Bronze 6500	\$436	\$444	\$452	\$463	\$476	\$492	\$511	\$533	\$557	\$581	\$609	\$636	\$665	\$695	\$728	\$760	\$795	\$831	\$868	\$887	\$925	\$958	\$979	\$1,006	\$1,023
● Moda Pioneer Bronze HDHP 5500	\$446	\$454	\$462	\$474	\$488	\$504	\$524	\$546	\$571	\$595	\$623	\$651	\$681	\$712	\$745	\$778	\$814	\$851	\$889	\$909	\$947	\$981	\$1,003	\$1,030	\$1,047

Medical plan premiums for rating area 2

This area includes Fairbanks North Star Borough, Kenai Peninsula and Mat-Su Boroughs.



Age	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
● Moda Pioneer Gold 1500	\$374	\$407	\$419	\$432	\$446	\$460	\$474	\$488	\$488	\$488	\$488	\$490	\$500	\$512	\$531	\$546	\$554	\$566	\$578	\$585	\$593	\$597	\$601	\$605	\$608	\$616
● Moda Pioneer Silver 4500	\$412	\$449	\$463	\$477	\$492	\$507	\$523	\$539	\$539	\$539	\$539	\$541	\$552	\$565	\$586	\$603	\$612	\$625	\$638	\$646	\$654	\$659	\$663	\$667	\$672	\$680
● Moda Pioneer Bronze 6500	\$261	\$284	\$293	\$302	\$311	\$321	\$331	\$341	\$341	\$341	\$341	\$342	\$349	\$357	\$371	\$381	\$387	\$395	\$403	\$408	\$414	\$417	\$419	\$422	\$425	\$430
● Moda Pioneer Bronze HDHP 5500	\$267	\$291	\$300	\$309	\$319	\$328	\$339	\$349	\$349	\$349	\$349	\$350	\$357	\$366	\$379	\$391	\$396	\$405	\$413	\$418	\$424	\$427	\$429	\$432	\$435	\$440

Age	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Pioneer Gold 1500	\$624	\$636	\$647	\$663	\$682	\$705	\$732	\$763	\$798	\$833	\$872	\$911	\$953	\$996	\$1,043	\$1,089	\$1,139	\$1,190	\$1,244	\$1,271	\$1,325	\$1,372	\$1,403	\$1,442	\$1,464
● Moda Pioneer Silver 4500	\$689	\$702	\$714	\$732	\$753	\$778	\$809	\$843	\$881	\$920	\$963	\$1,005	\$1,052	\$1,100	\$1,151	\$1,202	\$1,258	\$1,314	\$1,374	\$1,403	\$1,463	\$1,515	\$1,549	\$1,591	\$1,617
● Moda Pioneer Bronze 6500	\$436	\$444	\$452	\$463	\$476	\$492	\$511	\$533	\$557	\$581	\$609	\$636	\$665	\$695	\$728	\$760	\$795	\$831	\$868	\$887	\$925	\$958	\$979	\$1,006	\$1,023
● Moda Pioneer Bronze HDHP 5500	\$446	\$454	\$462	\$474	\$488	\$504	\$524	\$546	\$571	\$595	\$623	\$651	\$681	\$712	\$745	\$778	\$814	\$851	\$889	\$909	\$947	\$981	\$1,003	\$1,030	\$1,047

Premiums effective Jan. 1, 2021, through Dec. 31, 2021

Medical plan premiums for rating area 3

This area includes Ketchikan Gateway Borough and Prince of Wales-Hyder Census Area.



Age	0-14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
● Moda Pioneer Gold 1500	\$374	\$407	\$419	\$432	\$446	\$460	\$474	\$488	\$488	\$488	\$488	\$490	\$500	\$512	\$531	\$546	\$554	\$566	\$578	\$585	\$593	\$597	\$601	\$605	\$608	\$616
● Moda Pioneer Silver 4500	\$412	\$449	\$463	\$477	\$492	\$507	\$523	\$539	\$539	\$539	\$539	\$541	\$552	\$565	\$586	\$603	\$612	\$625	\$638	\$646	\$654	\$659	\$663	\$667	\$672	\$680
● Moda Pioneer Bronze 6500	\$261	\$284	\$293	\$302	\$311	\$321	\$331	\$341	\$341	\$341	\$341	\$342	\$349	\$357	\$371	\$381	\$387	\$395	\$403	\$408	\$414	\$417	\$419	\$422	\$425	\$430
● Moda Pioneer Bronze HDHP 5500	\$267	\$291	\$300	\$309	\$319	\$328	\$339	\$349	\$349	\$349	\$349	\$350	\$357	\$366	\$379	\$391	\$396	\$405	\$413	\$418	\$424	\$427	\$429	\$432	\$435	\$440

Age	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
● Moda Pioneer Gold 1500	\$624	\$636	\$647	\$663	\$682	\$705	\$732	\$763	\$798	\$833	\$872	\$911	\$953	\$996	\$1,043	\$1,089	\$1,139	\$1,190	\$1,244	\$1,271	\$1,325	\$1,372	\$1,403	\$1,442	\$1,464
● Moda Pioneer Silver 4500	\$689	\$702	\$714	\$732	\$753	\$778	\$809	\$843	\$881	\$920	\$963	\$1,005	\$1,052	\$1,100	\$1,151	\$1,202	\$1,258	\$1,314	\$1,374	\$1,403	\$1,463	\$1,515	\$1,549	\$1,591	\$1,617
● Moda Pioneer Bronze 6500	\$436	\$444	\$452	\$463	\$476	\$492	\$511	\$533	\$557	\$581	\$609	\$636	\$665	\$695	\$728	\$760	\$795	\$831	\$868	\$887	\$925	\$958	\$979	\$1,006	\$1,023
● Moda Pioneer Bronze HDHP 5500	\$446	\$454	\$462	\$474	\$488	\$504	\$524	\$546	\$571	\$595	\$623	\$651	\$681	\$712	\$745	\$778	\$814	\$851	\$889	\$909	\$947	\$981	\$1,003	\$1,030	\$1,047

Quality coverage for your *smile*

Healthy teeth are happy teeth. With our Delta Dental of Alaska plans, you'll have access to quality in-network dentists.

Dental benefit highlights

Our Delta Dental of Alaska plans connect you with great benefits and quality in-network dentists. You can count on:

- Freedom to choose a dentist
- Savings from in-network dentists
- Cleanings every six months
- Predetermination of benefits if requested in a pretreatment plan
- No claim forms
- Fast and accurate claims payment
- Superior customer service

Our dental plans also include useful online tools, resources and special programs if you need a little extra attention for your pearly whites.

Dental tools

To get started, log in to your Member Dashboard at DeltaDentalAK.com and look for Dental tools. Then try out tools like risk assessment quizzes and a treatment cost calculator. Use these dental tools to:

- Ask a dentist questions
- Learn about preventing dental diseases
- Look up new and effective treatments
- Find out how to lower your costs

Dental coverage options

We offer a variety of plans. Choose the one that is right for you.

Delta Dental Premier® plan

Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental PPOSM plans

The PPO plan is only available to members residing in the Anchorage, Fairbanks North Star Borough, or Mat-Su Valley areas for at least six months out of the year. If you reside outside of these areas you are not eligible to enroll in a PPO plan. These plans connect you with providers in the Delta Dental PPO Network to help save on out-of-pocket costs. Members receive in-network benefits when seeing a Delta Dental PPO Network dentist. For out-of-network benefits, members can save money by seeing providers in the Delta Dental Premier Network. In both cases, providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental Premier Healthy Smiles plan

This Premier plan is available to all individual members residing in Alaska. Benefits only cover members under age 19. Members can save money by seeing providers in the Delta Dental Premier Network. These providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental Premier Preventive Alaska Mandated Plan

This plan connects members with the Delta Dental Premier Network. It is a preventive-focused plan with limited benefits for basic and major services. These providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Delta Dental networks go where you go

Each Delta Dental of Alaska plan comes with a Delta Dental network. The Delta Dental network includes hundreds of dentists across the state and thousands throughout the country. In-network dentists agree to accept our contracted fees as full payment. This means they don't balance bill – the difference between the allowed amount and the dentist's billed charge. This can help you save on out-of-pocket costs. If you see providers outside the network, you may pay more for care.

Dental networks

Delta Dental Premier® Network

Wherever members go, their Delta Dental of Alaska benefits go with them. This is the largest dental network in Alaska and one of the largest dental networks across the nation. It includes approximately 90% of dentists in Alaska and over 156,000 Delta Dental Premier dentists nationwide, serving 50 states, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands and the Virgin Islands.

Delta Dental PPOSM Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 220 participating providers and offers access to over 114,000 Delta Dental PPO dentists nationwide.

Is a dentist in-network?

To find out, visit DeltaDentalAK.com and use the find a dentist tool.



Enroll in a dental plan

To enroll in a dental plan, please see "How open enrollment works" on page 8.

2021 Dental plan benefit table

	Delta Dental Premier®		Delta Dental PPO SM 1000				Delta Dental PPO SM 1500				Delta Dental Premier Healthy Smiles	
	Ages 0 – 18, members pay	Ages 19+, members pay	Ages 0 – 18		Ages 19+		Ages 0 – 18		Ages 19+		Ages 0 – 18, members pay	Ages 19+, members pay
			In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay	In-network, members pay	Out-of-network, members pay		
Calendar year costs												
Deductible per person	\$0		\$0				\$0				\$0	
Out-of-pocket maximum per person (ages 0 – 18)	\$350 for one member / \$700 for two or more members		\$350 for one member / \$700 for two or more member (in-network only)				\$350 for one member / \$700 for two or more members (in-network only)				\$350 for one member / \$700 for two or more members	
Annual maximum plan payment limit (ages 19+)	\$1,000		\$1,000				\$1,500				N/A	
Class 1												
Exams and X-rays	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Cleanings	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Periodontal maintenance	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Sealants	30%	20%	10%	50%	0%	50%	10%	50%	0%	50%	30%	Not covered
Topical fluoride	30%	20% ¹	10%	50%	0% ¹	50% ¹	10%	50%	0% ¹	50% ¹	30%	Not covered
Class 2												
Space maintainers	70%	Not covered	50%	70%	Not covered	Not covered	50%	70%	Not covered	Not covered	70%	Not covered
Restorative fillings ²	70%	35%	50%	70%	20%	50%	50%	70%	20%	50%	70%	Not covered
Class 3												
Oral surgery ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Endodontics ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Periodontics ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Restorative crowns ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Bridges ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Partial and complete dentures ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Anesthesia ³	70%	50%	70%	70%	50%	50%	70%	70%	50%	50%	70%	Not covered
Orthodontia ⁴	70%	Not covered	70%	70%	Not covered	Not covered	70%	70%	Not covered	Not covered	70%	Not covered
Features												
Provider network	Delta Dental Premier Network		Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental PPO Network: No	Delta Dental Premier Network: No Nonparticipating: Yes	Delta Dental Premier network: No Nonparticipating: Yes	

¹ For ages 19 and above, covered once in a 6-month period if there is a recent history of periodontal surgery or high risk of decay because of medial disease or chemotherapy or similar type of treatment.

² 6-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental Policy.

³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental Policy.

⁴ Only medically necessary orthodontia is covered.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.

2021 Dental plan benefit table

	Delta Dental Premier Preventive Alaska Mandated Plan	
	Ages 0 – 18, members pay	Ages 19+, members pay
Calendar year costs		
Deductible per person	\$25	
Deductible per family	\$75	
Out-of-pocket maximum per person	N/A	
Annual maximum plan payment limit	\$500	
Class 1		
Exams and X-rays	0% after deductible	0% after deductible
Cleanings	0% after deductible	0% after deductible
Periodontal maintenance	0% after deductible	0% after deductible
Sealants	0% after deductible	0% after deductible
Topical fluoride	0% after deductible	0% after deductible ¹
Space maintainers (Not covered for members age 14 and over)	0% after deductible	Not covered
Class 2		
Oral surgery ²	90% after deductible	90% after deductible
Endodontics ²	90% after deductible	90% after deductible
Periodontics ²	90% after deductible	90% after deductible
Anesthesia ²	90% after deductible	90% after deductible
Restorative fillings ²	90% after deductible	90% after deductible
Class 3		
Restorative crowns ³	90% after deductible	90% after deductible
Bridges ³	90% after deductible	90% after deductible
Partial and complete dentures ³	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and above, covered once in a 6-month period if there is a recent history of periodontal surgery or high risk of decay because of medical disease or chemotherapy or similar type of treatment.

² 6-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental Policy.

³ 12-month exclusion period applies for ages 19 and over. The exclusion period may be waived with documentation of 12 continuous months of prior dental coverage, with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2021 Delta Dental Policy.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various dental plans and is not a contract. If there is any discrepancy between the summaries and the contract, it is the contract that will control.



Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2021 Delta Dental of Alaska Individual and family dental plans. For a full list of limitations and exclusions per plan or for copies of plan summaries, please call us toll-free at 888-374-8910.

Limitations

- Delta Dental Premier Healthy Smiles plan benefits are only available for members under age 19
- Delta Dental Premier Preventive Alaska Mandated Plan includes preventive services, as well as limited benefits for basic and major services

Class 1

- Bitewing X-rays once in a 6-month period under age 19 and once in a 12-month period age 19 and over
- Exam once in a 6-month period
- Fluoride is covered once in a 6-month period under age 19
- Full-mouth or panoramic X-rays once in a 5-year period
- Interim caries arresting medicament application is covered twice per tooth per year. For ages 19 and over, many restorations are not covered within 3 months of an interim caries arresting medicament application
- Prophylaxis or periodontal maintenance is covered once in any 6-month period. Additional periodontal maintenance is covered for members with periodontal disease, up to a total of two additional periodontal maintenances per year
- Sealants limited to unrestored occlusal surface of permanent molars once per tooth in a 3-year period under age 19 and once in a 5-year period age 19 and over

Class 2 and Class 3

- Athletic mouth guards are covered once in any 12-month period for members age 15 and under and once in any 2-year period age 16 and over
- Bridges and dentures once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- Crowns and other cast restorations once in a 5-year period under age 19 and once in a 7-year period age 19 and over
- IV sedation or general anesthesia only when in conjunction with a covered surgical procedure performed in a dental office or when necessary due to concurrent medical conditions
- Medically necessary orthodontia covered only for dependent children under age 19
- Occlusal guard (nightguard) covered once per year at 100 percent between ages 13 and 19 and once every 5 years at 100 percent, up to a \$150 maximum, for members age 19 and over.
- Periodontal surgical procedures by the same dentist to the same site are covered once in a 3-year period age 19 and over
- Scaling and root planing once per quadrant in a 2-year period

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide except for IV sedation or general anesthesia with surgical procedures
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for age 19 and over
- Cosmetic services
- Duplication and interpretation of diagnostic images or records (exception for under age 19, only the interpretation of a diagnostic image by a professional not associated with the capture of the image is covered)
- Experimental or investigational procedures
- Hospital costs or other fees for facility or home care
- Implants (except when dentally necessary for members under age 19)
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Over-the-counter athletic mouth guards and occlusal guards
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Self treatment
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Teledentistry, translation or sign language services are not covered as a separate benefit
- Treatment before coverage begins or after coverage terminates
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

Dental plan premiums for Alaska

Age	2021 Delta Dental Premier®	2021 Delta Dental PPO SM 1000	2021 Delta Dental PPO SM 1500	2021 Delta Dental Premier Healthy Smiles Plan	2021 Delta Dental Premier Preventive Alaska Mandated Plan
0-18	\$61	\$55	\$55	\$61	\$30
19-24	\$31	\$30	\$35	\$0 (no benefits)	\$30
25-29	\$31	\$30	\$35	\$0 (no benefits)	\$30
30-34	\$33	\$32	\$38	\$0 (no benefits)	\$30
35-39	\$36	\$35	\$42	\$0 (no benefits)	\$30
40-44	\$38	\$36	\$43	\$0 (no benefits)	\$30
45-49	\$39	\$37	\$44	\$0 (no benefits)	\$30
50-54	\$42	\$41	\$48	\$0 (no benefits)	\$30
55-59	\$47	\$45	\$53	\$0 (no benefits)	\$30
60-63	\$51	\$49	\$58	\$0 (no benefits)	\$30
64+	\$53	\$51	\$61	\$0 (no benefits)	\$30

Premiums effective Jan. 1, 2021, through Dec. 31, 2021



Member care resources

Tools for your *health journey*

Moda Assurance Company and Delta Dental of Alaska are here to help you feel better and live longer. We even have special programs and care teams to support you in reaching your personal health goals.

Get started with your Member Dashboard

Your Member Dashboard is a personalized member website that gives you access to health tools and resources to help you manage your health and benefits. As a member, just log in to your Member Dashboard at modahealth.com to:

- Find in-network providers
- See your benefits and Member Handbook
- Check claims and find claim forms
- Review electronic explanations of benefits (EOBs)
- Access health tools to get and stay healthy
- Look up medication prices
- Download your member ID card
- Access tools to get and stay healthy and manage your dental care needs

Health tools

These helpful tools and resources come with every individual and family plan. Use them to create a healthier you! Simply log in to your Member Dashboard to get started.



Momentum

Take charge of your health – and follow your progress. It's easy with Momentum, powered by Moda Health. Log in to your Member Dashboard and look for Momentum to:

- Take a health assessment and see your "health age"
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



Active&Fit Direct™

Discounted gym membership

Stay active in the gym or at home. With the Active&Fit Direct™ program, you have access to:

- 11,000+ fitness centers across the country
- The option to switch fitness centers to make sure you find the right one
- 1,500+ digital workout videos so you can work out at home or on-the-go
- Activity tracking from a variety of wearable fitness devices and apps



Health coaching

Need a hand with your health? Our health coaches use evidence-based practices to help you set goals and feel your best. Our care programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Kidney Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care
- Weight care



Individual Assistance Program (IAP)

Powered by Cascade Centers, the IAP is a free and confidential service that can assist eligible members with a variety of personal concerns including:

- Marital conflict
- Conflict at work
- Depression or anxiety
- Stress management
- Family relationships
- Financial/legal/consumer concerns
- Alcohol or drug abuse

IAP professional counselors can help you identify problems, establish goals, make recommendations, and develop an action plan.



Care coordination and case management

When you're sick, need hospitalization or surgery, or are seriously injured, we'll give you support – so you can focus on healing. We can help you:

- Understand and utilize all of your benefits
- Navigate the healthcare system
- Communicate with your providers
- Arrange care ordered by your provider
- Find community resources



IDX™ Identity

Keep your information safe with complete identity protection through IDX Identity, offered to members at no extra cost. Now you can spot false claims early and find fraud before it causes you or your family harm.

Simply enroll in IDX Identity for full financial and medical protection. Enrolled members access all monitoring in one user-friendly app.

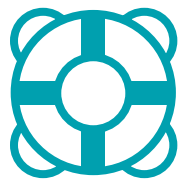


Travel Assist

Need help more than 100 miles from home? Call Assist America® for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Learn more at assistamerica.com. For more information, call 800-304-4585.



Quitting tobacco

Stop smoking or chewing tobacco for good. Under the Affordable Care Act (ACA), coaching to help you stop smoking is covered in full when you see an in-network provider.

Take advantage of Alaska's Tobacco Quit Line:

- Free phone, web and text based support
- Free starter kit with a two-week supply of patches, gum or lozenges



Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Call for guidance on:

- Basic health conditions and symptoms
- Treatment for minor injuries and burns
- Home cold and flu remedies
- When to visit your doctor



Fitbit® personalized wellness program

Stay fit, healthy and connected with Fitbit®. Medical members get discounts on select fit bit devices. And you can join Fitbit Care™ for Moda Health to access Fitbit Premium and health coaching at no cost. From steps to sleep, you'll gain valuable insights into how your behaviors affect your health. Plus, you'll get the tools you need to help kickstart your wellbeing journey. You'll enjoy:

- 1:1 personalized support from a certified health coach
- Access to thousands of dynamic workouts that can be adapted to create the ideal program for you
- Fitness challenges to complete on your own or with others
- Guided programs to help you move more, sleep better and eat well. These programs are customizable, based on your goals and schedule.
- Personalized insights to help improve your health, based on your exercise, heart rate and sleep
- Advanced sleep tools to boost your energy

You can earn a \$25 gift card for setting up your Fitbit care account and completing a two-way interaction with a Fitbit health coach.



Prescription price check

See prescription medication costs and how much you would pay by medication tier at an in-network pharmacy.

This tool makes it easy. Simply log in to your Member Dashboard to find medication cost estimates and generic options.



ChooseHealthy™

You have access to these health and wellness services from ChooseHealthy:

- Discounts of up to 55% on popular health and fitness brands, including Garmin®, Vitamix®, PRO Compression® and Fitbit®
- Savings of up to 25% on services including acupuncture, chiropractic and therapeutic massage. Members will need to see providers who are in the ChooseHealthy network. Since Moda plans include alternative care benefits, members will need to exhaust those benefits before they can use ChooseHealthy for alternative care.
- Access to no-cost online health classes



Healthcare Cost Estimator

You shouldn't learn the cost of care when the bill arrives. The Healthcare Cost Estimator offers you a simple way to understand:

- Procedure costs
- Cost comparisons across providers
- Your specific out-of-pocket costs

Use this tool to shop for cost-effective alternatives and make better, well-informed decisions.

Answers to your questions

Get the most out of your health plan—see answers to common questions.

What payment methods do you accept?

We accept electronic funds transfer (EFT) from a savings or checking account, and ACH (automated clearing house) payments, checks and money orders. Just select the billing and payment option that is best for you:

- **Paper bill.** We'll send you a paper bill in the mail every month. You can mail back your payment in the enclosed envelope or make a payment through electronic funds transfer or eBill.
- **Electronic funds transfer (EFT).** There are three ways to sign up for EFT. You may complete the online application form, the paper application, or contact us and we can help you complete the authorization form. EFT takes place around the fifth of the month and typically takes one or two days to post to your account. Your initial payment may occur on a later date if the enrollment is processed after the fifth of the month. Your premium invoice will be paperless, located in the eBill section of your Member Dashboard.
- **eBill,** our electronic billing service. You can review your premium invoice and make payments online through your Member Dashboard, your personalized member website. You will be sent a paper bill and can go online to select paperless billing. You can set up recurring payments or initiate a payment each month. Visit modahealth.com and follow the instructions to create your Member Dashboard account.

How will I make my first premium payment?

You'll receive your first premium invoice prior to your effective date, either by mail or by email. If you enrolled directly through us, use the payment method you chose during enrollment to pay your premium. If you enrolled through the Marketplace, HealthCare.gov, make your payment using one of the methods listed in your welcome letter. Once your first invoice is ready, you can log in to your Member Dashboard to manage your payment method and set up recurring payments with eBill.

Future invoices will arrive around the tenth of each month and payments are due by the first of the following month.

Can my employer pay for my individual coverage?

Individual plans cannot be employer sponsored plans but small employers may offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or Individual Coverage Health Reimbursement Plan (ICHRA) and pay for individual plan premiums. Check with your employer if this option is available and how reimbursement is made. Otherwise, you will be responsible for paying your monthly premiums directly to us.

Do plans cover acupuncture and spinal manipulation?

Yes, all Moda medical plans cover medically necessary acupuncture and spinal manipulations. Check plan summary tables for specific benefit amounts per year.

Can I get massage therapy covered?

Yes. All Alaska Moda individual medical plans cover massage therapy.

Can I see a naturopathic physician under my plan?

Yes. Office visits with a naturopathic physician are covered at the PCP office visit amount.

Can I switch to a different plan at any time?

No. You will only be able to change medical and/or dental plans during open enrollment. If you experience a qualifying event, such as getting married or moving to a new state, you may be able to apply for special enrollment outside of the open enrollment period.

Which plans can I purchase through the federal Marketplace?

You can enroll in all Moda Assurance Company individual medical plans through ShopModaPlans.com and HealthCare.gov. You can enroll in some Delta Dental plans through HealthCare.gov. To enroll in a Delta Dental plan through HealthCare.gov, you must enroll in a medical plan at the same time. If you make changes to your medical plan, you must reselect your dental plan or you will lose your dental coverage.



Healthcare lingo explained

We realize that the words used in health plan brochures can be confusing, so we've made a cheat sheet to help you along.

Balance billing

Charges for out-of-network care beyond what your health plan allows. Out-of-network providers may bill members the difference between the maximum plan allowance and their billed charges. In-network providers don't do this.

Coinsurance

The percentage members pay for a covered healthcare service after they meet their deductible. For example, they may pay 20 percent of an allowed \$200 charge, or \$40.

Copay (copayment)

The fixed amount members pay for a specific covered healthcare service, product or treatment, usually at the time of receiving it. For example, they might pay \$25 for a doctor visit.

Deductible

The amount members pay in a calendar year for care that requires a deductible before the health plan starts paying. Fixed-dollar copays and prescription medications may not apply toward the deductible. Disallowed charges do not apply toward the deductible.

Dental annual maximum

The maximum dollar amount a dental plan will pay toward the cost of dental care for members ages 19 and over within a calendar year.

Evidence-based practices

Healthcare options or decisions that research shows work best, are most cost effective and consider the patient's needs and experience.

Marketplace

Also called an Exchange, a health plan Marketplace is where people can buy health coverage and apply for federal financial assistance. Alaska residents use the federal Marketplace, HealthCare.gov.

Maximum plan allowance (MPA)

MPA is the maximum amount that we will reimburse providers under the medical plan. A non-contracted provider may bill a member for any amount above the MPA. This may leave members with a high out-of-pocket balance.

Out-of-pocket costs

What members pay in a calendar year for care after their health plan pays its portion. These expenses may include deductibles, copays and coinsurance for covered services.

Out-of-pocket maximum

The most members pay in a calendar year for covered care and services before benefits are paid in full up to the allowable amount or up to any visit or dollar limit. Once members meet their out-of-pocket maximum, the plan covers eligible expenses at 100 percent. The out-of-pocket maximum includes deductibles, coinsurance and copays. It does not include disallowed charges or balance billing from out-of-network providers. For dental plans, only pediatric services have an out-of-pocket maximum.

Pediatric dental

A plan benefit that covers dental care for members under age 19.

Pediatric vision

A medical plan benefit that covers vision care for members under age 19.

Pharmacy medication tiers

All Moda medical plans include prescription benefits. These benefits connect members with our Preferred Drug Program, a way to save money on safe and effective prescription medications. Through the program, plans cover prescriptions by these medication tiers: value, select, preferred, non-preferred, preferred specialty, and non-preferred specialty. Each tier has a copay or coinsurance amount set by the plan.

- Value tier medications
Commonly prescribed medications for chronic medical conditions that are more affordable compared to alternative medications.
- Select tier medications
Generic medications that represent the most cost-effective option within their category, and brand name medications that are both clinically favorable and cost-effective.
- Preferred tier medications
Preferred medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be as or more clinically effective and at a favorable cost when compared with other medications in the same therapeutic category. This tier may also include generic medications when they have not been shown to be safer or more effective than other more cost-effective generic medications.

- **Non-preferred tier medications:** Non-preferred medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to have no significant therapeutic advantage over their preferred tier alternatives. These products generally have safe and effective options available under value, select and/or preferred medication tiers.

Specialty medications

Specialty medications are often used to treat complex chronic health conditions and may require specialty handling, careful administration, or require close monitoring.

- **Preferred specialty tier medications** These medications have been reviewed by the Moda Health Pharmacy & Therapeutic Committee and found to be clinically effective at a favorable cost when compared with other specialty medications in the same therapeutic category.
- **Nonpreferred specialty tier medications** These medications have been reviewed by Moda Health and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

PPO dentist

A dentist contracted in the Delta Dental PPO network. By enrolling in a PPO plan and choosing a PPO dentist, members' out-of-pocket expenses will be less than if they choose a dentist outside of the PPO network.

Premier dentist

A dentist contracted with Delta Dental who has agreed that their charges will not exceed their contracted rate with Delta Dental. This means members will have lower out-of-pocket costs when they choose a Premier dentist. A Premier dentist has also agreed to submit any necessary claims directly to us.

Primary care provider (PCP)

The family doctor who treats members or coordinates their care to keep them healthy. Examples of a PCP include general practitioners, family practitioners, internal medicine practitioners, pediatricians, nurse practitioners, OB/GYN practitioners, physician assistant practitioners, naturopathic practitioners and geriatric practitioners.

Reimbursement amount

Reimbursement amount is the amount reimbursable under the dental plan. A non-contracted provider may bill a member for any amount over and above the reimbursement amount. This may leave members with a high out-of-pocket balance.

Specialist

A medical provider specializing in a specific type of health condition or care. Specialists might include cardiologists, dermatologists, oncologists, urologists and many others.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Moda Partners, Inc.
Attention: Appeal Unit
601 SW Second Ave.
Portland, OR 97204
Fax: 503-412-4003

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nesseler-Cass coordinates our nondiscrimination work:

Dave Nesseler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意: 如果您說中文, 可得到免費語言幫助服務。請致電1-877-605-3229 (聾啞人專用: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

(URDU) توجہ دیں: اگر آپ اردو بولتے ہیں تو سبھی سہولتیں آپ کے لیے 1-877-605-3229 (TTY: 711) پر کال کریں۔

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意: 日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

အကူအညီ: နှို တမဲ (भाषांतर करेले भाषा अर्थात) भाषा छो तो ते भाषातमै तमारे माटे विना मूख्ये सहाय उपलब्ध छे. 1-877-605-3229 (TTY: 711) पर कॉल करे

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консульські рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដើមឥតគិតថ្លៃ គឺមានជូនជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshitik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณ สามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'UTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totagia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti llocano, sidadaan ti tulong iti lengguah para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)



Medicare

Small group

Large group

Questions? *We're here to help.*

Call one of our offices listed below.
TTY users, please call 711.

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
907-278-2626 or toll-free at 888-374-8910,
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
503-243-3948 or toll-free at 800-578-1402
Monday through Friday, 7:30 a.m. to 4 p.m. Alaska time

modahealth.com

DeltaDentalAK.com



Delta Dental of Oregon & Alaska

These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Individual medical plans provided by Moda Assurance Company. Dental plans provided by Delta Dental of Alaska. Delta Dental is a trademark of Delta Dental Plans Association