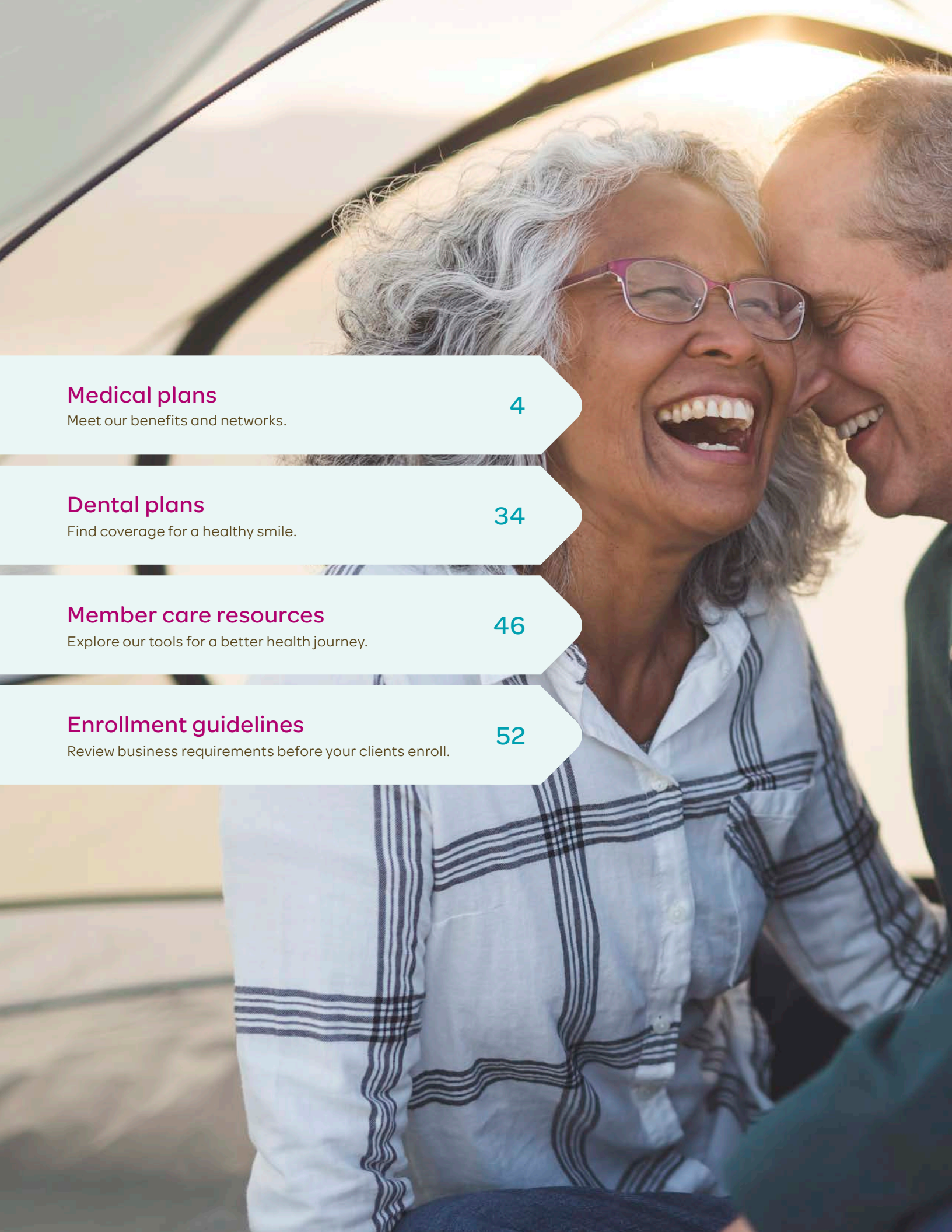




Delta Dental of Oregon & Alaska





Medical plans

Meet our benefits and networks.

4

Dental plans

Find coverage for a healthy smile.

34

Member care resources

Explore our tools for a better health journey.

46

Enrollment guidelines

Review business requirements before your clients enroll.

52

Hello.

Welcome to Moda Health Plan, Inc., and Delta Dental of Alaska, where your clients go when they want more than a health plan – because better health and a healthy smile are about so much more than just the plan details.

For more than 60 years, we've been helping communities improve their health and wellness. Today, our mission is the same – to find a better way to health, every day, for the people and communities we serve.

As part of the Moda organization, Moda Health and Delta Dental offer affordable, quality medical and dental plans to people in the Pacific Northwest and beyond.

Your clients need coverage to be their healthy best. They also need the tools and resources to manage their health. As their healthcare partner, we provide networks of doctors and dentists, expert health coaches, caring customer service, and a dedicated team to support them every step of the way.

We're excited to work with you to help your clients begin their journey to better overall health.

Because together, we can be more. *We can be better.*

Medical plans

Plan types *page 4*

Networks *page 8*

Pharmacy *page 9*

Benefit tables *page 10*

- › Gold plans *page 10*
- › Silver plans *page 13*
- › Bronze plans *page 16*
- › Pioneer plans *page 20*
- › HSA-compatible HDHP plans *page 26*
- › Limitations and exclusions *page 31*

More choices for better care

Your clients have a lot to think about when choosing the right medical benefits for their group. That's why we've made it easy to compare details. This section highlights our current plan options.

Moda health offers a wide selection of preferred provider organization (PPO) plans and benefit levels to support your clients on their journey to better health and wellness.

As required under the Affordable Care Act, our medical plans cover most routine preventive care. These services include:

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

Rich benefits embedded in our plans:

Pediatric dental

Embedded pediatric dental care covers members under age 19. Members can see any licensed dental care provider in Alaska or throughout the United States. Members may save money when they choose a Delta Dental Premier Network provider.

VSP

Embedded pediatric vision coverage comes with all Moda Health small group plans in Alaska through the VSP Elements plan with in-network coverage through VSP's Choice provider network. Vision care is limited to members under age 19. Members get the best benefit by seeing licensed, in-network providers.

Embedded vision coverage for adults includes routine vision exam and eyewear through the VSP Choice plan and in-network coverage through VSP's Choice provider network. All routine vision exams and eyewear claims are administered by VSP. Embedded vision coverage for adults is included in all plans except for HDHP plans.

TruHearing™

Hearing aids are costly. This benefit makes them more affordable. Benefits include a routine hearing aid exam and hearing aid coverage through TruHearing. Members can schedule an appointment by calling 866-202-2170.

Travel Assist by assist america®

When members need help more than 100 miles from home, they can call Assist America for emergency medical assistance and much more:

- Medical consultations
- Foreign hospital admission help
- Prescription assistance

Members can learn more at assistamerica.com. Or by calling 800-304-4585.

Choosing a plan

Explore our plans and help your clients choose the right fit

It's important that your clients find a health plan that provides affordable, quality care whenever they need it. Our plans vary by premiums, networks, deductibles, copays and coinsurance. They offer your clients more choices to help them pick the right plan for their group.

Please note that employees living in Hawaii are not covered.

If you or your clients have questions about any plan, please contact your sales and service representative. See back cover for contact information.

PPO plans

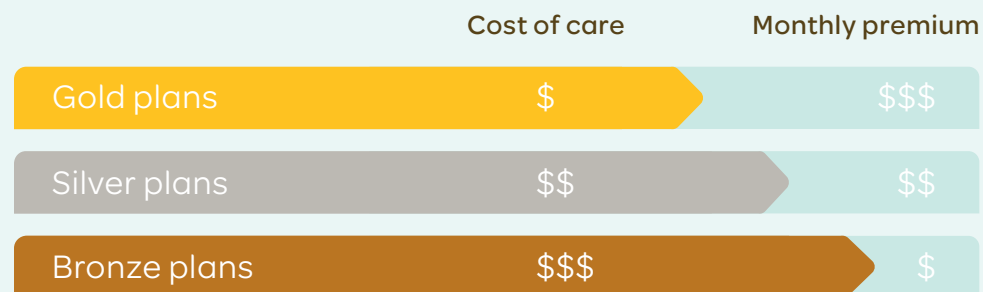
We offer a wide selection of preferred provider organization (PPO) plans to meet your client's specific needs. Our PPO plans combine great benefits with access to PPO-contracted physicians and hospitals to help members save money. Members can visit any provider they choose, but they'll get the best benefits, a greater selection of doctors and broader geographic coverage when visiting a PPO provider.

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.

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.



Medical networks protect members

Health happens, whether your clients' employees are at home or on the road. We want to make sure they stay covered, no matter where they go. So, we've made it easy for their employees 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 certain area. These providers offer quality care and services to Moda Health members at an agreed-upon cost.

In- and out-of-network care

It's important to remember that members may pay more for services from out-of-network providers than from in-network providers. Out-of-network providers may balance bill members the difference between the maximum plan allowance and their billed charges. See page eight for network specifics.

2019 provider networks

Employers need to choose one in-state network to offer their employees – either Endeavor Providence, Endeavor Select or Pioneer.

Endeavor Providence

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Providence Alaska Medical Center as the preferred provider of acute care services in the Anchorage area. Members can see First Choice PPO panel providers in Alaska for in-network care.

Endeavor Select

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state, with the exception of the Kenai Peninsula Borough. It includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area. Members can see First Choice PPO panel providers in Alaska for in-network care.

PHCS Network outside Alaska

For members who choose the Endeavor Providence or Endeavor Select networks, their network outside of Alaska is the PHCS Network.

For care outside Alaska, these members can see providers in the PHCS Network for in-network care. It is the largest PPO medical network nationwide, with thousands of doctors and clinics, and hundreds of hospitals to choose from. PHCS Network gives members plenty of choice and lower out-of-pocket costs.

Pioneer Network (new option for residents in the Kenai Peninsula Borough)

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

- **Tier One** – For Kenai Peninsula Borough residents seeking coordinated care in the community. Visit modahealth.com to see a list of Tier One providers.
- **Tier Two** – For Alaskans seeking care outside of the Kenai Peninsula Borough. It includes First Choice Network in Alaska and Alaska Regional Hospital.
- **Tier Three** – All other providers not in Tier One or Tier Two.

Members can use any professional provider or hospital. However, Tier Three providers can balance bill. Members 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.

Expect quality pharmacy benefits

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

Medication tiers offer ways to save

All Moda Health 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 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 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 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 & Therapeutic Committee and found to have no significant therapeutic advantage over their preferred specialty tier alternatives.

Our pharmacy network

Pharmacies in this network are contracted to offer prescriptions at agreed-upon prices. Filling a prescription at an out-of-network pharmacy may cost members more.

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

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

Find an in-network pharmacy

Members can visit modahealth.com and use Find Care. They can choose the MedImpact pharmacy network to see what's nearby.

2019 Medical plan benefit table

	Endeavor Providence Gold 500		Endeavor Select Gold 500		Endeavor Providence Gold 1000		Endeavor Select Gold 1000		Endeavor Providence Gold 1500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs										
Deductible per person	\$500	\$1,500	\$500	\$1,500	\$1,000	\$3,000	\$1,000	\$3,000	\$1,500	\$4,500
Deductible per family	\$1,000	\$3,000	\$1,000	\$3,000	\$2,000	\$6,000	\$2,000	\$6,000	\$3,000	\$9,000
Out-of-pocket max per person	\$7,500	\$22,500	\$7,500	\$22,500	\$7,500	\$22,500	\$7,500	\$22,500	\$7,500	\$22,500
Out-of-pocket max per family	\$15,000	\$45,000	\$15,000	\$45,000	\$15,000	\$45,000	\$15,000	\$45,000	\$15,000	\$45,000
Care & services										
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Inpatient/outpatient Care	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible
Acupuncture and spinal manipulation services	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Prescription medications¹										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Non-Preferred	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Preferred Specialty	35%	Not covered	35%	Not covered	35%	Not covered	35%	Not covered	35%	Not covered
Non-Preferred Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features										
Metallic level	● Gold		● Gold		● Gold		● Gold		● Gold	
Exchange	In and Out		In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	Yes		Yes		Yes		Yes		Yes	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough		Statewide	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact	
Additional benefits ²	Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Endeavor Select Gold 1500		Endeavor Providence Gold 2000		Endeavor Select Gold 2000		Endeavor Providence Silver 2500		Endeavor Select Silver 2500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs										
Deductible per person	\$1,500	\$4,500	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$7,500	\$2,500	\$7,500
Deductible per family	\$3,000	\$9,000	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000	\$5,000	\$15,000
Out-of-pocket max per person	\$7,500	\$22,500	\$7,500	\$22,500	\$7,500	\$22,500	\$7,900	\$23,700	\$7,900	\$23,700
Out-of-pocket max per family	\$15,000	\$45,000	\$15,000	\$45,000	\$15,000	\$45,000	\$15,800	\$47,400	\$15,800	\$47,400
Care & services										
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible
Urgent care visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	20%	50% after deductible	20%	50% after deductible	20%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient Care	20% after deductible	50% after deductible	20% after deductible	50% after deductible	20% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible
Acupuncture and spinal manipulation services	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$20/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Prescription medications¹										
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20	\$40	\$40	\$40	\$40
Preferred	\$40	\$40	\$40	\$40	\$40	\$40	\$80	\$80	\$80	\$80
Non-Preferred	\$80	\$80	\$80	\$80	\$80	\$80	45%	45%	45%	45%
Preferred Specialty	35%	Not covered	35%	Not covered	35%	Not covered	35%	Not covered	35%	Not covered
Non-Preferred Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features										
Metallic level	● Gold		● Gold		● Gold		● Silver		● Silver	
Exchange	In and Out		In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	Yes		Yes		Yes		Yes		Yes	
Service area	Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Endeavor Providence Silver 3000		Endeavor Select Silver 3000		Endeavor Providence Silver 4000		Endeavor Select Silver 4000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$3,000	\$9,000	\$3,000	\$9,000	\$4,000	\$12,000	\$4,000	\$12,000
Deductible per family	\$6,000	\$18,000	\$6,000	\$18,000	\$8,000	\$24,000	\$8,000	\$24,000
Out-of-pocket max per person	\$7,900	\$23,700	\$7,900	\$23,700	\$7,900	\$23,700	\$7,900	\$23,700
Out-of-pocket max per family	\$15,800	\$47,400	\$15,800	\$47,400	\$15,800	\$47,400	\$15,800	\$47,400
Care & services								
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Specialist office visit	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible
Urgent care visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Outpatient diagnostic X-ray & lab	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible	35%	50% after deductible
Emergency room visit	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible	\$300/35% after deductible
Ambulance	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Inpatient/outpatient Care	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible	35% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Physical, speech or occupational therapy visit	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible	\$70/visit	50% after deductible
Acupuncture and spinal manipulation services	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible	\$35/visit	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Prescription medications¹								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Preferred	\$80	\$80	\$80	\$80	\$80	\$80	\$80	\$80
Non-Preferred	45%	45%	45%	45%	45%	45%	45%	45%
Preferred Specialty	35%	Not covered	35%	Not covered	35%	Not covered	35%	Not covered
Non-Preferred Specialty	45%	Not covered	45%	Not covered	45%	Not covered	45%	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Exchange	In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	Yes		Yes		Yes		Yes	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Endeavor Providence Bronze 4000		Endeavor Select Bronze 4000		Endeavor Providence Bronze 5000		Endeavor Select Bronze 5000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000	\$5,000	\$15,000
Deductible per family	\$8,000	\$24,000	\$8,000	\$24,000	\$10,000	\$30,000	\$10,000	\$30,000
Out-of-pocket max per person	\$7,900	\$23,700	\$7,900	\$23,700	\$7,900	\$23,700	\$7,900	\$23,700
Out-of-pocket max per family	\$15,800	\$47,400	\$15,800	\$47,400	\$15,800	\$47,400	\$15,800	\$47,400
Care & services								
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible	\$250/50% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient Care	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Acupuncture and spinal manipulation services	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Pediatric vision hardware	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible	0%	50% after deductible
Prescription medications¹								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preferred	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible	35% after deductible
Non-Preferred	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Exchange	In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	No		No		No		No	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision	

¹ 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.
² This plan includes mandated hearing and vision. For more details contact your sales and service representative

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Endeavor Providence Bronze 5500		Endeavor Select Bronze 5500		Endeavor Providence Bronze 7350		Endeavor Select Bronze 7350	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible per person	\$5,500	\$16,500	\$5,500	\$16,500	\$7,350	\$22,050	\$7,350	\$22,050
Deductible per family	\$11,000	\$33,000	\$11,000	\$33,000	\$14,700	\$44,100	\$14,700	\$44,100
Out-of-pocket max per person	\$7,900	\$23,700	\$7,900	\$23,700	\$7,350	\$22,050	\$7,350	\$22,050
Out-of-pocket max per family	\$15,800	\$47,400	\$15,800	\$47,400	\$14,700	\$44,100	\$14,700	\$44,100
Care & services								
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	0% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Specialist office visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$120/visit	0% after deductible	\$120/visit	0% after deductible
Urgent care visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Outpatient diagnostic X-ray & lab	40% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	\$250/40% after deductible	\$250/40% after deductible	\$250/40% after deductible	\$250/40% after deductible	\$250/0% after deductible	\$250/0% after deductible	\$250/0% after deductible	\$250/0% after deductible
Ambulance	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	40% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	\$40/visit	50% after deductible	\$40/visit	50% after deductible	\$75/visit	0% after deductible	\$75/visit	0% after deductible
Physical, speech or occupational therapy visit	\$80/visit	50% after deductible	\$80/visit	50% after deductible	\$120/visit	0% after deductible	\$120/visit	0% after deductible
Acupuncture and spinal manipulation services	40% after deductible	50% after deductible	40% after deductible	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	50% after deductible	\$0/visit	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Pediatric vision hardware	0%	50% after deductible	0%	50% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription medications¹								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	40% after deductible	40% after deductible	40% after deductible	40% after deductible	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred Specialty	40% after deductible	Not covered	40% after deductible	Not covered	0% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	40% after deductible	Not covered	40% after deductible	Not covered	0% after deductible	Not covered	0% after deductible	Not covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Exchange	In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	No		No		No		No	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision		Includes adult hearing/vision	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Pioneer Gold 750			Pioneer Gold 1500		
	Tier 1 member pays	Tier 2 member pays	Tier 3 member pays	Tier 1 member pays	Tier 2 member pays	Tier 3 member pays
Calendar year costs						
Deductible per person	\$750	\$1,500	\$4,500	\$1,500	\$3,000	\$9,000
Deductible per family	\$1,500	\$3,000	\$9,000	\$3,000	\$6,000	\$18,000
Out-of-pocket max per person	\$5,000	\$6,000	\$18,000	\$5,000	\$6,000	\$18,000
Out-of-pocket max per family	\$10,000	\$12,000	\$36,000	\$10,000	\$12,000	\$36,000
Care & services						
Preventive care visit	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) office visit	\$20/visit	40% after deductible	60% after deductible	\$20/visit	40% after deductible	60% after deductible
Specialist office visit	\$50/visit	40% after deductible	60% after deductible	\$50/visit	40% after deductible	60% after deductible
Urgent care visit	\$20/visit	40% after deductible	60% after deductible	\$20/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	20% after deductible	35% after deductible	50% after deductible	20% after deductible	40% after deductible	60% after deductible
Emergency room visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit	\$250/20%/visit
Ambulance	\$25/20% after deductible	\$25/20% after deductible	\$25/20% after deductible	\$25/20% after deductible	\$25/20% after deductible	\$25/20% after deductible
Inpatient/outpatient Care	20% after deductible	40% after deductible	60% after deductible	20% after deductible	40% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	\$20/visit	40% after deductible	60% after deductible	\$20/visit	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$50/visit	40% after deductible	60% after deductible	\$50/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	20% after deductible	35% after deductible	50% after deductible	20% after deductible	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Pediatric vision hardware	0%	0%	50% after deductible	0%	0%	50% after deductible
Prescription medications¹						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$15	\$15	\$15	\$15	\$15	\$15
Preferred	\$30	\$30	\$30	\$30	\$30	\$30
Non-Preferred	45%	45%	45%	45%	45%	45%
Preferred Specialty	35%	35%	Not covered	35%	35%	Not covered
Non-Preferred Specialty	45% after deductible	45% after deductible	Not covered	45% after deductible	45% after deductible	Not covered
Features						
Metallic level	● Gold			● Gold		
Exchange	In and Out			In and Out		
Medicare Part D creditable	Yes			Yes		
Service area	Kenai Peninsula Borough			Kenai Peninsula Borough		
Network	Pioneer/MedImpact			Pioneer/MedImpact		
Additional benefits ²	Includes adult hearing/vision			Includes adult hearing/vision		

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Pioneer Silver 2500			Pioneer Silver 4000		
	Tier 1 member pays	Tier 2 member pays	Tier 3 member pays	Tier 1 member pays	Tier 2 member pays	Tier 3 member pays
Calendar year costs						
Deductible per person	\$2,500	\$5,000	\$15,000	\$4,000	\$5,000	\$15,000
Deductible per family	\$5,000	\$10,000	\$30,000	\$8,000	\$10,000	\$30,000
Out-of-pocket max per person	\$7,900	\$7,900	\$23,700	\$7,900	\$7,900	\$23,700
Out-of-pocket max per family	\$15,800	\$15,800	\$47,400	\$15,800	\$15,800	\$47,400
Care & services						
Preventive care visit	\$0/visit	\$0/visit	60% after deductible	\$0/visit	\$0/visit	60% after deductible
Primary care provider (PCP) office visit	\$25/visit	40% after deductible	60% after deductible	\$25/visit	40% after deductible	60% after deductible
Specialist office visit	\$50/visit	40% after deductible	60% after deductible	\$50/visit	40% after deductible	60% after deductible
Urgent care visit	\$25/visit	40% after deductible	60% after deductible	\$25/visit	40% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	40% after deductible	60% after deductible	25% after deductible	40% after deductible	60% after deductible
Emergency room visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit	\$250/25%/visit
Ambulance	\$25/25% after deductible	\$25/25% after deductible	\$25/25% after deductible	\$25/25% after deductible	\$25/25% after deductible	\$25/25% after deductible
Inpatient/outpatient Care	25% after deductible	40% after deductible	60% after deductible	25% after deductible	40% after deductible	60% after deductible
Outpatient mental health/chemical dependency visit	\$25/visit	40% after deductible	60% after deductible	\$25/visit	40% after deductible	60% after deductible
Physical, speech or occupational therapy visit	\$50/visit	40% after deductible	60% after deductible	\$50/visit	40% after deductible	60% after deductible
Acupuncture and spinal manipulation services	20% after deductible	40% after deductible	60% after deductible	25% after deductible	40% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50% after deductible	\$0/visit	\$0/visit	50% after deductible
Pediatric vision hardware	0%	0%	50% after deductible	0%	0%	50% after deductible
Prescription medications¹						
Value	\$2	\$2	\$2	\$2	\$2	\$2
Select	\$20	\$20	\$20	\$20	\$20	\$20
Preferred	\$40	\$40	\$40	\$40	\$40	\$40
Non-Preferred	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	35% after deductible	35% after deductible	Not covered	35% after deductible	35% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	45% after deductible	Not covered	45% after deductible	45% after deductible	Not covered
Features						
Metallic level	● Silver			● Silver		
Exchange	In and Out			In and Out		
Medicare Part D creditable	Yes			Yes		
Service area	Kenai Peninsula Borough			Kenai Peninsula Borough		
Network	Pioneer/MedImpact			Pioneer/MedImpact		
Additional benefits ²	Includes adult hearing/vision			Includes adult hearing/vision		

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical plan benefit table

	Pioneer Bronze 6500		
	Tier 1 member pays	Tier 2 member pays	Tier 3 member pays
Calendar year costs			
Deductible per person	\$6,500	\$6,500	\$19,500
Deductible per family	\$13,000	\$13,000	\$39,000
Out-of-pocket max per person	\$7,350	\$7,900	\$23,700
Out-of-pocket max per family	\$14,700	\$15,800	\$47,400
Care & services			
Preventive care visit	\$0/visit	\$0/visit	60% 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	\$30/visit	50% after deductible	60% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	50% after deductible	60% after deductible
Emergency room visit	\$250/30% after deductible	\$250/30% after deductible	\$250/30% after deductible
Ambulance	\$25/30% after deductible	\$25/30% after deductible	\$25/30% after deductible
Inpatient/outpatient Care	30% after deductible	40% 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% after deductible	50% after deductible	60% after deductible
Embedded pediatric dental	Yes	Yes	Yes
Pediatric vision exam	\$0/visit	\$0/visit	50% after deductible
Pediatric vision hardware	0%	0%	50% after deductible
Prescription medications¹			
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	Kenai Peninsula Borough		
Network	Pioneer/MedImpact		
Additional benefits ²	Includes adult hearing/vision		

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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 members flexibility and choice. Members have the freedom to choose any financial institution for their HSA. They can use HSA tax-free dollars to pay for deductibles, coinsurance and other qualified expenses not covered by their health plan.

Calendar year costs

Deductible

The deductible works differently on this plan than on our other plans. If members have subscriber-only coverage, they must meet the per-person deductible. If their plan covers more than one person, they must meet the entire family deductible before benefits are payable.

Out-of-pocket maximum

After members 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 their plan covers more than one person, the per-person maximum applies only until the total family out-of-pocket maximum is reached.

Eligibility

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

- Use a financial institution that has an HSA option
- Be covered by a Moda Health HDHP plan (see pages 26 – 30)
- Not be covered under another non-HSA-compliant medical plan (including their spouse's plan)
- Not be enrolled in Medicare
- Not be claimed as a dependent on someone else's tax return

2019 Medical HDHP plan benefit table

	Endeavor Providence Silver HDHP 2000		Endeavor Select Silver HDHP 2000		Endeavor Providence Silver HDHP 2500		Endeavor Select Silver HDHP 2500	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible for subscriber only	\$2,000	\$6,000	\$2,000	\$6,000	\$2,500	\$7,500	\$2,500	\$7,500
Deductible for two or more enrollees	\$4,000	\$12,000	\$4,000	\$12,000	\$5,000	\$15,000	\$5,000	\$15,000
Out-of-pocket max per person	\$6,000	\$18,000	\$6,000	\$18,000	\$6,000	\$18,000	\$6,000	\$18,000
Out-of-pocket max per family	\$12,000	\$36,000	\$12,000	\$36,000	\$12,000	\$36,000	\$12,000	\$36,000
Care & services								
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Specialist office visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Urgent care visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Emergency room visit	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Ambulance	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible	25% after deductible
Inpatient/outpatient Care	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Physical, speech or occupational therapy visit	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Acupuncture and spinal manipulation services	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible	25% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Pediatric vision hardware	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Prescription medications¹								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Preferred	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible	30% after deductible
Non-Preferred	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered	35% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered
Features								
Metallic level	● Silver		● Silver		● Silver		● Silver	
Exchange	In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	No		No		No		No	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing		Includes adult hearing		Includes adult hearing		Includes adult hearing	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical HDHP plan benefit table

	Endeavor Providence Bronze HDHP 3300		Endeavor Select Bronze HDHP 3300		Endeavor Providence Bronze HDHP 5000		Endeavor Select Bronze HDHP 5000	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs								
Deductible for subscriber only	\$3,300	\$9,900	\$3,300	\$9,900	\$5,000	\$15,000	\$5,000	\$15,000
Deductible for two or more enrollees	\$6,600	\$19,800	\$6,600	\$19,800	\$10,000	\$30,000	\$10,000	\$30,000
Out-of-pocket max per person	\$6,750	\$20,250	\$6,750	\$20,250	\$6,750	\$20,250	\$6,750	\$20,250
Out-of-pocket max per family	\$13,500	\$40,500	\$13,500	\$40,500	\$13,500	\$40,500	\$13,500	\$40,500
Care & services								
Preventive care visit	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible	\$0/visit	50% after deductible
Primary care provider (PCP) office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Urgent care visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient diagnostic X-ray & lab	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Emergency room visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Ambulance	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Inpatient/outpatient Care	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Outpatient mental health/chemical dependency visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Physical, speech or occupational therapy visit	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Acupuncture and spinal manipulation services	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Pediatric vision hardware	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible	0% after deductible	50% after deductible
Prescription medications¹								
Value	\$2	\$2	\$2	\$2	\$2	\$2	\$2	\$2
Select	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Preferred	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Non-Preferred	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible	45% after deductible
Preferred Specialty	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered	45% after deductible	Not covered
Non-Preferred Specialty	45% after deductible	Not covered	45% after deductible	Not covered	50% after deductible	Not covered	50% after deductible	Not covered
Features								
Metallic level	● Bronze		● Bronze		● Bronze		● Bronze	
Exchange	In and Out		In and Out		In and Out		In and Out	
Medicare Part D creditable	No		No		No		No	
Service area	Statewide		Statewide, except Kenai Peninsula Borough		Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact		Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing		Includes adult hearing		Includes adult hearing		Includes adult hearing	

¹ 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.
² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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.

2019 Medical HDHP plan benefit table

	Endeavor Providence Bronze HDHP 6750		Endeavor Select Bronze HDHP 6750	
	In-network member pays	Out-of-network member pays	In-network member pays	Out-of-network member pays
Calendar year costs				
Deductible for subscriber only	\$6,750	\$20,250	\$6,750	\$20,250
Deductible for two or more enrollees	\$13,500	\$40,500	\$13,500	\$40,500
Out-of-pocket max per person	\$6,750	\$20,250	\$6,750	\$20,250
Out-of-pocket max per family	\$13,500	\$40,500	\$13,500	\$40,500
Care & services				
Preventive care visit	\$0/visit	0% after deductible	\$0/visit	0% after deductible
Primary care provider (PCP) office visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Specialist office visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Urgent care visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient diagnostic X-ray & lab	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Emergency room visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Ambulance	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Inpatient/outpatient Care	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Outpatient mental health/chemical dependency visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Physical, speech or occupational therapy visit	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Acupuncture and spinal manipulation services	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Embedded pediatric dental	Yes	Yes	Yes	Yes
Pediatric vision exam	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Pediatric vision hardware	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Prescription medications¹				
Value	\$2	\$2	\$2	\$2
Select	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Non-Preferred	0% after deductible	0% after deductible	0% after deductible	0% after deductible
Preferred Specialty	0% after deductible	Not covered	0% after deductible	Not covered
Non-Preferred Specialty	0% after deductible	Not covered	0% after deductible	Not covered
Features				
Metallic level	● Bronze		● Bronze	
Exchange	In and Out		In and Out	
Medicare Part D creditable	No		No	
Service area	Statewide		Statewide, except Kenai Peninsula Borough	
Network	Endeavor Providence/MedImpact		Endeavor Select/MedImpact	
Additional benefits ²	Includes adult hearing		Includes adult hearing	

¹ 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.

² This plan includes mandated hearing. For more details contact your sales and service representative.

These benefits and Moda Health 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 Health small group 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 and spinal manipulation limited to 12 visits each per calendar year
- Authorization by Moda Health 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.
- Massage therapy limited to 12 visits per calendar year
- 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
- 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
- If a group's size is less than 20 employees any expense that is actually paid under Medicare, or would have paid under Medicare had the member enrolled in Medicare, will be reduced by the amount Medicare paid or would have paid

Exclusions

- Any expense paid in whole or in part by any other provision of the group health insurance plan provided by the client
- Any expense that results from an act of declared or undeclared war or armed aggression
- 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 or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- 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

Dental plan details

Overview *page 32*

Networks *page 35*

Plan types *page 36*

Benefit tables *page 38*

› Premier plans *page 38*

› PPO plans *page 40*

› Voluntary plans *page 42*

› Orthodontia riders *page 44*

› Limitations and exclusions *page 45*

Quality coverage for better smiles

Healthy teeth are happy teeth. With our Delta Dental of Alaska small group plans, your clients' employees have access to Delta Dental, the nation's largest dental network.

Dental benefit highlights

Our Delta Dental of Alaska plans connect members with great benefits and quality in-network dentists. Members 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 for members who need a little extra attention for their pearly whites.

Tools for better oral health

This set of online tools lets you store dental health information and share it with caregivers. The result? More coordinated and effective care.

To get started, log in to myModa 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

Oral Health, Total Health

Research shows a strong link between oral health and overall health. We believe that when members see a dentist regularly and keep their mouth and teeth healthy, they help keep the rest of their body healthy, too. Through our Oral Health, Total Health program, we offer additional preventive benefits to members who are diabetic or are pregnant and in their third trimester.

We also provide other evidence-based dental benefits, including routine oral cancer screenings with every exam. If a member needs additional screening, we cover brush biopsy, a nonsurgical method of detecting abnormal cells in the mouth.



Delta Dental networks go where members go

Each Delta Dental of Alaska plan comes with a Delta Dental network. It includes hundreds of in-network dentists across the state and thousands throughout the country.

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 nationally. It includes more than 440 providers in Alaska and over 155,000 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 PPO Network

The preferred provider option (PPO) dental network in Anchorage, Mat-Su Valley and Fairbanks North Star includes over 190 participating providers and offers access to over 110,000 Delta Dental PPO dentists nationwide.

Is a dentist in-network?

To find out, members can visit modahealth.com and use Find Care.

Dental plan options

We offer a variety of plans so your clients can find the right fit for their group. Your clients can choose from the following types of dental plans and select the coverage and price to suit their needs.

Get more value with Delta Dental

By negotiating charges for certain services, we help members save on out-of-pocket costs.

Members with a Delta Dental PPO plan save the most when they see providers in our Delta Dental PPO Network. Those with a Delta Dental Premier plan save costs by seeing dentists in the Premier Network.

Premier and PPO network dentists agree to accept our contracted fees as full payment. This means they don't balance bill – the difference between the reimbursement amount and out-of-network dentist fees. If members see providers outside the network, they may pay more for care.

Delta Dental Premier® plans

Premier plans offer groups access to the Delta Dental Premier Network. Providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge. Employees with this plan have the freedom to choose their own dentist.

Delta Dental PPOSM plans

These plans help groups located in Anchorage, Fairbanks North Star Borough, and the Mat-Su Valley save costs by connecting members with providers in the Delta Dental PPO Network. 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 pediatric plan

Our Delta Dental Premier Radiant SmilesSM pediatric plan offers child-only benefits and meets the federal pediatric essential health benefits (EHB) requirement.

Employers can offer this plan to their employees even if no one enrolls right away.

Delta Dental Premier Preventive Alaska Mandated Plan

This plan connects groups with the Delta Dental Premier Network. Members access coverage for preventive dental care services, as well as limited benefits for basic and major services. Their providers accept the Delta Dental contracted fee, so there will be no additional balance billing charge.

Voluntary plans

These Delta Dental voluntary plans offer the same great value and variety as our other plans, but allow flexible group contribution and participation. Groups can elect to fund plans up to 100 percent by employees.

- Versatility to attract and retain staff
- 51 to 100 percent funded by employees
- Participation can be as low as 25 percent, with a minimum of 10 employees enrolled

Questions?

Please contact your sales and service representative. Or see back cover for contact information.



2019 Dental plan benefit table

	Delta Dental Premier®, +2000, 100*/80/50, 50, PF ¹ Delta Dental Premier®, +2500, 100*/80/50, 50, PF ¹		Delta Dental Premier®, 1000, 100*/80/50, 50 Delta Dental Premier®, 1500, 100*/80/50, 50 Delta Dental Premier®, 2000, 100*/80/50, 50		Delta Dental Premier®, 1000, 80*/80/50, 50 Delta Dental Premier®, 1500, 80*/80/50, 50 Delta Dental Premier®, 2000, 80*/80/50, 50	
	What employees pay		What employees pay		What employees pay	
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19	Ages 19+
Calendar year costs						
Deductible per person/family	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family	
Annual maximum plan payment limit (age 19+)	\$2,000 \$2,500 (option for groups 10-50 only)		\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)		\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members	
Class 1						
Exams and X-rays	0%	0%	0%	0%	0%	20%
Cleanings	0%	0%	0%	0%	0%	20%
Periodontal maintenance	0%	0%	0%	0%	0%	20%
Sealants	0%	0%	0%	0%	0%	20%
Topical fluoride	0%	0% ²	0%	0% ²	0%	20% ²
Space maintainers	0%	Not covered	0%	Not covered	0%	Not covered
Class 2						
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	20% after deductible
Class 3						
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ³	Not covered	50% after deductible ³	Not covered	50% after deductible ³	Not covered
Features						
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ The Delta Dental Premier +2000 and +2500 plan includes coverage for nitrous with a 12-month exclusion period and Preventive First (only Class 2 and Class 3 services apply to the annual maximum).
² For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.
³ 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 table 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.

2019 Dental plan benefit table

	Delta Dental PPO SM , 1000, 100*/90/50, 50 Delta Dental PPO SM , 1500, 100*/90/50, 50 Delta Dental PPO SM , 2000, 100*/90/50, 50				Delta Dental Premier [®] Radiant Smiles Plan		Delta Dental Premier [®] Preventive Alaska Mandated Plan	
	What employees pay				What employees pay		What employees pay	
	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network	Under age 19	Ages 19+	Under age 19	Ages 19+
Calendar year costs								
Deductible per person/family	\$50 per person / \$150 per family				\$50 per person / \$150 per family		\$25 per person/ \$75 per family	
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 \$2,000 (\$2,000 is an option for groups 10-50 only)				N/A		\$500 (applies to all ages)	
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members (in-network only)				\$350 for one member/\$700 for two or more members		N/A	
Class 1								
Exams and X-rays	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Cleanings	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Periodontal maintenance	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Sealants	0%	20%	0%	10%	0%	Not covered	0% after deductible	0% after deductible
Topical fluoride	0%	20%	0% ¹	10% ¹	0%	Not covered	0% after deductible	0% after deductible ¹
Space maintainers	0%	20%	Not covered	Not covered	0%	Not covered	0% after deductible	Not covered
Class 2								
Restorative fillings	40% after deductible	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Oral surgery	40% after deductible	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Endodontics	40% after deductible	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Periodontics	40% after deductible	50% after deductible	10% after deductible	30% after deductible	40% after deductible	Not covered	90% after deductible	90% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	Not covered	90% after deductible	90% after deductible
Orthodontia	50% after deductible ²	50% after deductible ²	Not covered	Not covered	50% after deductible ²	Not covered	Not covered	Not covered
Features								
Provider network	Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers	Delta Dental Premier Network		Delta Dental Premier Network	
Balance bill	Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.
² 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 table 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.

2019 Dental plan benefit table

	Delta Dental Premier [®] , Voluntary, 1000, 100*/80/50, 50 Delta Dental Premier [®] , Voluntary, 1500, 100*/80/50, 50		Delta Dental Premier [®] , Voluntary, 1000, 80*/80/50, 50 Delta Dental Premier [®] , Voluntary, 1500, 80*/80/50, 50		Delta Dental PPO SM , Voluntary, 1000, 100*/90/50, 50 Delta Dental PPO SM , Voluntary, 1500, 100*/90/50, 50			
	What employees pay		What employees pay		What employees pay			
	Under age 19	Ages 19+	Under age 19	Ages 19+	Under age 19 In-network	Under age 19 Out-of-network	Ages 19+ In-network	Ages 19+ Out-of-network
Calendar year costs								
Deductible per person/family	\$50 per person / \$150 per family		\$50 per person / \$150 per family		\$50 per person / \$150 per family			
Annual maximum plan payment limit (age 19+)	\$1,000 \$1,500 (option for groups 10-50 only)		\$1,000 \$1,500 (option for groups 10-50 only)		\$1,000 \$1,500 (option for groups 10-50 only)			
Out-of-pocket maximum (under age 19)	\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members		\$350 for one member/\$700 for two or more members (in-network only)			
Class 1								
Exams and X-rays	0%	0%	0%	20%	0%	20%	0%	10%
Cleanings	0%	0%	0%	20%	0%	20%	0%	10%
Periodontal maintenance	0%	0%	0%	20%	0%	20%	0%	10%
Sealants	0%	0%	0%	20%	0%	20%	0%	10%
Topical fluoride	0%	0% ¹	0%	20% ¹	0%	20%	0% ¹	10% ¹
Space maintainers	0%	Not covered	0%	Not covered	0%	20%	Not covered	Not covered
Class 2								
Restorative fillings	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Oral surgery	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Endodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Periodontics	40% after deductible	20% after deductible	40% after deductible	20% after deductible	40% after deductible	50% after deductible	10% after deductible	30% after deductible
Class 3								
Restorative crowns	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Partial and complete dentures	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Implants	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible	50% after deductible
Orthodontia	50% after deductible ²	Not covered	50% after deductible ²	Not covered	50% after deductible ²	50% after deductible ²	Not covered	Not covered
Features								
Provider network	Delta Dental Premier Network		Delta Dental Premier Network		Delta Dental PPO Network	All other providers	Delta Dental PPO Network	All other providers
Balance bill	Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental Premier Network: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes		Delta Dental PPO and Premier Networks: No Nonparticipating: Yes	

¹ For ages 19 and over, covered once in a 12-month period if there is recent history of periodontal surgery or high-risk of decay because of medical disease or chemotherapy or similar type of treatment.
² 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 table 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.

Delta Dental orthodontia riders

If your client has at least 15 enrollees, help them freshen up their smiles with orthodontic care. These dental plan riders close the gap on happier teeth and are available to groups that choose a non-voluntary plan.

Orthodontia plans

	Child Ortho 1000	Child Ortho 1500	Adult Ortho 1000	Adult Ortho 1500	Adult & Child Ortho 1000	Adult & Child Ortho 1500
Lifetime maximum	\$1,000	\$1,500	\$1,000	\$1,500	\$1,000	\$1,500
What members pay						
Members age 19+	Not covered	Not covered	50%	50%	50%	50%
Members under age 19	50% ¹	50% ¹	Not covered	Not covered	50%	50%
Plan enrollment options	Direct through modahealth.com					

¹ Treatment must start prior to child's 17th birthday.

Limitations and exclusions for dental plans

These are some common limitations and exclusions for our 2019 Delta Dental of Alaska small group 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 Radiant 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

- Exam once in a 6-month period
- Bitewing X-rays once in a 6-month period (under age 19) and once in a 12-month period (age 19 and over)
- Full-mouth or panoramic X-rays once in a 5-year period
- Prophylaxis (cleaning) 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.
- Fluoride once in a 6-month period (under age 19)
- 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

- 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)
- Crown over implant once in a 5-year period when dentally necessary (under age 19) and once per lifetime per tooth space (age 19 and over)
- IV sedation or general anesthesia only with surgical procedures or when necessary due to concurrent medical conditions
- Scaling and root planing once in a 2-year period
- Porcelain crowns on back teeth are limited to the amount for a full metal crown
- Night guard (occlusal guard) covered once per year between ages 13 and 19 at 100 percent and once every 5 years at 100 percent, up to a \$150 maximum for members age 19 and over.
- Athletic mouth guard covered once in any 12-month period for members age 15 and under, and once in any 2-year period for ages 16 and over

Exclusions

- Anesthetics, analgesics, hypnosis and medications, including nitrous oxide, except for IV sedation or general anesthesia with surgical procedures (Nitrous is only covered on the Delta Dental Premier, +2000 and Delta Dental Premier, +2500 plans)
- Charges above the reimbursement amount
- Charting (including periodontal, gnathologic)
- Congenital or developmental malformations for members age 19 and over
- Cosmetic services
- Duplication and interpretation of X-rays (exception for under age 19, only the interpretation of a diagnostic image by professional not associated with capture of the image is covered)
- Experimental or investigational treatment
- Hospital costs or other fees for facility or home care
- Instructions or training (including plaque control and oral hygiene or dietary instruction)
- Orthodontia (exception for medically necessary orthodontia for members under age 19 or when an orthodontia rider is included)
- Over-the-counter athletic mouth guards and night guards (occlusal guards)
- Precision attachments
- Rebuilding or maintaining chewing surfaces (misalignment or malocclusion) or stabilizing teeth
- Services or supplies available under any city, county, state or federal law, except Medicaid
- Treatment not dentally necessary
- Treatment of any disturbance of the temporomandibular joint (TMJ)

Member care resources

Member website *page 46*

Health tools *page 47*

Support tools *page 50*

Tools for your client's health journey

Moda Health and Delta Dental of Alaska are here to help your clients feel well so they can live better longer. We have a long tradition of finding new and better ways to care for members on the path to better health. We even have special programs and care teams to support them in reaching their personal health goals.

Get started with myModa

Your clients will love everything they can do at myModa, their personalized member website. Moda Health and Delta Dental members can log in at modahealth.com to:

- Find in-network providers
- See their 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 their member ID card

Health tools

These helpful tools and resources come with every small group health plan. Members can use them to manage their health costs and be their healthy best! They simply log in to myModa to get started. ➤

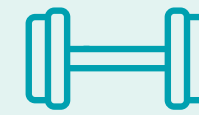


Momentum

Members take charge of their health – and track their progress – with Momentum, powered by Moda Health.

After logging in to myModa, members choose Momentum to:

- Take a health assessment and see their “health age”
- Set goals and track progress
- Find health content and resources
- Access fun healthy recipes



Active&Fit Direct™

Moda Health and Delta Dental members have access to the Active&Fit Direct™ program. For just \$25 a month they can choose from over 9,000 participating health clubs and YMCAs nationwide. The program offers:

- A free guest pass to try out a fitness center before joining (where available)
- An option to switch fitness centers to make sure they found the right fit
- Access to online directory maps and a fitness center and YMCA locator from any device
- Online tracking from a variety of wearable fitness devices, apps and exercise equipment



Health coaching

Anytime members need a hand with their health, we're here to help. Our health coaches use evidence-based practices to help members set goals and feel their 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



Care coordination and case management

When members are sick, need hospitalization or surgery, or are seriously injured, we'll give them support – so they can focus on healing.

We help members:

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



Prescription price check

This tool lets members see prescription medication prices and their share of costs by medication tier at an in-network pharmacy.

After logging in to myModa, members can look up medication cost estimates and generic options.



eDoc

Members use eDoc to email board-certified doctors, psychologists, pharmacists, dentists, dietitians and fitness experts for medical advice about any health concern. eDoc keeps it private and customized to them.

Members benefit from:

- Guidance on treatment for illnesses, nutrition, fitness, and more
- Understanding symptoms to make informed decisions about their health
- Uploading and attaching pictures to their emails
- eDocVoice – When members leave a message for a provider, they'll get a phone response within 24 hours.

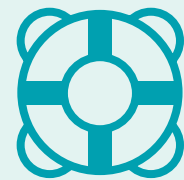


Nurse line

Gives members access to quick advice, anytime. The friendly nurses on our Registered Nurse Advice Line are available 24 hours a day.

Members can call night or day for guidance on:

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



Quitting tobacco

We help empower members to stop smoking or chewing tobacco for good by connecting them with programs that make kicking the habit a little easier. Under the Affordable Care Act (ACA), coaching to stop smoking is covered in full when members see an in-network provider.

Members can tap into:

- Tips on dealing with cravings
- Free tobacco cessation medications and over-the-counter nicotine replacement products (such as gum, lozenges and patches) when prescribed by their doctor and filled by an in-network retail pharmacy
- Phone, text and online support from Quit Coaches, 24 hours a day



MyIDCare

Members can keep their financial and medical information safe with complete identity protection through MyIDCare.

This program spots false claims early and finds fraud before it causes members or their family harm.

MyIDCare is offered to members at no extra cost. Enrolled members access all monitoring in one user-friendly app.



Healthcare Cost Estimator

The Healthcare Cost Estimator offers members a simple way to see what medical services may cost before they have them. This online tool gives members estimates based on their personal health benefits and usage.

Members can use the Healthcare Cost Estimator to:

- Browse or search by procedure to get cost estimates
- Compare costs across providers and clinics
- See how much they have spent and how much they have left to spend before they meet their out-of-pocket maximum
- See how having a procedure will change their balance
- Shop for cost effective alternatives
- Make better, well-informed decisions



We're here to help

To learn more about our health plans and resources, visit modahealth.com. Choose the tab for employers and explore group plans. We're also available to guide your clients through the plan selection and administration process.

We help each member find the right path for them through compassionate care – and by guiding them on their health journey, every step of the way.

If you need a hand, please let us know!

Faster benefits administration with EOS and eBill

Taking care of group benefits can be complicated. We're here to make it quick and easy. Our Employer Online Services (EOS) tool gives you the freedom to manage your client's group coverage. After enrolling, log in for free, 24 hours a day, seven days a week to:

- Enroll new members
- Order ID cards
- Update address and personal information
- Terminate coverage
- View eligibility
- View, print and pay their monthly bill with eBill
- Get paperless statements
- Get email notifications when a new statement is ready
- Get email notifications before payments are due

Contact us

Have questions about our plans or need marketing materials? Our friendly and knowledgeable team members are here to assist you. Call us Monday through Friday.

See back cover for contact information.



Enrollment guidelines

Group guidelines *page 52*

Contributions *page 53*

How to enroll *page 54*

Prepare your clients for a healthy start

Keeping your clients healthy is an investment that pays dividends. Help them begin their journey to better overall health and wellness.

Business requirements

Here are some of the finer points about enrolling small groups in one of our plans:

- **Confirm your eligibility.** Your client's business must be located in Alaska and have 1 – 50 full-time (or full-time equivalent) employees on average during the preceding calendar year and have at least one employee enrolled on the first day of the plan year.
- **Enroll by the 20th of the month.** New group medical/dental enrollment information must be received no later than the 20th of the month prior to the desired effective date.
- **Choose an employee eligibility waiting period.** The waiting period refers to the length of time between date of hire and coverage date. It cannot exceed 90 days for medical plans.
- **Make changes to plans upon renewal.** Changes may include, but are not limited to, eligibility waiting periods, group plan choices, employer eligibility changes and contribution or participation amounts.

Voluntary plan guidelines

For groups that don't currently offer dental, a voluntary dental plan could be a perfect fit. These plans require less contribution and participation, so your clients can reduce their financial risk while offering dental benefits. Groups with 10 or more enrolled employees can choose a Delta Dental voluntary plan.

Non-voluntary group contribution and participation

Employees	Minimum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents
Medical-only coverage, or Medical/dental integrated coverage				
1 – 4	50%	0%	100%	100%
Medical/dental coverage				
5 – 50	50%	0%	70%	25%

Voluntary group contribution and participation

Enrolled employees	Minimum employer contribution		Maximum employer contribution		Minimum participation	
	For employees	For dependents	For employees	For dependents	For employees	For dependents
Delta-only coverage						
10 – 50 enrolled	0%	0%	49%	N/A	25%	0%

Ready to enroll?

Once you determine your client's eligibility, simply follow these steps to enroll:



Decide on a plan

Pick from the 2019 small group plans listed in this brochure.

To get more details about our plans, or for help enrolling, please call us. See back cover for contact information.



Enroll

Our small group plans are available directly through us. To determine if your client qualifies for federal financial assistance, they should contact the Marketplace, HealthCare.gov.



Welcome your client

Once your client is enrolled, their employees will receive a welcome letter that confirms their plan and includes their subscriber ID number. Their ID card will arrive in a separate mailing. They can use their ID number to log in to myModa at modahealth.com. Then it's easy to find in-network providers, access health resources and review the Member Handbook to get familiar with their plan.

Moda Health nondiscrimination notice

Moda, Inc. follows 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, 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 Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-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).

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)

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)

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 serbisyon tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

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

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

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 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)

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 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。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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 تماس بگیرید. (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації 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)

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

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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



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

Portland office (corporate headquarters)

601 S.W. 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

These benefits and Moda Health/Delta Dental policies are subject to change in order to be compliant with state and federal guidelines. Health plans in Alaska provided by Moda Health Plan, Inc. Dental plans in Alaska provided by Delta Dental of Alaska.