

Alaska 2024



Choose a better experience
with your **health insurance**

Pioneer | Individual & family

moda
HEALTH

 **DELTA DENTAL**

Better value and a **better experience** with the flexibility you want

When you choose Moda Health and Delta Dental of Alaska, you'll receive high-quality insurance, more freedom, expert guidance and curated wellness services, tools and programs.



Proven with nearly **70 years** of offering insurance plans

Plans that put *you first*



Preventive care

Preventive exams, women's annual exams, well-baby care and many immunizations and screenings, so you can stay healthy



Prescription benefits

Comprehensive prescription drug coverage and an online approved drug list tool modahealth.com/pdl, so you can confirm what's covered



One of the largest networks of dentists

Experience top-of-the-line dental care from one of the largest dental networks in Alaska and across the country



24/7 doctor access

[CirrusMD app](#), so you can connect to a doctor in under a minute, anytime, anywhere, at no cost except for HSA plans



Choose a better experience.

Enroll today at modahealth.com/shop

Make a *better choice*

Insurance can be confusing. We want to make the experience better for you by helping you understand your choices.

When selecting your plan, you want to know:



Is my provider in my network?

Learn more on page 10.



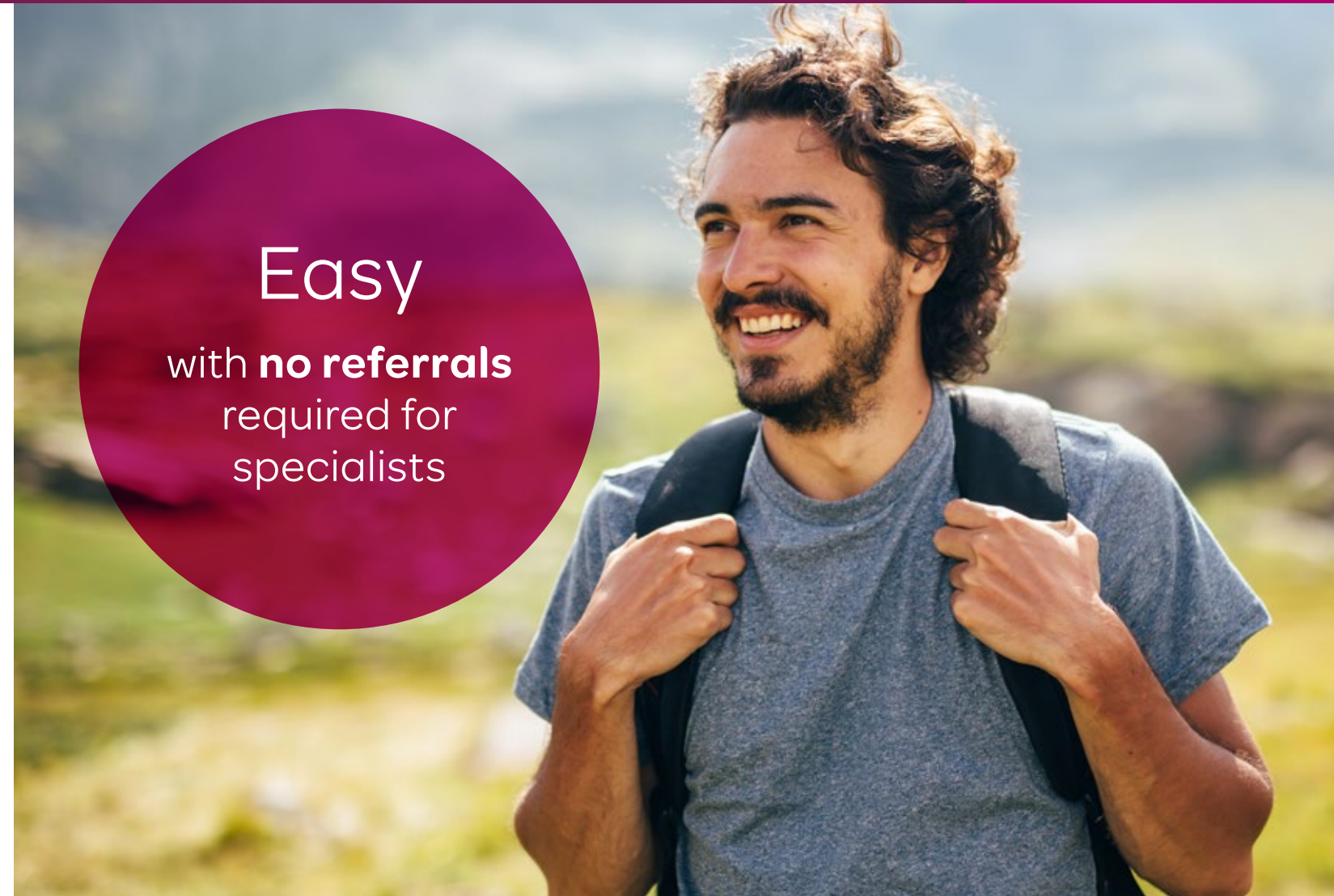
How does the plan work?

Look at our plan comparison chart on page 14.



Are my medications covered?

Look them up on the medication search page at modahealth.com/pdl.



Easy
with **no referrals**
required for
specialists

Which is right for you?

Learn more about the Moda Pioneer individual and family plans on page 14.

	● Gold	● Silver	● Bronze
Monthly premium	\$\$\$	\$\$	\$
Out-of-pocket costs	\$	\$\$	\$\$\$
Great if you...	use a lot of healthcare	use a little healthcare	



Ready to choose?

Make your selection at modahealth.com/shop

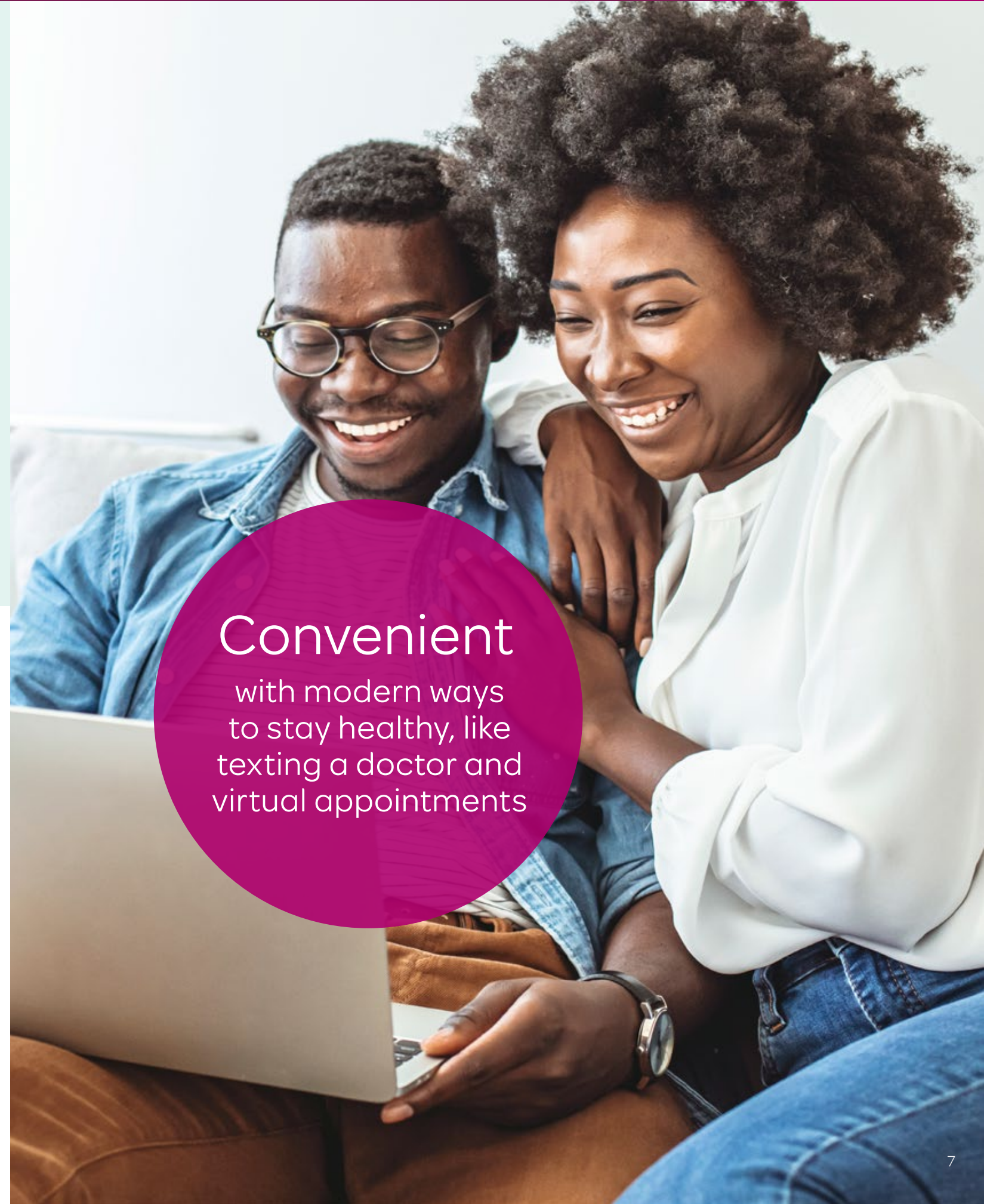
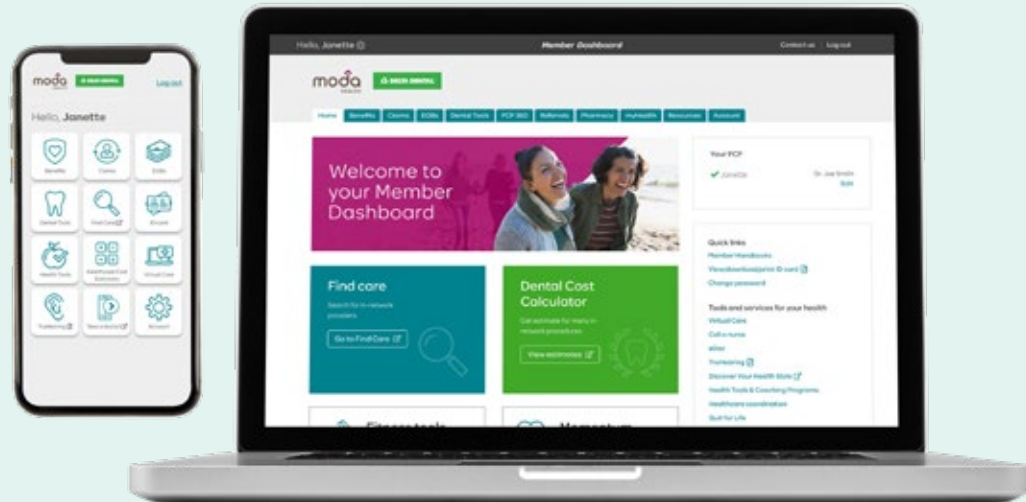


Are my medications covered?

Look them up at modahealth.com/pdl

Member perks to reach *your health goals*

Save money as you work toward better health with exclusive discounts, programs and tools for members.



Convenient
with modern ways to stay healthy, like texting a doctor and virtual appointments



Tools

- Health assessments
- Prescription price check



Discounts

- Alternative care (acupuncture, chiropractic and therapeutic massage)
- Popular health and fitness brands (Vitamix® and Garmin®)



Coaching and care

- Health coaching
- Care coordination
- Tobacco cessation
- Mobile therapy
- Emergency medical assistance when traveling
- Travel and care coordination for elective surgeries



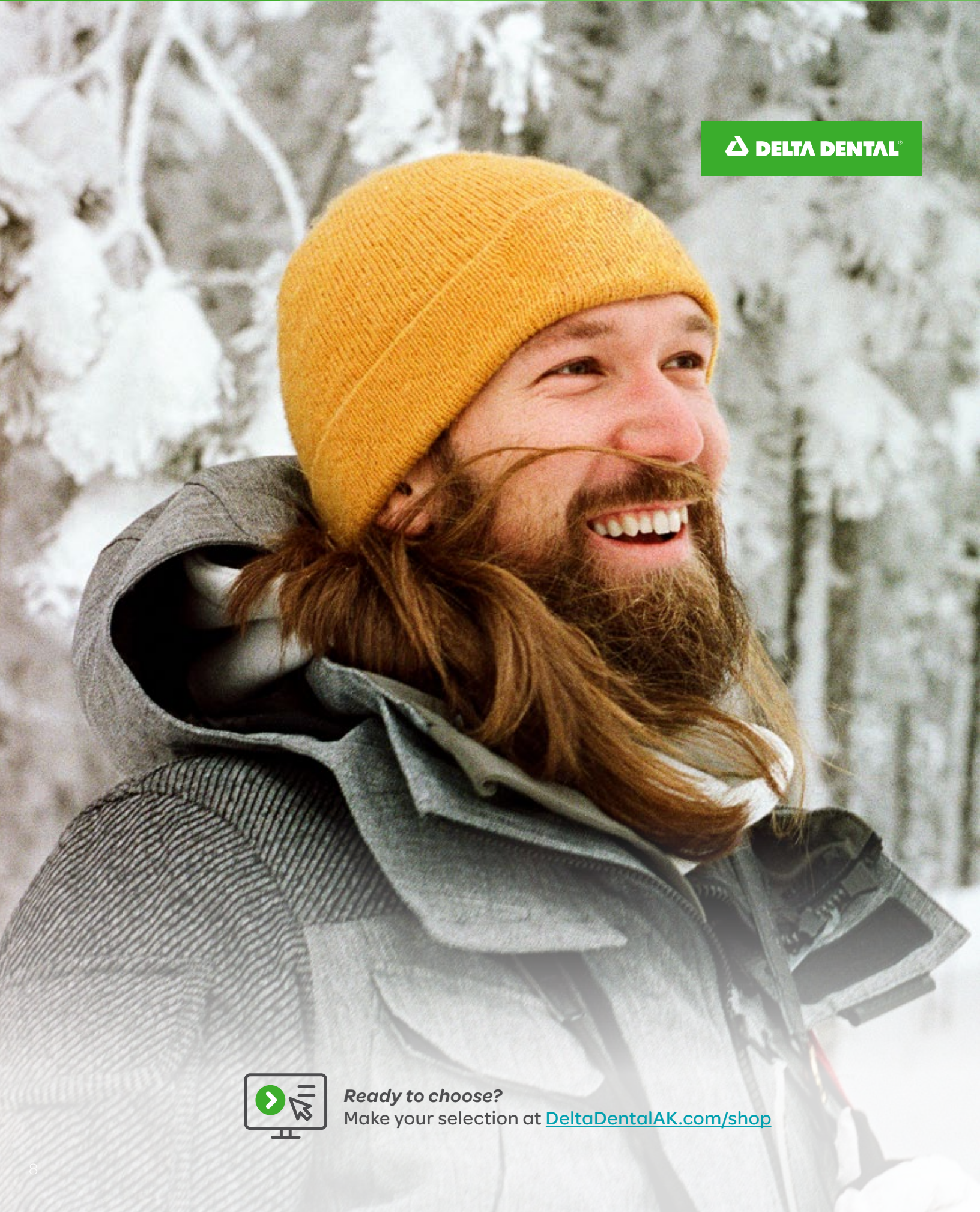
Mental health support

- 12 weeks of mobile therapy from a private therapist through your smartphone

These additional services are not insurance, may not be available in all areas, and may be discontinued at any time.



Choose a better experience.
Enroll today at modahealth.com/shop



Quality coverage for your smile

We also offer dental insurance options. This way, your whole health is covered.

With Delta Dental of Alaska plans, you'll have access to one of the nation's largest dental networks. That means you can choose from thousands of dentists across the state and the country.



Savings from in-network dentists



Cleanings every 6 months

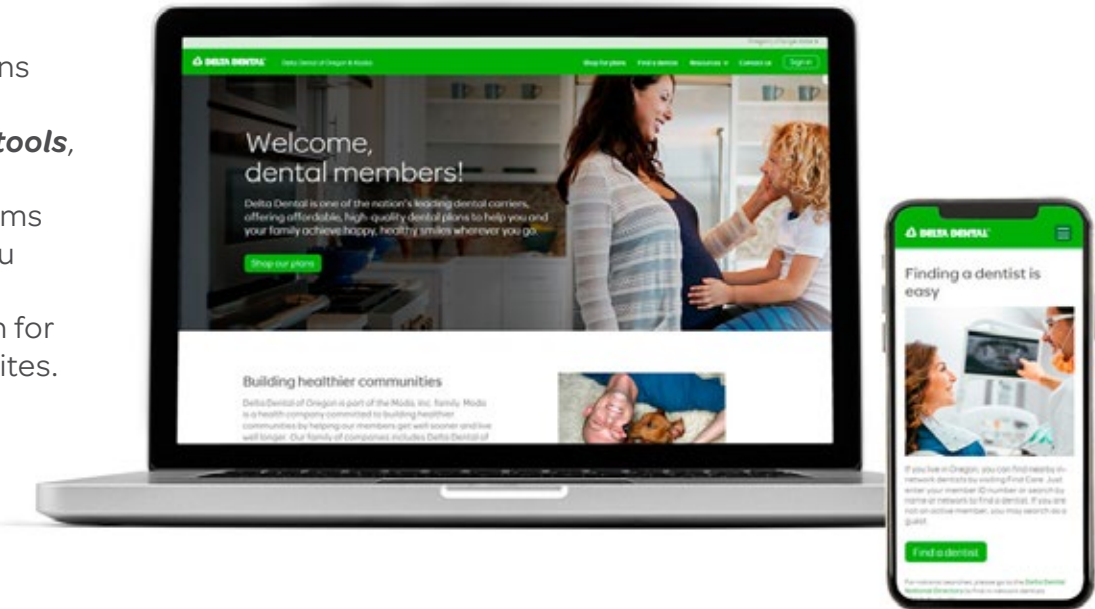


Superior customer service



Freedom to choose a dentist

Our dental plans also include **useful online tools**, resources and special programs for those of you who may need extra attention for your pearly whites.



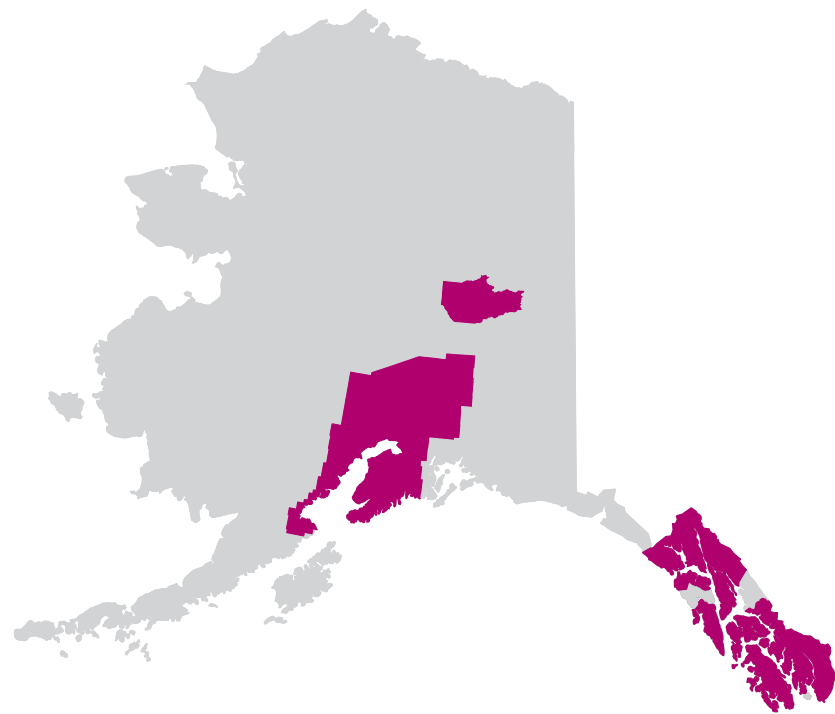
Ready to choose? Make your selection at DeltaDentalAK.com/shop



Review your dental plan options on pages 16-18

A network that connects you to care

We've carefully selected a community of primary care providers (PCPs), specialists and partner health systems, so you'll have better value and better care.



The **Pioneer Network** is for residents of:

- | | | | |
|------------------------------|---------------------------|---------------------------------|-----------------------------------|
| Municipality of Anchorage | Ketchikan Gateway Borough | Municipality of Skagway Borough | City and Borough of Wrangell |
| Fairbanks North Star Borough | Matanuska-Susitna Borough | City and Borough of Juneau | Hoonah-Angoon Census Area |
| Haines Borough | Petersburg Borough | City and Borough of Sitka | Prince of Wales-Hyder Census Area |
| Kenai Peninsula Borough | | | |



See if your doctor is in network at modahealth.com/PioneerProviders

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



Do I have to go to a Tier One provider?

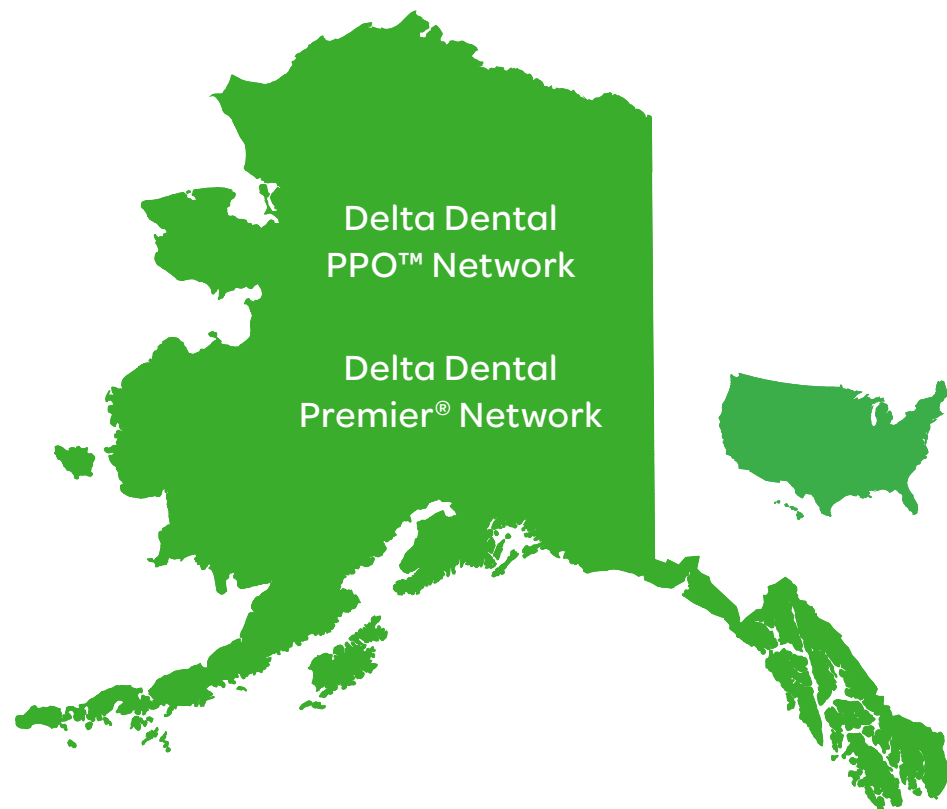
Members can use any professional provider or hospital. However, Tier 3 providers can balance bill when permitted by law.

Members receive the best benefit by using Tier 1 providers.

See if your doctor is in network at modahealth.com/PioneerProviders

Delta Dental networks *go where you go*

With access to thousands of dentists across the state and country. In-network dentists agree to accept our contracted fees as full payment, saving you out-of-pocket costs.



The **Delta Dental PPO™** Network offers these dental plans:
Delta Dental PPO 1000 • Delta Dental PPO 1500



The **Delta Dental Premier®** Network offers these dental plans:
Delta Dental Premier Healthy Smiles • Delta Dental Premier Plan
Delta Dental Premier 1000 • Delta Dental Premier Preventive Alaska Mandated Plan




See if your dentist is in network at DeltaDentalAK.com.
Then, choose **Find a Provider** and select your dental network.

Delta Dental **PPO™** Network

bigger savings



-  **Lowest cost!**
-  **Large network of dentists**




OR

Delta Dental **Premier®** Network

more choice

-  **Slightly higher cost**
-  **Choose Premier network dentists**



2024 *Medical plan* benefit table

	Gold plans		Silver plans			Bronze plans		
	Moda Pioneer Gold 1500 ¹	Moda Pioneer Alaska Standard Gold	Moda Pioneer Silver 4500 ¹	Moda Pioneer Silver 2900 Direct ¹	Moda Pioneer Alaska Standard Silver	Moda Pioneer Bronze 6500 ¹	Moda Pioneer Alaska Standard Bronze	Moda Pioneer Bronze 5500
What you pay for the care you receive each year based on the benefit tier you choose – 1 2 3 Members receive the <i>best</i> benefits by using Tier 1 providers								
Deductible per person	1 \$1,500 2 \$3,000 3 \$9,000	\$1,500 \$1,500 \$4,500	\$4,500 \$6,000 \$18,000	\$2,900 \$5,800 \$17,400	\$5,900 \$5,900 \$17,700	\$6,500 \$7,500 \$22,500	\$7,500 \$7,500 \$22,500	\$5,500 \$6,000 \$18,000
Deductible per family	1 \$3,000 2 \$6,000 3 \$18,000	\$3,000 \$3,000 \$9,000	\$9,000 \$12,000 \$36,000	\$5,800 \$11,600 \$34,800	\$11,800 \$11,800 \$35,400	\$13,000 \$15,000 \$45,000	\$15,000 \$15,000 \$45,000	\$11,000 \$12,000 \$36,000
Out-of-pocket max per person	1 \$6,000 2 \$6,000 3 \$18,000	\$8,700 \$8,700 \$26,100	\$7,750 \$8,500 \$25,500	\$8,700 \$8,700 \$26,100	\$9,100 \$9,100 \$27,300	\$9,000 \$9,000 \$27,000	\$9,400 \$9,400 \$28,200	\$9,250 \$9,250 \$27,750
Out-of-pocket max per family	1 \$12,000 2 \$12,000 3 \$36,000	\$17,400 \$17,400 \$52,200	\$15,500 \$17,000 \$51,000	\$17,400 \$17,400 \$52,200	\$18,200 \$18,200 \$54,600	\$18,000 \$18,000 \$54,000	\$18,800 \$18,800 \$56,400	\$18,500 \$18,500 \$55,500
Benefits that make up your plan, and what you pay								
Primary care provider (PCP) office visit	1 \$25 per visit 2 40% 3 60% after deductible	\$30 per visit \$30 per visit 50% after deductible	\$30 per visit 40% 60% after deductible	\$35 per visit 40% 60% after deductible	\$40 per visit \$40 per visit 60% after deductible	\$45 per visit 40% after deductible 60% after deductible	\$50 per visit \$50 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Specialist office visit	1 \$50 per visit 2 40% 3 60% after deductible	\$60 per visit \$60 per visit 50% after deductible	\$60 per visit 40% 60% after deductible	\$70 per visit 40% 60% after deductible	\$80 per visit \$80 per visit 60% after deductible	\$75 per visit 40% after deductible 60% after deductible	\$100 per visit \$100 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Urgent care visit	1 \$50 per visit 2 40% 3 60% after deductible	\$45 per visit \$45 per visit 50% after deductible	\$60 per visit 40% 60% after deductible	\$70 per visit 40% 60% after deductible	\$60 per visit \$60 per visit 60% after deductible	\$75 per visit 40% after deductible 60% after deductible	\$75 per visit \$75 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Virtual care visit	1 \$15 per visit 2 40% 3 60% after deductible	\$30 per visit \$30 per visit 50% after deductible	\$20 per visit 40% 60% after deductible	\$25 per visit 40% 60% after deductible	\$40 per visit \$40 per visit 60% after deductible	\$35 per visit 40% after deductible 60% after deductible	\$50 per visit \$50 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Emergency room visit	1 2 3 30% after deductible	25% after deductible	30% after deductible	35% after deductible	40% after deductible	30% after deductible	50% after deductible	40% after deductible
Acupuncture, spinal manipulation and massage therapy services	1 \$25 per visit 2 40% after deductible 3 60% after deductible	\$30 per visit \$30 per visit 50% after deductible	\$30 per visit 40% after deductible 60% after deductible	\$35 per visit 40% after deductible 60% after deductible	\$40 per visit \$40 per visit 60% after deductible	\$45 per visit 50% after deductible 60% after deductible	\$50 per visit \$50 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Mental health and substance use disorder office visit	1 \$25 per visit 2 40% 3 60% after deductible	\$30 per visit \$30 per visit 50% after deductible	\$30 per visit 40% 60% after deductible	\$35 per visit 40% 60% after deductible	\$40 per visit \$40 per visit 60% after deductible	\$45 per visit 40% after deductible 60% after deductible	\$50 per visit \$50 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Outpatient rehabilitation	1 \$50 per visit 2 40% 3 60% after deductible	\$30 per visit \$30 per visit 50% after deductible	\$60 per visit 40% 60% after deductible	\$70 per visit 40% 60% after deductible	\$40 per visit \$40 per visit 60% after deductible	\$75 per visit 40% after deductible 60% after deductible	\$50 per visit \$50 per visit 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Inpatient/outpatient care	1 30% after deductible 2 40% after deductible 3 60% after deductible	25% after deductible 25% after deductible 50% after deductible	30% after deductible 40% after deductible 60% after deductible	35% after deductible 40% after deductible 60% after deductible	40% after deductible 40% after deductible 60% after deductible	30% after deductible 50% after deductible 60% after deductible	50% after deductible 50% after deductible 60% after deductible	40% after deductible 50% after deductible 60% after deductible
Pharmacy benefits								
Value	1 2 3 \$2	\$15	\$2	\$2	\$20	\$2	\$25	\$2
Generic	1 2 3 \$10	\$15	\$20	\$20	\$20	30% after deductible	\$25	35% after deductible
Preferred	1 2 3 \$45	\$30	\$60	40%	\$40	30% after deductible	\$50 after deductible	35% after deductible
Non-preferred	1 2 3 50% after deductible	\$60	50% after deductible	50% after deductible	\$80 after deductible	45% after deductible	\$100 after deductible	40% after deductible
Specialty*	1 2 3 40% after deductible	\$250	40% after deductible	40%	\$350 after deductible	35% after deductible	\$500 after deductible	35% after deductible
Non-preferred specialty*	1 2 3 50% after deductible	\$250	50% after deductible	50% after deductible	\$350 after deductible	45% after deductible	\$500 after deductible	40% after deductible

Things to consider when choosing your plan


Features	Gold plans	Silver plans	Bronze plans
	1 2 3	1 2 3	1 2 3

Plan highlights

- 3 tiers to choose from
- 1 Pioneer Network
- 2 First Choice Network in AK
- 3 Non-contracted providers

The Pioneer Network was developed to provide cost-effective, coordinated care. Our Pioneer plans offer three benefit levels (tiers) of healthcare. Members receive the best benefits by using Tier 1 providers. **Learn more on page 10.**

Scan the QR code, then click the Summary of Benefits (SOB) link to view detailed information on each plan.




- Included with all plans
- Unlimited mental health and substance disorder in person office visits
- PT Up to 45 outpatient rehabilitation and 45 habilitation visits in a calendar year
- You can get up to 24 acupuncture, massage and spinal manipulation visits in a calendar year
- For ages 19 and above, one eye exam and one pair of lenses every year and one pair of frames every two years





This is a summary of the health plan benefits and is not a contract; limitations and exclusions apply. See the medical plan benefit summaries, SBCs, handbook or contract for details. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control. These benefits and Moda Health policies are subject to change in order to be compliant with state and federal guidelines. This brochure 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.

*Tier 3 pharmacy benefits not covered
1 First 2 in-person and virtual PCP visits at \$5. First 2 mental health and/or substance use disorder office visits at \$5.

2024 *Dental plan* benefit table

	 Special youth-only plan		 Direct Only Non-Certified plan							
	Delta Dental PPO 1000 Plan ^{1, 2, 3, 4}		Delta Dental PPO 1500 Plan ^{1, 2, 3, 4}		Delta Dental Premier® Plan ^{1, 2, 3, 4}		Delta Dental Premier® Healthy Smiles Plan ⁴		Delta Dental Premier® 1000 Plan ^{1, 5, 6, 7, 8}	
	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18	Ages 19+	Ages 0-18 only (adults not covered)	Ages 19+ (not covered)	Ages 0-18	Ages 19+
What you pay for the <i>in-network</i> care you receive each year — out-of-network services may be covered at a different rate										
Deductible per person	\$50	\$50	\$50	\$50	\$0	\$0	\$0	Not covered	\$50 (for all ages)	\$50 (for all ages)
Deductible per family	\$150	\$150	\$150	\$150	\$0	\$0	\$0	Not covered	\$150 (for all ages)	\$150 (for all ages)
Annual maximum (age 19+)	\$1,000	\$1,000	\$1,500	\$1,500	\$1,100	\$1,100	N/A	Not covered	\$1,000 (for all ages)	\$1,000 (for all ages)
Out-of-pocket maximum (ages 0-18)	\$400 for 1 member \$800 for 2+ members (in-network only)		\$400 for 1 member \$800 for 2+ members (in-network only)		\$400 for 1 member \$800 for 2+ members		\$400 for 1 member \$800 for 2+ members		N/A	
Out-of-network benefits available	✓		✓		✓		✓		✓	
Class 1										
Exams & X-rays	0%		0%		15%		20%		15%	
Cleanings	0%		0%		15%		20%		15%	
Periodontal maintenance	0%		0%		15%		20%		15%	
Sealants	0%		0%		15%		20%		15%	
Topical fluoride	0%		0%		15%		20%		15%	
Class 2										
Space maintainers	50% after deductible	Not covered	50% after deductible	Not covered	60%	Not covered	60%	Not covered	60%	Not covered
Restorative fillings	50% after deductible	20% after deductible	50% after deductible	20% after deductible	60%	35%	60%	Not covered	60%	Not covered
Class 3										
Oral surgery	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Endodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Periodontics	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Restorative crowns	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Bridges	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Partial and complete dentures	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Anesthesia	70% after deductible	50% after deductible	70% after deductible	50% after deductible	70%	50%	70%	Not covered	70%	50% after deductible
Orthodontia	70% after deductible	Not covered	70% after deductible	Not covered	70%	Not covered	70% ⁵	Not covered	70%	Not covered
Features										
Provider network	PPO		PPO		Premier		Premier		Premier	

Plan highlights

- 
Premier 1000 Plan
 Delta Dental Premier 1000 is a non-certified dental plan that does not include the ACA Pediatric benefits, members of any age can enroll in this plan. Only available direct at DeltaDentalAK.com/shop.
- 
Healthy Smiles
 Healthy Smiles is a special youth-only Delta Dental Premier® plan for ages 0-18. No benefits will be paid for members 19+ enrolled in this plan.
- 
Out-of-network available
 For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.
 

1 Topical fluoride limited to once in a 6-month period for under age 19 and limited to once in a 12-month period for ages 19 and older only 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 For Class 2 services, a 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 3 For Class 3 services, a 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 4 Only medically necessary orthodontia is covered 5 Pediatric limitations do not apply. Follow Delta Dental standard limitations. 6 For Class 2 services, six-month exclusion period for all ages if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 7 For Class 3 services, 12-month exclusion period for all ages if the member does not have one year of prior dental coverage with no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. 8 Space maintainers not covered for ages 19 and older.


These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document 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. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various 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.

2024 *Dental plan* benefit table

	Delta Dental Premier Preventive Alaska Mandated Plan ^{1,2,3}	
	Ages 0-18	Ages 19+
What you pay for the <i>in-network</i> care you receive each year — out-of-network services may be covered at a different rate		
Deductible per person	\$25 (for all ages)	
Deductible per family	\$75 (for all ages)	
Annual maximum	\$500 (for all ages)	
Out-of-pocket maximum	N/A	
Out-of-network benefits available	✔	
Class 1		
Exams & X-rays	0% after deductible	0% after deductible
Cleanings	0% after deductible	0% after deductible
Periodontal maintenance	0% after deductible	0% after deductible
Sealants	0% after deductible	0% after deductible
Topical fluoride	0% after deductible	0% after deductible
Space maintainers	0% after deductible	Not covered
Class 2		
Restorative fillings	90% after deductible	90% after deductible
Oral surgery	90% after deductible	90% after deductible
Endodontics	90% after deductible	90% after deductible
Periodontics	90% after deductible	90% after deductible
Anesthesia	90% after deductible	90% after deductible
Class 3		
Restorative crowns	90% after deductible	90% after deductible
Bridges	90% after deductible	90% after deductible
Partial and complete dentures	90% after deductible	90% after deductible
Orthodontia	Not covered	Not covered
Features		
Provider network	Premier	

Plan highlights

- ✔
Out-of-network available
 For out-of-network benefits, scan the QR code, then click the Summary of Benefits (SOB) link for detailed information on each plan.



¹ Topical fluoride limited to once in a 6-month period for ages under 19 and limited to once in a 12-month period for ages 19 and older only 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 For Class 2 services, 6-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy. ³ For Class 3 services, 12-month exclusion period applies for ages 19 and older. Exclusion periods may be waived with one year of prior dental coverage, and no more than a 90-day break in coverage from the end of the old policy to the effective date of the 2024 Delta Dental policy.

These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This document 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. These benefits and Delta Dental of Alaska policies are subject to change in order to be compliant with state and federal guidelines. This brochure provides summaries of various 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.

Easy enrollment

DeltaDentalAK.com/shop

Confirm your eligibility, find the plan you like, and enroll!





+



Ready to choose better health?

Shop our plans at modahealth.com/shop

Call us or your agent to enroll at 855-718-1767

Enroll online at modahealth.com/shop

Questions? We're here to help!

modasales@modahealth.com | 855-718-1767

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, religion, 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:

888-217-2363 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint.

Please mail or fax it to:

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

Scott White coordinates our nondiscrimination work:

Scott White,
Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

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.

modahealth.com

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

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

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

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

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

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

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 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).

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

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با 1-877-605-3229 (TTY: 711) تماس بگیرید.

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

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

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

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-877-605-3229 (TTY: 711) પર કોલ કરો.

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສຍຄ່າ. ໂທ 1-877-605-3229 (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)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

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

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

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

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

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



Medicare

Small group

Large group

Questions? *We're here to help.*

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

Anchorage office

510 L Street, Suite 270
Anchorage, AK 99501
855-718-1767

Portland office (corporate headquarters)

601 SW Second Ave.
Portland, OR 97204-3156
855-718-1767

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