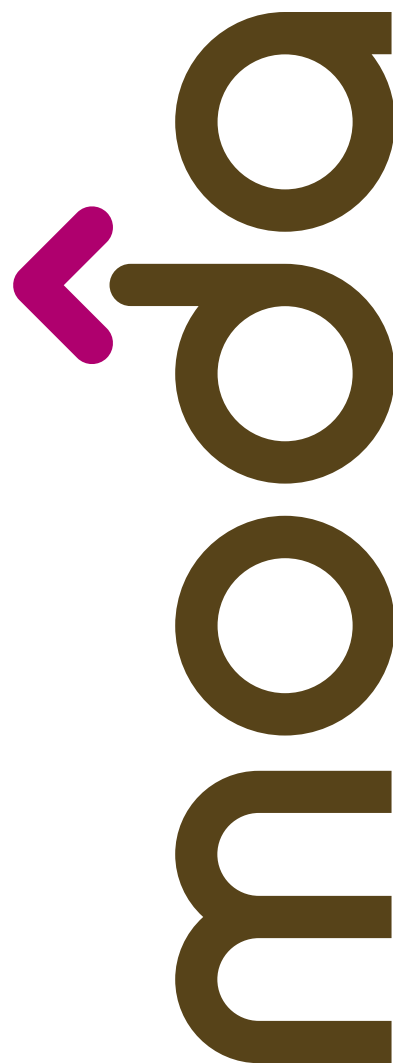


# Health plans for every body

Individuals and families



Alaska

[modahealth.com](http://modahealth.com)

*Plans available Jan. 1, 2014*



## Better health starts here

Hello. Welcome to Moda Health and Delta Dental of Alaska, the place you go when you want more than a health plan — because you know good health is about so much more than just the plan details.

You know your health relies on quality plans, programs, online tools and, most important, partnerships that help you along the way.

At Moda Health, we have all of that and a little bit more — and we're excited about helping you on your journey to be better.

For our part, we'll provide a network of doctors and specialists, expert health coaches, caring customer service reps and some of the greatest innovators in healthcare. For your part, we ask that you come ready to be the MVP of your health.

Because together, we can be more. We can be better.

## Resources for your journey

Moda Health is here to help you get well sooner when you're sick or injured and live well longer the rest of the time. We even have special programs and clinical teams to give you support in reaching your health goals.

### myModa

Need information about your plan? Your personalized member website, myModa, helps you understand and get the most from your benefits. You can log in to myModa by visiting [modahealth.com](http://modahealth.com).

- View your benefits, eligibility and history.
- See prescription history, pharmacy benefits and estimate prices on your medications.
- See account details, such as contact information and enrolled dependents.
- See and download ID cards.
- Check the status of a claim, see your claim history and access claim forms.
- Review electronic explanations of benefits (EOBs).
- Pay your premium online with eBill — see invoices, set up payment (credit card, debit, checking or savings) and set a recurring payment using AutoPay.

### Be Better tools

Make your health plan work for you. With resources and personal support for your best health, our Be Better tools come with all our health plans and are available through myModa. Read on to see what you'll get.

#### eDoc

Knowledge is power. By understanding your health conditions, you can make better decisions for yourself. eDoc lets you email a specialized health professional at any time to get the answers you need.

eDoc gives you access to:

- Board-certified physicians
- Licensed psychologists
- Pharmacists
- Dentists
- Dietitians
- Fitness experts
- eDocVoice — leave a message for a provider, and you'll get a phone response within 24 hours

### Nurse line

Need quick advice? The friendly nurses on our Registered Nurse Advice Line are ready for your call, 24 hours a day. For basic health situations, they can help:

- Explain symptoms
- Suggest treatment for minor injuries and burns
- Recommend home cold and flu remedies
- Advise you when to make a doctor's appointment
- Suggest when you should go to urgent care or the emergency room

### Condition management and health coaching

If you're dealing with a chronic health condition, you don't have to do it alone. We offer in-depth support programs that help you set goals and learn how to stay healthy. You can also get one-on-one support from a health coach who will help you every step of the way. Our specialized programs include:

- Cardiac Care
- Dental Care
- Depression Care
- Diabetes Care
- Lifestyle Coaching
- Women's Health & Maternity Care
- Respiratory Care
- Spine & Joint Care

### Care coordination

When you're sick or injured, we can help take some of the work off your plate so you can focus on healing. A Moda Health case manager can help you navigate the healthcare system and:

- Communicate with providers
- Understand treatment options
- Arrange for in-home caregivers
- Order medical equipment

### Online tracking tools

Celebrate your progress toward a healthier you. You can find secure tools at myModa to learn about, manage and track your health, including:

- Health and symptom evaluation
- Medical library
- Health helpers (health trackers, calculators and more)
- Pharmacy costs and research
- Personal health files
- News, forums and communication tools

## Access care, wherever you are

Health happens, whether you're at home or on the road. We want to make sure you stay covered, no matter where you are. So we've made it easy to find in-network coverage in your hometown and across the country.

### Moda Health networks have you covered

Moda Health is pleased to offer two comprehensive networks in Alaska, designed to make finding coverage easy and convenient.

In each network, you are welcome to see any licensed provider at the in-network benefit level; however, your benefits will go further when you choose to see a contracted provider.

The difference between the ODS+ Providence Alaska Network and ODS Alaska Select Network is hospital services in Anchorage. You must seek hospital services from the network's participating hospitals to receive the in-network benefit level.

### ODS + Providence Alaska Network

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Providence Alaska Medical Center as the preferred provider of acute care services in the Anchorage area.

### ODS Alaska Select Network

This Alaska network covers participating physicians, clinics and ancillary providers throughout the state. It includes Alaska Regional Hospital as the preferred provider of acute care services in the Anchorage area.

## Which ‘tier’ is right for you?

Not sure where to start? Whatever your needs, we’re confident you’ll find the plan that fits just right. Plan tiers can help you narrow down the options. Take a look at the chart below to compare care costs and average monthly rates by tier.

### Plan tier categories

Our medical plans fall into one of four tiers: gold, silver, bronze and catastrophic.

Gold plans cost a little more, but they cover more, too. Silver plans fall somewhere in the middle. Bronze plans provide a little less coverage, but you’ll save money on monthly premiums.

The catastrophic tier includes one plan. If you’re under 30 or meet some eligibility requirements, this plan offers coverage just in case of an emergency.

Knowing about these tiers may help you find and choose the best plan for you.

	What you pay for care (deductible and copay)	What you pay each month (monthly rate)
Gold plans <a href="#">page 10</a>	\$	\$\$\$\$
Silver plans <a href="#">page 11</a>	\$\$	\$\$\$
Bronze plans <a href="#">page 13</a>	\$\$\$	\$\$
Catastrophic plan <a href="#">page 15</a>	\$\$\$\$	\$

## Find your perfect plan

We love our new health plans — and we hope you will, too. After all, they were created with you in mind. They are meant to help you get well sooner and live well longer.

Each plan covers 100 percent of preventive care — that includes women's annual exams, well-baby care, routine physicals and immunizations. Plans vary most by network size, premiums, deductibles and copays.

If you want to feel protected, prepared and connected, you're in the right place.

Turn the page to check out our new plan summaries.

### Enrolling in your new plan, online

This fall just visit [choosemoda.com](http://choosemoda.com) to browse, compare and enroll in any new Moda Health plan online. You also can learn about Health Care Reform and whether or not you qualify for financial help.

Not an online type of person? No worries. We've still got you covered. Our friendly and knowledgeable team members are here to help. Just call toll-free at 855-718-1767, Monday through Friday, 7:30 a.m. to 5:30 p.m.



# Gold > Be Protected

With health coverage like this, worry is a world away. You want healthcare with plenty of bells and whistles. This plan covers you from your head to your toes. Enjoy our lowest copays and deductibles for primary and specialty care.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$750	\$1,500
Deductible per family	\$1,500	\$3,000
Out-of-pocket max per person	\$4,750	\$9,500
Out-of-pocket max per family	\$9,500	\$19,000
Care & services		
Primary care physician (PCP) office visit	\$15/visit <sup>2</sup>	50%
Specialist office visit	\$15/visit <sup>2</sup>	50%
Urgent care visit	\$15/visit <sup>2</sup>	50%
Inpatient care (includes maternity)	15%	50%
Outpatient care	15%	50%
Outpatient diagnostic X-ray & lab	15%	50%
Outpatient mental health/ chemical dependency	15%	50%
Emergency room	15%	15%
Ambulance	15%	15%
Physical, speech or occupational therapy	\$15/visit <sup>2</sup>	50%
Alternative care visit <sup>3</sup>	\$15/visit <sup>2</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
Prescription drugs <sup>2</sup>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	45%	45%
Brand	45%	45%
Features		
Plan tier	Gold	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>2</sup>	
Embedded pediatric dental	15%; up to age 19	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> Deductible waived

<sup>3</sup> Covers spinal and other manipulations and acupuncture care

## Silver > Be Prepared

This plan helps you handle whatever life brings. You're a planner.

When it comes to healthcare, you want plenty of doctors, robust drug coverage and low deductibles. Because you never know when that next nasty cough will hit or an ankle will turn in just the wrong way.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$1,250	\$2,500
Deductible per family	\$2,500	\$5,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	\$25/visit <sup>2</sup>	50%
Specialist office visit	\$25/visit <sup>2</sup>	50%
Urgent care visit	\$25/visit <sup>2</sup>	50%
Inpatient care (includes maternity)	30%	50%
Outpatient care	30%	50%
Outpatient diagnostic X-ray & lab	30%	50%
Outpatient mental health/ chemical dependency	30%	50%
Emergency room	30%	30%
Ambulance	30%	30%
Physical, speech or occupational therapy	\$25/visit <sup>2</sup>	50%
Alternative care visit <sup>3</sup>	\$25/visit <sup>2</sup>	50%
Accident benefit	No cost share for the first \$1,000 maximum. Services must be completed within 90 days of the injury.	
Prescription drugs <sup>2</sup>		
Value	\$2	\$2
Select generic	\$15	\$15
Preferred	45%	45%
Brand	45%	45%
Features		
Plan tier	Silver	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>2</sup>	
Embedded pediatric dental	30%; up to age 19	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> Deductible waived

<sup>3</sup> Covers spinal and other manipulations and acupuncture care

## Silver > Be Aligned

This plan protects your health and your wallet. Life keeps you busy. You want a budget-friendly plan that works as hard as you do. A close-knit network helps your doctors work together and gives you the essentials: yearly checkups and quality care, close to home.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$2,500	\$5,000
Deductible per family	\$5,000	\$10,000
Out-of-pocket max per person	\$6,000	\$12,000
Out-of-pocket max per family	\$12,000	\$24,000
Care & services		
Primary care physician (PCP) office visit	\$30/visit for first 5 visits <sup>2</sup> , 35% for subsequent visits <sup>3</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$30/visit for first 5 visits <sup>2</sup> , 35% for subsequent visits <sup>3</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit <sup>4</sup>	35%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs <sup>2</sup>		
Value	\$2	\$2
Select generic	\$10	\$10
Preferred	45%	45%
Brand	45%	45%
Features		
Plan tier	Silver	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>2</sup>	
Embedded pediatric dental	Not covered	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> Deductible waived

<sup>3</sup> Plan pays for first five office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Covers spinal and other manipulations and acupuncture care

## Bronze > Be Connected

This plan plugs right into your active world. You crave close ties, especially when it comes to healthcare. That means real-time advice from doctors, friendly health coaches and all your regular check-ups and meds. Getting all this from your favorite doctor and clinic just makes things easier.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$4,500	\$9,000
Deductible per family	\$9,000	\$18,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	\$35/visit for first 3 visits <sup>2</sup> , 35% for subsequent visits <sup>3</sup>	50%
Specialist office visit	35%	50%
Urgent care visit	\$35/visit for first 3 visits <sup>2</sup> , 35% for subsequent visits <sup>3</sup>	50%
Inpatient care (includes maternity)	35%	50%
Outpatient care	35%	50%
Outpatient diagnostic X-ray & lab	35%	50%
Outpatient mental health/ chemical dependency	35%	50%
Emergency room	35%	35%
Ambulance	35%	35%
Physical, speech or occupational therapy	35%	50%
Alternative care visit <sup>4</sup>	35%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs		
Value <sup>2</sup>	\$2	\$2
Select generic <sup>2</sup>	\$15	\$15
Preferred	45%	45%
Brand	45%	45%
Features		
Plan tier	Bronze	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>2</sup>	
Embedded pediatric dental	Not covered	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> Deductible waived

<sup>3</sup> Plan pays for first three office visits with a copay, which may be used for either PCP office visits or urgent care for illness or injury. Thereafter, the deductible and coinsurance apply.

<sup>4</sup> Covers spinal and other manipulations and acupuncture care

# Bronze > Be Savvy\*

This plan puts you in the financial driver's seat. You're kind of a numbers nut. You expect the same lovely logic from your health plan. You'll get more by paying with pretax dollars and having the freedom to manage the numbers yourself.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$5,250	\$10,500
Deductible per family <sup>2</sup>	\$10,500	\$21,000
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	40%	50%
Specialist office visit	40%	50%
Urgent care visit	40%	50%
Inpatient care (includes maternity)	40%	50%
Outpatient care	40%	50%
Outpatient diagnostic X-ray & lab	40%	50%
Outpatient mental health/ chemical dependency	40%	50%
Emergency room	40%	40%
Ambulance	40%	40%
Physical, speech or occupational therapy	40%	50%
Alternative care visit <sup>3</sup>	40%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs		
Value	45%	45%
Select generic	45%	45%
Preferred	45%	45%
Brand	45%	45%
Features		
Plan tier	Bronze	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>4</sup>	
Embedded pediatric dental	Not covered	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> HSA plans require the family deductible to be met prior to benefits being paid when an individual and a spouse, or one or more dependents are enrolled.

<sup>3</sup> Covers spinal and other manipulations and acupuncture care

<sup>4</sup> Deductible waived

\*This plan is compatible with a health savings account (HSA).

# Catastrophic > Be Bold\*

Designed specifically for certain people, this plan catches you if you fall. You love adventure. To support your daring lifestyle, you stay fit as a fiddle and maintain healthy habits. For healthcare, you just want the parachute to open in case something goes wrong.

	In-network, you pay <sup>1</sup>	Out-of-network, you pay
Calendar year costs		
Deductible per person	\$6,350	\$12,700
Deductible per family	\$12,700	\$25,400
Out-of-pocket max per person	\$6,350	\$12,700
Out-of-pocket max per family	\$12,700	\$25,400
Care & services		
Primary care physician (PCP) office visit	\$45/visit for first 3 visits <sup>2</sup> , 0% subsequent visits <sup>3</sup>	50%
Specialist office visit	0%	50%
Urgent care visit	0%	50%
Inpatient care (includes maternity)	0%	50%
Outpatient care	0%	50%
Outpatient diagnostic X-ray & lab	0%	50%
Outpatient mental health/ chemical dependency	0%	50%
Emergency room	0%	0%
Ambulance	0%	0%
Physical, speech or occupational therapy	0%	50%
Alternative care visit <sup>4</sup>	0%	50%
Accident benefit	Paid as any other illness subject to deductible/coinsurance	
Prescription drugs		
Value	0%	0%
Select generic	0%	0%
Preferred	0%	0%
Brand	0%	0%
Features		
Plan tier	Catastrophic	
Provider network	You can choose ODS + Providence Alaska Network or ODS Alaska Select Network	
Preventive care	In-network, you pay 0% for eligible preventive care <sup>2</sup>	
Embedded pediatric dental	Not covered	

<sup>1</sup> Every licensed professional provider in Alaska is covered at the In-Network benefit level. In-Network cost sharing and 50% out-of-network cost sharing apply to MOST services outside Alaska.

<sup>2</sup> Deductible waived

<sup>3</sup> Plan pays for first three PCP office visits with a copay. Thereafter, the deductible applies.

<sup>4</sup> Covers spinal and other manipulations and acupuncture care

\*Specific eligibility requirements apply for this plan.

## Dental coverage for your total health

Healthy teeth are happy teeth. With our individual and family dental coverage, you'll have access to Delta Dental, the nation's largest dental network. Your smile will thank you, wherever you roam.

### Delta Dental Premier Network

These traditional fee-for-service providers give members access to the largest dental network available in Alaska and across the nation. Members can save money by seeking care from participating Delta Dental Premier providers. The network includes more than 2,000 participating providers.

### Is my dentist in the network?

Log onto [modahealth.com](https://modahealth.com) to access our up-to-date Find Care tool and search for participating dentists in your area.

### Individual dental plan highlights

- › No waiting periods for Class 1 services
- › Filed-fee savings from participating dentists
- › Predetermination of benefits if requested in a pretreatment plan
- › No claim forms
- › Prompt and accurate claims payment
- › Superior customer service

# Dental Delta Dental Premier Family Plan\*

Calendar year costs		
Deductible per person	None	
Out-of-pocket max per person (under age 19)	\$700 for one member, \$1,400 for two or more members	
Annual benefit max (age 19+)	\$1,000	
	Members under age 19 pay	Members age 19+ pay
Class 1		
Exams & X-rays	20%	20%
Cleanings	20%	20%
Periodontal maintenance	20%	20%
Sealants, topical fluoride	20%	20%
Class 2		
Space maintainers	40%	Not covered
Restorative fillings <sup>1</sup>	40%	40%
Class 3		
Oral surgery <sup>2</sup>	50%	50%
Endodontics <sup>2</sup>	50%	50%
Periodontics <sup>2</sup>	50%	50%
Restorative crowns <sup>2</sup>	50%	50%
Bridges <sup>2</sup>	50%	50%
Partial and complete dentures <sup>2</sup>	50%	50%
Anesthesia <sup>2</sup>	50%	50%
Occlusal guards for members over age 13 <sup>2</sup>	50%	50%
Orthodontia <sup>3</sup>	50%	Not covered
Features		
Provider network	Delta Dental Premier Network	
Balance bill	Delta Dental Premier Network: no Nonparticipating: yes	

<sup>1</sup> Six-month exclusion period applies for ages 19 and older.

<sup>2</sup> 12-month exclusion period applies for ages 19 and older.

<sup>3</sup> This benefit is available only to dependent children aged 18 and under; two-year exclusion period applies.

\*The Alaska-mandated plan is also available.



## What plans cost

Our plans offer competitive rates to fit a range of member needs. If you want great coverage at a price that's right for you, you're in good hands.

### Monthly rates for individual plans starting 2014

Thanks in part to Health Care Reform, only a couple things affect your monthly premium. The first is the plan you choose. Some plans simply cost more because they offer greater benefits.

The second is your age and the age of your dependents. To calculate your total monthly premium, simply add up the rates for everyone you want covered by your plan. That might be you, your spouse and your children.

All children under age 21 have the same rate based on each plan. However, you only need to include up to three\* children under age 21 in your total. Child dependents age 21 through 25 have a rate based on their actual age.

### Easy steps to calculate your premium

- 1 Jot down the rate for each person ages 21+
- 2 Jot down the rate for each person (up to three\*) under age 21
- 3 Add all of these rates together to get your family's total rate

*\* If you have more than three dependent children under age 21, only three need to be calculated into your rate – this helps keep your healthcare affordable.*

# Monthly rates\*

Age	0-20	21	22	23	24	25	26	27	28	29	30	31	32	33	34
Medical plans															
Be Protected	244	384	384	384	384	385	393	402	417	429	435	445	454	460	466
Be Prepared	218	344	344	344	344	345	352	360	373	384	390	398	406	412	417
Be Aligned	189	298	298	298	298	299	305	312	324	333	338	345	352	357	361
Be Connected	171	269	269	269	269	270	275	282	292	301	305	312	318	322	327
Be Savvy	154	242	242	242	242	243	248	254	263	271	275	281	287	290	294
Be Bold	143	225	225	225	225	226	231	236	245	252	256	261	266	270	273
Dental plans															
Premier Family Plan	29	32	32	32	32	32	32	32	32	32	32	32	32	32	32

Age (continued)	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49
Medical plans															
Be Protected	469	472	475	478	484	490	500	508	521	536	554	576	600	627	655
Be Prepared	420	423	425	428	434	439	447	455	466	480	496	515	537	562	586
Be Aligned	364	366	368	371	376	380	388	394	404	416	430	446	465	487	508
Be Connected	329	331	333	335	339	344	350	356	365	376	388	403	420	440	459
Be Savvy	296	298	300	302	306	310	316	321	329	339	350	364	379	396	413
Be Bold	275	277	279	281	284	288	293	298	306	315	325	338	352	368	384
Dental plans															
Premier Family Plan	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32

Age (continued)	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64+
Medical plans															
Be Protected	685	716	749	783	819	856	895	935	978	999	1,041	1,078	1,102	1,133	1,150
Be Prepared	614	641	671	701	733	766	801	837	875	894	932	965	987	1,014	1,030
Be Aligned	532	555	581	607	635	664	694	725	758	775	808	836	855	879	892
Be Connected	480	502	525	549	574	600	628	656	685	700	730	756	773	794	806
Be Savvy	433	452	473	494	517	540	565	591	618	631	658	681	696	715	726
Be Bold	402	420	440	459	481	502	525	549	574	586	611	633	647	665	674
Dental plans															
Premier Family Plan	32	32	32	32	32	32	32	32	32	32	32	32	32	32	32

\*Rates effective January 1, 2014 through December 31, 2014

## Answers to your questions

### Am I eligible to apply?

You are eligible to enroll in a plan during the standard open enrollment period (Oct. 1, 2013 through March 31, 2014) or throughout the year if you experience a qualifying event, such as losing health coverage or moving to a new service area.

If you are buying a plan direct from Moda Health and not using the federal Marketplace, you must live in Alaska and have been a resident for the past 12 months. If you are not living in Alaska because of medical treatment or education, you can still buy a Moda Health Alaska plan if you lived in Alaska for at least nine of the past 12 months.

### What payment methods do you accept?

Payment can be made via mail or monthly electronic deduction from your checking account. We also offer electronic billing (eBill) services that allow you to pay your monthly premium online via your myModa account.

### Can my employer sponsor my individual coverage?

The Alaska Division of Insurance allows for individual insurance policies to be paid for by an employer only under the following circumstances:

- If the employee is not eligible for a group benefit plan (for example, for a seasonal, temporary or part-time employee who works less than 30 hours per week)
- If the employer does not offer a health benefit plan and has not offered a health benefit plan in the past six months

### When do my rates change?

Rates will change when the family composition changes. The new rate will be effective the first day of the following month. Rates also will change when a member moves into the next age bracket but not until the following renewal date. Moda Health will renew the rates for individual plans on a yearly basis, beginning Jan. 1, 2014. If the rates change with renewal, the new rates will be provided with 45 days' prior notice.

### Can I switch to a different plan at any time?

No, you will only be able to change your plan at the next open enrollment period for the next year.

## Healthcare lingo explained

We realize that the words used in these types of health plan brochures can be confusing, so we've made you a cheat sheet of sorts. After all, if you can't understand the signs on your journey to health, how can you reach your destination?

### Catastrophic plan

Catastrophic coverage provides protection from an unforeseen, serious accident or medical emergency. Catastrophic coverage is an affordable way to protect yourself from large, unplanned medical expenses. You must meet certain eligibility requirements to qualify for a catastrophic plan.

### Coinsurance

The percentage of allowable charges for which the patient is responsible.

### Copay

The member's share of the total medical bill, expressed as a specific dollar amount paid for a given service, product or treatment.

### Deductible

The portion of an individual's applicable healthcare expenses that must be paid by the member in a given calendar year before the health plan will start paying for treatment. Fixed dollar copayments, prescription drug out-of-pocket costs and disallowed charges may not apply toward the deductible.

### Embedded pediatric dental

Inclusive plans with embedded pediatric dental cover routine dental exams, X-rays, cleaning, restorative fillings, extractions, general anesthesia and medically necessary orthodontia for the treatment of cleft lip or palate. Services are covered only for members under age 19 and are subject to the medical deductible and coinsurance of the plan.

### Embedded pediatric vision

All medical plans include one vision exam, standard lens and frame every 12 months for those under age 19. Benefits are subject to the medical deductible and applicable coinsurance of the plan.

### Marketplace

Also called an "exchange," a health insurance marketplace is an online hub where you can buy affordable health coverage. If you qualify for a federal tax credit based on your income, you must buy your health plan through a marketplace to receive your credit.

### Out-of-pocket maximum

A specified amount of applicable claims expenses in a calendar year that must be met before benefits are paid in full. Once members have met their out-of-pocket maximum, the plan begins covering eligible expenses at 100 percent. The out-of-pocket maximum starts over every calendar year. Disallowed charges do not apply toward the out-of-pocket maximum.

### PPO

A Preferred Provider Organization is a panel of providers contracted under Moda Health to provide in-network benefits at agreed-upon rates.

### Preferred provider

A provider contracted within a network. By choosing a preferred provider, members' out-of-pocket expenses will be less than if they choose a provider outside the network.

### Tax credit

Federal tax credits help people pay for health insurance. You might qualify based on your income. To use a tax credit, you must buy insurance through your state's health insurance Marketplace website.

### Value-tier drugs

Value drugs include select commonly prescribed products used to treat chronic medical conditions and preserve health.

## Limitations and exclusions for medical plans

### Network information

Visit [modahealth.com](http://modahealth.com) to find a contracted provider.

### Dependent eligibility

Dependents are lawful spouses, domestic partners and eligible children up to age 26.

### Coverage for children residing outside the service area

Plan benefits will be extended to enrolled children residing outside Alaska as if the care were rendered by in-network providers if services are provided within a 50-mile radius of the children's residence or at the closest appropriate facility.

### Limitations

- All medical and surgical admissions must be authorized by Moda Health.
- Moda Health will not pay benefits for covered expenses to the extent that members have any other coverage for those expenses.
- 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 under 21 with autism spectrum disorders).
- Skilled nursing facility care is covered up to 60 days per calendar year.
- Spinal manipulation is covered for up to 12 visits per calendar year.
- Acupuncture care is covered for up to 12 visits per calendar year.
- Hospice benefits cover up to 10 days of inpatient care and 240 hours of respite care.
- Home healthcare is covered for up to 130 visits per calendar year.
- Vision care, including exam, frame and lenses, is available once every calendar year for members age 18 and under.
- Be Protected and Be Prepared plans include dental care such as exams, cleanings, fluoride, X-rays, fillings, oral surgery, pulpotomy, crowns and dentures for members age 18 and under. A 24-month exclusion period is required for orthodontia.
- Transplants are covered only at exclusive transplant facilities.

### Exclusions

- Services provided by a member of the patient's immediate family
- Services or supplies that are not medically necessary
- Services and supplies for reversal of sterilization or to treat infertility
- Services and supplies for obesity, including complications arising out of such treatment, except as required under the Affordable Care Act
- Surgery to alter the refractive character of the eye
- Dental examinations and treatment, except as covered under accident care or pediatric dental care
- Services or supplies for the treatment of sexual dysfunction or inadequacy, or those related to sex-change procedures
- Treatment of personality disorders
- Experimental or investigational treatment, except for routine costs for qualified clinical trials
- Services or supplies available in whole, or in part, under any city, county, state or federal law, except Medicaid
- Charges above those considered maximum plan allowance
- Services or supplies for which an employer is required by law to provide benefits, even if members choose not to accept those benefits
- Enrichment programs, including but not limited to psychological or lifestyle enrichment programs such as self-help programs, educational programs, assertiveness training, marathon group therapy, and sensitivity training, except as covered under health education services
- Appliances or equipment primarily for comfort, convenience, cosmetics, environmental control or education
- Cosmetic services and supplies (exceptions are provided for reconstructive surgery following a mastectomy)
- Services and supplies associated with orthognathic surgery
- Naturopathy or homeopathy
- Services and supplies related to the treatment of temporomandibular joint syndrome (TMJ)
- Court-ordered services including services related to deferred prosecution, deferred or suspended sentencing, or driving rights, except when medically necessary
- Routine health exams for administrative purposes, such as participating in sports or other activities

## Limitations and exclusions for dental plans

### Individual Premier Plan

- Routine examinations are limited to once every six months.
- Supplementary bitewing X-rays are covered once in any six-month period.
- Full mouth X-rays are limited to once every five years.
- Prophylaxis (cleaning) is limited to once every six months.
- Surgical placement or removal of implants is not covered unless dentally necessary for members age 18 and under.
- Occlusal guards are covered once every year for members over age 13.
- Orthodontic services are limited to members age 18 and under who have satisfied a two-year exclusion period.
- Services for cosmetic reasons are not covered.
- Topical application of fluoride is covered once in any six-month period for members age 18 and under.



**Questions?** Contact a Moda Health-appointed producer,  
or call us directly at 888-374-8910.