

2027 Medical plan benefit summary



● Moda Select Alaska Standard Gold - AI/AN Limited

	Indian Health Care Provider (IHCP) you pay	In-network you pay	Out-of-network you pay
Calendar year costs			
Deductible per person	\$0	\$2,500	\$7,500
Deductible per family	\$0	\$5,000	\$15,000
Out-of-pocket max per person	\$0	\$8,600	\$28,700
Out-of-pocket max per family	\$0	\$17,200	\$57,400
Care & services			
Preventive care visit under the ACA	0%	0%	50% after deductible
Primary care provider (PCP) office visit	0%	\$30/visit	50% after deductible
Specialist office visit	0%	\$60/visit	50% after deductible
Urgent care visit	0%	\$45/visit	50% after deductible
Virtual care visit - CirrusMD	Not applicable	\$30/visit	Not applicable
Other providers	0%	\$30/visit	50% after deductible
Outpatient diagnostic X-ray & lab	0%	25% after deductible	50% after deductible
Emergency room visit	0%	25% after deductible	25% after deductible
Ambulance	0%	25% after deductible	25% after deductible
Inpatient/outpatient care	0%	25% after deductible	50% after deductible
Behavioral health office visit	0%	\$30/visit	50% after deductible
Physical, speech or occupational therapy visit	0%	\$30/visit	50% after deductible
Acupuncture, massage therapy, and spinal manipulation services	0%	\$30/visit	50% 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%
Prescription medications			
	One copay per 30-day supply.		
Value	\$0	\$15	\$15
Select	\$0	\$15	\$15
Preferred	\$0	\$30	\$30
Non-Preferred	\$0	\$60	\$60
Preferred Specialty	\$0	\$250	Not covered
Non-Preferred Specialty	\$0	\$250	Not covered
Features			
Metallic level	Gold		
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 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.