

# 2027 Medical plan benefit summary



## ● Moda Select Alaska Bronze 8500 - AI/AN Zero

|                                                                | Indian Health Care Provider (IHCP) you pay                                                                                                                                         | In-network you pay | Out-of-network you pay |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------|
| <b>Calendar year costs</b>                                     |                                                                                                                                                                                    |                    |                        |
| Deductible per person                                          | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Deductible per family                                          | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Out-of-pocket max per person                                   | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Out-of-pocket max per family                                   | \$0                                                                                                                                                                                | \$0                | \$0                    |
| <b>Care &amp; services</b>                                     |                                                                                                                                                                                    |                    |                        |
| Preventive care visit under the ACA                            | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Primary care provider (PCP) office visit                       | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Specialist office visit                                        | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Urgent care visit                                              | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Virtual care visit - CirrusMD                                  | Not applicable                                                                                                                                                                     | 0%                 | Not applicable         |
| Other providers                                                | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Outpatient diagnostic X-ray & lab                              | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Emergency room visit                                           | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Ambulance                                                      | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Inpatient/outpatient care                                      | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Behavioral health office visit                                 | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Physical, speech or occupational therapy visit                 | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Acupuncture, massage therapy, and spinal manipulation services | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Dental services for under age 19                               | Covered                                                                                                                                                                            | Covered            | Covered                |
| Vision exam for under age 19                                   | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| Vision hardware for under age 19                               | 0%                                                                                                                                                                                 | 0%                 | 0%                     |
| <b>Prescription medications</b>                                |                                                                                                                                                                                    |                    |                        |
| Value                                                          | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Select                                                         | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Preferred                                                      | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Non-Preferred                                                  | \$0                                                                                                                                                                                | \$0                | \$0                    |
| Preferred Specialty                                            | \$0                                                                                                                                                                                | \$0                | Not covered            |
| Non-Preferred Specialty                                        | \$0                                                                                                                                                                                | \$0                | Not covered            |
| <b>Features</b>                                                |                                                                                                                                                                                    |                    |                        |
| Metallic level                                                 | Expanded Bronze                                                                                                                                                                    |                    |                        |
| Exchange                                                       | On                                                                                                                                                                                 |                    |                        |
| Medicare Part D creditable                                     | Yes                                                                                                                                                                                |                    |                        |
| Provider network                                               | Moda Select                                                                                                                                                                        |                    |                        |
| Service area                                                   | Anchorage, Fairbanks North Star, Haines, Hoonah Angoon, Juneau, Kenai Peninsula, Ketchikan Gateway, Matanuska Susitna, Petersburg, Prince Of Wales Hyder, Sitka, Skagway, Wrangell |                    |                        |
| Additional benefit                                             | Includes hearing exam/hearing aid and adult mandated vision                                                                                                                        |                    |                        |

Limitations and exclusions apply. See the Summary of Benefits and Coverage (SBC) and the member handbook for the requirements, limitations and exclusions of the Plan. This document is provided for informational purposes only, and is intended for licensed and appointed producers of Moda Health. It is not an SBC and should not be regarded as a replacement for the SBC. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.