

Optional step: View health & dental plans [View steps](#)

# View health & dental plans

## Viewing plans for this group

- You (age 33)

Your total estimated tax credit: **\$832**

[Edit](#)

## Like a plan? Take the next step

Once you've saved plans you like, log in or create an account to apply. You can always save more plans or review your list when you're ready to enroll.

[Start or update an application](#)

## Plan type

Health Plans



## 15 total plans

[+](#) See the number of plans by category

## Filters

[Add filters](#)

## Sort

Lowest premium

**15 plans** (no filters added) **No saved plans**

[Give feedback](#)

[Back to top to add filters](#)

## Extra Savings

You qualify for extra savings on out-of-pocket costs.

Pick a Silver plan to get these savings.



[See Silver plans](#)

## Quick tips

[Review plan category fast facts](#)

[Think about all costs, not just the premium](#)

[Consider plans with easy pricing](#)

[New for 2026: More plans work with Health Savings Accounts](#)

[Give feedback](#)

### Premera Blue Cross Blue Shield of Alaska [Premera Blue Cross Standard Gold](#)

Easy pricing

Gold PPO Plan ID: 38344AK1100001

Rating

Premium

**\$1.00** /month

Including a \$832 tax credit - was \$826.42

Estimated total yearly cost

[Add yearly cost](#)



**Deductible**

**\$2,000**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

**Out-of-pocket maximum**

**\$8,200**

Individual total

**You pay**

**Primary care**

\$30 per visit from day 1

**Specialist care**

\$60 per visit from day 1

**Urgent care**

\$45 per visit from day 1

**Emergency room**

25% coinsurance after deductible

**Outpatient mental health**

\$30 per visit from day 1

**Generic drugs**

\$15

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

Adult Dental

Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

Go to plan details

Save

Compare

Give feedback

### Premera Blue Cross Blue Shield of Alaska

#### [Premera Blue Cross Preferred Bronze 5800 HSA](#)

HSA-eligible

Bronze PPO Plan ID: 38344AK1070002

Rating 

#### Premium

**\$1.00** /month

Including a \$832 tax credit - was \$668.44

#### Estimated total yearly cost

[Add yearly cost](#)

#### Deductible

**\$5,800**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

#### Out-of-pocket maximum

**\$8,000**

Individual total

#### You pay

**Primary care**

35% coinsurance after deductible

**Specialist care**

35% coinsurance after deductible

**Urgent care**

35% coinsurance after deductible

**Emergency room**

35% coinsurance after deductible

**Outpatient mental health**

35% coinsurance after deductible

**Generic drugs**

35% coinsurance after deductible

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

- ✗ Adult Dental
- ✓ Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)

♥ Save
 □ Compare

[Give feedback](#)

**Premera Blue Cross Blue Shield of Alaska**

[Premera Blue Cross Preferred Bronze 6350](#)

HSA-eligible

Bronze PPO Plan ID: 38344AK1060004 Rating ★★★★☆

**Premium**

**\$1.00** /month

Including a \$832 tax credit - was \$681.27

**Estimated total yearly cost**

[Add yearly cost](#)

**Deductible**

**\$6,350**

**Out-of-pocket maximum**

**\$8,700**

Individual total

Individual total



(health & drug combined)

[Extra deductible for some services](#)

**You pay**

**Primary care**

\$50 per visit from day 1

**Specialist care**

\$100 Copay after deductible

**Urgent care**

\$100 Copay after deductible

**Emergency room**

30% coinsurance after deductible

**Outpatient mental health**

\$75 per visit from day 1

**Generic drugs**

\$30

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

Adult Dental

Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)



**Premera Blue Cross Blue Shield of Alaska**

[Premera Blue Cross Standard Bronze II](#)

Easy pricing

HSA-eligible



Bronze PPO Plan ID: 38344AK1100004

Rating



**Premium**

**\$1.00** /month

Including a \$832 tax credit - was \$649.81

**Estimated total yearly cost**

[Add yearly cost](#)

**Deductible**

**\$7,500**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

**Out-of-pocket maximum**

**\$10,000**

Individual total

**You pay**

**Primary care**

\$50 per visit from day 1

**Specialist care**

\$100 per visit from day 1

**Urgent care**

\$75 per visit from day 1

**Emergency room**

50% coinsurance after deductible

**Outpatient mental health**

\$50 per visit from day 1

**Generic drugs**

\$25

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

**Find covered providers & drugs**

-  Adult Dental
-  Child Dental

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)

 Save

Compare

[Give feedback](#)

### Moda Health Plan, Inc.

#### [Moda Select Alaska Standard Bronze](#)

Easy pricing ..... HSA-eligible

Bronze PPO Plan ID: 73836AK0960001 Rating 

#### Premium

**\$9.95** /month

Including a \$832 tax credit - was \$622.00

#### Estimated total yearly cost

[Add yearly cost](#)

#### Deductible

**\$7,500**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

#### Out-of-pocket maximum

**\$10,000**

Individual total

#### You pay

**Primary care**

\$50 per visit from day 1

**Specialist care**

\$100 per visit from day 1

**Urgent care**

\$75 per visit from day 1

**Emergency room**

50% coinsurance after deductible

**Outpatient mental health**

\$50 per visit from day 1

**Generic drugs**

\$25

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

✘ Adult Dental

✔ Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)

 Save

Compare

**Moda Health Plan, Inc.**

[Moda Select Alaska Bronze HDHP 5500](#)

HSA-eligible

Bronze PPO Plan ID: 73836AK0970002

Rating ★ ★ ★ ☆ ☆

**Premium**

**Estimated total yearly cost**

**\$10.42** /month

[Add yearly cost](#)

Including a \$832 tax credit - was \$651.00

**Deductible**

**\$5,500**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

**Out-of-pocket maximum**

**\$8,050**

Individual total

**You pay**

**Primary care**

40% coinsurance after deductible

**Specialist care**

40% coinsurance after deductible

**Urgent care**

40% coinsurance after deductible

**Emergency room**

40% coinsurance after deductible

**Outpatient mental health**

40% coinsurance after deductible

**Generic drugs**

35% coinsurance after deductible

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

**✗** Adult Dental

**✓** Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)



Go to plan details

[Save](#) [Compare](#)

Give feedback

**Moda Health Plan, Inc.**

**[Moda Select Alaska Bronze 6500](#)**

HSA-eligible

Bronze PPO Plan ID: 73836AK0930003

Rating 

**Premium**

**\$10.48** /month

Including a \$832 tax credit - was \$655.00

**Estimated total yearly cost**

[Add yearly cost](#)

**Deductible**

**\$6,500**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

**Out-of-pocket maximum**

**\$9,000**

Individual total

**You pay**

**Primary care**

\$45 per visit from day 1

**Specialist care**

\$75 per visit from day 1

**Urgent care**

\$75 per visit from day 1



**Emergency room**

30% coinsurance after deductible

**Outpatient mental health**

\$45 per visit from day 1

**Generic drugs**

30% coinsurance after deductible

[View plan details](#) for full list of benefits, limits, and exclusions.

Give feedback

**Plan features**

✗ Adult Dental

✓ Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)



**Premera Blue Cross Blue Shield of Alaska**

[Premera Blue Cross Alaska One Gold](#)

Gold PPO Plan ID: 38344AK1080001

Rating

**Premium**

**\$22.69** /month

Including a \$832 tax credit - was \$854.69

**Estimated total yearly cost**

[Add yearly cost](#)

**Deductible**

**Out-of-pocket maximum**

\$1,500

\$6,300

Individual total

Individual total

(health & drug combined)

[Extra deductible for some services](#)

**You pay**

**Primary care**

\$30 per visit from day 1

**Specialist care**

\$60 per visit from day 1

**Urgent care**

\$60 per visit from day 1

**Emergency room**

30% coinsurance after deductible

**Outpatient mental health**

\$60 per visit from day 1

**Generic drugs**

\$15

[View plan details](#) for full list of benefits, limits, and exclusions.

**Plan features**

✗ Adult Dental

✓ Child Dental

**Find covered providers & drugs**

[Add doctors & facilities](#)

[Add prescription drugs](#)

Go to plan details

Save

Compare

Give feedback



## [Premera Blue Cross Preferred Gold 1500](#)

Gold PPO Plan ID: 38344AK1060001 Rating 

### Premium

**\$23.36** /month

Including a \$832 tax credit - was \$855.36

### Estimated total yearly cost

[Add yearly cost](#)

### Deductible

**\$1,500**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

### Out-of-pocket maximum

**\$6,300**

Individual total

### You pay

**Primary care**

\$30 per visit from day 1

**Specialist care**

\$60 per visit from day 1

**Urgent care**

\$60 per visit from day 1

**Emergency room**

30% coinsurance after deductible

**Outpatient mental health**

\$60 per visit from day 1

**Generic drugs**

\$15

[View plan details](#) for full list of benefits, limits, and exclusions.

Plan features

- ✘ Adult Dental
- ✔ Child Dental

Find covered providers & drugs

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)



Save



Compare

[Give feedback](#)

Moda Health Plan, Inc.

[Moda Select Alaska Standard Gold](#)

Easy pricing

Gold PPO Plan ID: 73836AK0940001 Rating 

Premium

**\$35.00** /month

Including a \$832 tax credit - was \$867.00

Estimated total yearly cost

[Add yearly cost](#)

Deductible

**\$2,000**

Individual total  
(health & drug combined)

[Extra deductible for some services](#)

Out-of-pocket maximum

**\$8,200**

Individual total

### You pay

- Primary care** \$30 per visit from day 1
- Specialist care** \$60 per visit from day 1
- Urgent care** \$45 per visit from day 1
- Emergency room** 25% coinsurance after deductible
- Outpatient mental health** \$30 per visit from day 1
- Generic drugs** \$15

[View plan details](#) for full list of benefits, limits, and exclusions.

### Plan features

- ✗ Adult Dental
- ✓ Child Dental

### Find covered providers & drugs

[Add doctors & facilities](#)

[Add prescription drugs](#)

[Go to plan details](#)

 Save

Compare

1 2

[Next >](#)

## Important: Prices here are estimates – fill out an application to see exact prices

When you fill out an application, you'll provide more detailed income and household information. You'll know exactly what you'll pay when you select a plan and enroll.

