2024 Medical plan benefit summary

moda HEALTH

Moda Pioneer Alaska Standard Silver - CSV2

	Tier 1 - you pay	Tier 2 - you pay	Tier 3 - you pay
Calendar year costs			
Deductible per person	$700	$700	$2,100
Deductible per family	$1,400	$1,400	$4,200
Out-of-pocket max per person	$3,000	$3,000	$9,000
Out-of-pocket max per family	$6,000	$6,000	$18,000
Care & services			
Preventive care visit[1]	$0/visit	$0/visit	60% after deductible
Primary care provider (PCP) office visit	$20/visit	$20/visit	60% after deductible
Specialist office visit	$40/visit	$40/visit	60% after deductible
Urgent care visit	$30/visit	$30/visit	60% after deductible
Virtual care visit	$20/visit	$20/visit	60% after deductible
Outpatient diagnostic X-ray & lab	30% after deductible	30% after deductible	60% after deductible
Emergency room visit	30% after deductible	30% after deductible	30% after deductible
Ambulance	30% after deductible	30% after deductible	30% after deductible
Inpatient/outpatient care	30% after deductible	30% after deductible	60% after deductible
Mental health/substance use disorder office visit	$20/visit	$20/visit	60% after deductible
Other outpatient mental health/ substance use disorder services	30% after deductible	30% after deductible	60% after deductible
Physical, speech or occupational therapy visit	$20/visit	$20/visit	60% after deductible
Acupuncture, spinal manipulation & massage therapy	$20/visit	$20/visit	60% after deductible
Dental services for under age 19	Covered	Covered	Covered
Pediatric vision exam	$0/visit	$0/visit	50%
Pediatric vision hardware	0%	0%	50%
Prescription medications[2]			
Value	$10	$10	$10
Select	$10	$10	$10
Preferred	$20	$20	$20
Non-Preferred	$60 after deductible	$60 after deductible	$60 after deductible
Preferred Specialty	$250 after deductible	$250 after deductible	Not Covered
Non-Preferred Specialty	$250 after deductible	$250 after deductible	Not Covered
Features			
Metallic level	Silver		
Exchange	On		
Medicare Part D creditable	Yes		
Network	Tier 1 – Pioneer network, Tier 2 – First Choice network in Alaska, Tier 3 – Other providers in Alaska, Dental Services – Delta Dental Premier		
Service area	Municipality of Anchorage, Fairbanks North Star Borough, Haines Borough, Kenai Peninsula Borough, Ketchikan Gateway, Matanuska-Susitna Borough, Petersburg Borough, Municipality of Skagway, City and Borough of Juneau, City and Borough of Sitka, City and Borough of Wrangell, Hoonah-Angoon Census Area, Prince of Wales-Hyder Census Area		
Additional benefits	Includes hearing exam/hearing aid and adult vision.		

1 *Tier 1 and 2: Cost sharing may apply to services not required under the Affordable Care Act.*
2 *One copay for a 30-day supply.*

Limitations

- Acupuncture, massage therapy and spinal manipulations limited to 24 visits each per calendar year
- Authorization by Moda Health 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
- Dental: For members under age 19. Frequency limits apply. Orthodontia limited to members under age 19 only when medically necessary
- Hearing exams are covered once every three calendar years. Hearing aids are covered once every three calendar years up to $3,000
- 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 with autism spectrum disorders). Limits apply separately to rehabilitative and habilitation services.
- Prescriptions, maximum 90-day supply retail and mail order, and 30 days specialty pharmacy for most medications
- 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 an Exclusive 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 covered once per calendar year for members under age 19
- 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.

Exclusions

- 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 after a mastectomy and some medically necessary complications of reconstructive surgeries)
- 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)
- Injury you get from practicing for or participating in professional athletic activities
- 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
- Services or supplies available under any city, county, state or federal law, except Medicaid
- 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 for sexual dysfunction and paraphilic disorders
- Vision surgery to alter the refractive character of the eye

This document is provided for informational purposes only, and is intended as a quick reference of Moda Health plan benefits. It is not considered a Summary of Benefits and Coverage (SBC), and should not be regarded as a replacement for the SBC. For cost and additional details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, contact your producer or Moda Health.

This is a summary of the health plan benefits and is not a contract. If there is any discrepancy between the information in this summary and the contract, it is the contract that will control.

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