

# 2027 Medical plan benefit summary

## ● Moda Select Alaska Standard Bronze - AI/AN Limited

|                                                                | 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                                                                                                                                                                                | \$7,500                      | \$22,500               |
| Deductible per family                                          | \$0                                                                                                                                                                                | \$15,000                     | \$45,000               |
| Out-of-pocket max per person                                   | \$0                                                                                                                                                                                | \$12,000                     | \$36,000               |
| Out-of-pocket max per family                                   | \$0                                                                                                                                                                                | \$24,000                     | \$72,000               |
| <b>Care &amp; services</b>                                     |                                                                                                                                                                                    |                              |                        |
| Preventive care visit under the ACA                            | 0%                                                                                                                                                                                 | 0%                           | 60% after deductible   |
| Primary care provider (PCP) office visit                       | 0%                                                                                                                                                                                 | \$50/visit                   | 60% after deductible   |
| Specialist office visit                                        | 0%                                                                                                                                                                                 | \$100/visit                  | 60% after deductible   |
| Urgent care visit                                              | 0%                                                                                                                                                                                 | \$75/visit                   | 60% after deductible   |
| Virtual care visit - CirrusMD                                  | Not applicable                                                                                                                                                                     | \$50/visit                   | Not applicable         |
| Other providers                                                | 0%                                                                                                                                                                                 | \$50/visit                   | 60% after deductible   |
| Outpatient diagnostic X-ray & lab                              | 0%                                                                                                                                                                                 | 50% after deductible         | 60% after deductible   |
| Emergency room visit                                           | 0%                                                                                                                                                                                 | 50% after deductible         | 50% after deductible   |
| Ambulance                                                      | 0%                                                                                                                                                                                 | 50% after deductible         | 50% after deductible   |
| Inpatient/outpatient care                                      | 0%                                                                                                                                                                                 | 50% after deductible         | 60% after deductible   |
| Behavioral health office visit                                 | 0%                                                                                                                                                                                 | \$50/visit                   | 60% after deductible   |
| Physical, speech or occupational therapy visit                 | 0%                                                                                                                                                                                 | \$50/visit                   | 60% after deductible   |
| Acupuncture, massage therapy, and spinal manipulation services | 0%                                                                                                                                                                                 | \$50/visit                   | 60% after deductible   |
| Dental services for under age 19                               | Covered                                                                                                                                                                            | Covered                      | Covered                |
| Vision exam for under age 19                                   | 0%                                                                                                                                                                                 | 0%                           | 50%                    |
| Vision hardware for under age 19                               | 0%                                                                                                                                                                                 | 0%                           | 50%                    |
| <b>Prescription medications</b>                                |                                                                                                                                                                                    | One copay per 30-day supply. |                        |
| Value                                                          | \$0                                                                                                                                                                                | \$25                         | \$25                   |
| Select                                                         | \$0                                                                                                                                                                                | \$25                         | \$25                   |
| Preferred                                                      | \$0                                                                                                                                                                                | \$50 after deductible        | \$50 after deductible  |
| Non-Preferred                                                  | \$0                                                                                                                                                                                | \$100 after deductible       | \$100 after deductible |
| Preferred Specialty                                            | \$0                                                                                                                                                                                | \$500 after deductible       | Not covered            |
| Non-Preferred Specialty                                        | \$0                                                                                                                                                                                | \$500 after deductible       | Not covered            |
| <b>Features</b>                                                |                                                                                                                                                                                    |                              |                        |
| Metallic level                                                 | Expanded Bronze                                                                                                                                                                    |                              |                        |
| Exchange                                                       | On                                                                                                                                                                                 |                              |                        |
| Medicare Part D creditable                                     | No                                                                                                                                                                                 |                              |                        |
| 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 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.