2023 Alaska small group summary



| Plan name | Metal tier | Medicare Part D determination |
|------------------------------------|------------------------|-------------------------------|
| Endeavor Select Gold No Deductible | Gold | Creditable |
| Endeavor Select Gold 500 | Gold Gold | Creditable |
| Endeavor Select Gold 1000 | - Gold | Creditable |
| Endeavor Select Gold 1500 | Gold | Creditable |
| Endeavor Select Gold 2000 | - Gold | Creditable |
| Endeavor Select Gold HDHP 1500 | Gold | Non-creditable |
| Pioneer Gold 500 | O Gold | Creditable |
| Pioneer Gold 1000 | - Gold | Creditable |
| Pioneer Gold 1500 | - Gold | Creditable |
| Pioneer Gold 2000 | Gold | Creditable |
| Pioneer Gold 1500 HDHP | • Gold | Non-creditable |
| Endeavor Select Silver 2500 | Silver | Creditable |
| Endeavor Select Silver 3000 | Silver | Creditable |
| Endeavor Select Silver 4000 | Silver | Creditable |
| Endeavor Select Silver HDHP 2500 | Silver | Non-creditable |
| Endeavor Select Silver HDHP 3250 | Silver | Non-creditable |
| Pioneer Silver 2200 | Silver | Creditable |
| Pioneer Silver 2500 | Silver | Creditable |
| Pioneer Silver 3500 | Silver | Creditable |
| Pioneer Silver 4000 | Silver | Creditable |
| Pioneer Silver 2800 HDHP | Silver | Non-creditable |
| Pioneer Silver 3500 HDHP | Silver | Non-creditable |
| Endeavor Select Bronze 8150 | Bronze | Non-creditable |
| Endeavor Select Bronze 8550 | Bronze | Non-creditable |
| Endeavor Select Bronze HDHP 5950 | Bronze | Non-creditable |
| Endeavor Select Bronze HDHP 7000 | Bronze | Non-creditable |
| Pioneer Bronze 6700 | Bronze | Non-creditable |
| Pioneer Bronze 7500 | Bronze | Non-creditable |
| Pioneer Bronze 8550 | Bronze | Non-creditable |
| Pioneer Bronze 5950 HDHP | Bronze | Non-creditable |
| Pioneer Bronze 6900 HDHP | ● Bronze | Non-creditable |

2023 Prescription drug coverage



Oregon and Alaska large group plans (for employer group sized 51+) Medicare Part D Creditable/Non-creditable Determination

| Benefit | Medicare Part D determination |
|----------------------------------|---|
| RX 2/40% ¹ | |
| RX 40% | Whether these plans are creditable depends on the |
| RX 2/50% ¹ | deductible and out-of pocket maximum. Contact your Moda Service Representative to get a determination. |
| RX 50% | |
| RX 2/10/35/50/150 ¹ | Creditable |
| RX 2/10/40/60/180 ¹ | Creditable |
| RX 2/15/45/75/225 ¹ | Creditable |
| RX 2/10/20/50%/100 ¹ | Creditable |
| RX 2/10/30/50/150 ¹ | Creditable |
| RX 2/10/30/50%/100 ¹ | Creditable |
| RX 2/10/20/50/150 ² | Creditable |
| RX 2/10/20%/50%/100 ¹ | Creditable |
| RX 2/15/25/50%/100 ² | Creditable |
| RX 2/15/35/50/150 ¹ | Creditable |
| RX 2/15/25/50%/100 ¹ | Creditable |
| RX 2/15/30/50/150 ¹ | Creditable |
| RX 2/10/25/50%/100 ¹ | Creditable |
| RX 2/10/30/60/180 ¹ | Creditable |
| RX 2/15/25/50/150 ¹ | Creditable |
| RX 10/35/50/150 ¹ | Creditable |
| RX 10/40/60/180 ¹ | Creditable |
| RX 15/45/75/225 ¹ | Creditable |
| RX 10/20/50%/100 ¹ | Creditable |
| RX 10/30/50/150 ¹ | Creditable |
| RX 10/30/50%/100 ¹ | Creditable |
| RX 10/20/50/150 ² | Creditable |
| RX 10/20%/50%/100 ¹ | Creditable |
| RX 15/25/50%/100 ² | Creditable |
| RX 15/35/50/150 ¹ | Creditable |
| RX 15/25/50%/100 ¹ | Creditable |
| RX 15/30/50/150 ¹ | Creditable |
| RX 10/25/50%/100 ¹ | Creditable |
| RX 10/30/60/180 ¹ | Creditable |
| RX 15/25/50/150 ¹ | Creditable |

Moda Health's Qualified High-Deductible Health Plans prescription drug coverage is likely not creditable.

To receive a determination specific to your group plan, please contact your Moda Health Service Representative.

¹ Deductible waived

^{2 \$250} deductible