



2022 Plan Guide

ALLINA-HEALTH-AETNA

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website www.AllinaHealthAetnaMedicare.com or call us at **1-833-206-8764** (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Allina Health Aetna Medicare Plus (PPO) H3219-001 Monthly Plan Premium: \$0	Allina Health Aetna Medicare Premier (PPO) H3219-002 Monthly Plan Premium: \$47	Allina Health Aetna Medicare Grand (PPO) H3219-003 Monthly Plan Premium: \$96	Allina Health Aetna Medicare Elite (PPO) H3219-004 Monthly Plan Premium: \$152	Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly Plan Premium: \$0
Service area	MN-Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright	MN-Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright	MN-Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright	MN-Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright	MN-Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Part B premium reduction	\$0	\$0	\$0	\$0	\$20
Plan deductible	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$5,900 for in-network services. \$10,000 for in- and out-of-network services combined.	\$3,800 for in-network services. \$6,000 for in- and out-of-network services combined.	\$3,100 for in-network services. \$5,150 for in- and out-of-network services combined.	\$2,800 for in-network services. \$4,000 for in- and out-of-network services combined.	\$5,900 for in-network services. \$10,000 for in- and out-of-network services combined.
Hospital coverage					
Inpatient hospital coverage	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.	\$500 per stay Plan covers unlimited hospital days.	\$200 per stay Plan covers unlimited hospital days.	\$150 per stay Plan covers unlimited hospital days.	\$350 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days. Plan covers unlimited hospital days.
Outpatient hospital	\$400	\$300	\$200	\$100	\$400
Ambulatory surgery center (ASC)	\$350	\$250	\$150	\$50	\$350
Skilled nursing facility	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$188 per day, days 21-100 Our plan covers up to 100 days per benefit period.
Doctor visits					
Primary care provider (PCP)	\$0	\$0	\$0	\$0	\$0
PCP referrals required	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.	This plan doesn't require a referral to see a specialist, but the specialist may require one from your PCP.

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Specialist	\$40	\$25	\$20	\$15	\$40
Outpatient mental health therapy (individual)	\$40	\$25	\$20	\$15	\$40
Emergency and urgent care					
Emergency room	\$90	\$90	\$90	\$90	\$90
Urgent care facility	\$0 - \$40 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$25 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$20 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$15 Lower cost sharing is for services provided by your primary care physician in their office.	\$0 - \$40 Lower cost sharing is for services provided by your primary care physician in their office.
Worldwide coverage (i.e., outside of the United States)	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.	\$90 for emergency and urgent care worldwide.
Diagnostic testing					
X-rays and diagnostic radiology	X-rays: \$45 Diagnostic radiology: \$200	X-rays: \$30 Diagnostic radiology: \$150	X-rays: \$20 Diagnostic radiology: \$100	X-rays: \$0 Diagnostic radiology: \$50	X-rays: \$45 Diagnostic radiology: \$200
Lab services	\$0	\$0	\$0	\$0	\$0
Dental, vision and hearing (Non-Medicare covered)					
Dental services	\$675 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$800 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$1,500 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,250 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network	\$2,250 maximum benefit in- and out-of-network every year for preventive and comprehensive dental combined. Aetna Dental® PPO Network
Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Eyewear	\$200 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$250 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$275 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$350 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.	\$350 reimbursement** every year. You can see any licensed provider. Discounts may be available when seeing an EyeMed provider.
Routine hearing exam	\$0 (one exam every year) All appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) All appointments should be scheduled through NationsHearing or participating network provider.

Benefits listed are for services received in-network and per visit unless otherwise stated	Allina Health Aetna Medicare Plus (PPO) H3219-001 Monthly Plan Premium: \$0	Allina Health Aetna Medicare Premier (PPO) H3219-002 Monthly Plan Premium: \$47	Allina Health Aetna Medicare Grand (PPO) H3219-003 Monthly Plan Premium: \$96	Allina Health Aetna Medicare Elite (PPO) H3219-004 Monthly Plan Premium: \$152	Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly Plan Premium: \$0
Hearing aids	\$500 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	\$750 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	\$1,000 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	\$2,000 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.	\$1,000 (per ear) maximum benefit every year. All hearing aids should be purchased through NationsHearing.
**Member pays the provider upfront and we pay the member back. Plan coverage rules apply.					
Therapy					
Physical and speech therapy	\$40	\$25	\$20	\$15	\$40
Occupational therapy	\$40	\$25	\$20	\$15	\$40
Ambulance					
Ground ambulance (one-way trip)	\$305	\$315	\$250	\$250	\$300
Air ambulance (one-way trip)	\$305	\$315	\$250	\$250	\$300
Equipment and prosthetics					
Durable medical equipment	20%	20%	20%	20%	20%
Prosthetics	20%	20%	20%	20%	20%

Additional benefits	Allina Health Aetna Medicare Plus (PPO) H3219-001 Monthly Plan Premium: \$0	Allina Health Aetna Medicare Premier (PPO) H3219-002 Monthly Plan Premium: \$47	Allina Health Aetna Medicare Grand (PPO) H3219-003 Monthly Plan Premium: \$96	Allina Health Aetna Medicare Elite (PPO) H3219-004 Monthly Plan Premium: \$152	Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly Plan Premium: \$0
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Acupuncture services (additional)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)
Allina Health Aetna Medicare Payment Card	\$100 every three months You'll receive an Allina Health Aetna Medicare Payment Card that you can use toward in-network copays, if applicable, for PCP, specialist, and certain other services.	Not covered	Not covered	Not covered	Not covered

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Chiropractic services (additional)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)	\$20 (up to eighteen visits every year)
Fitness	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®	SilverSneakers®
Healthy Rewards	All members of the plan are eligible to earn gift cards for completing certain health and wellness activities.	All members of the plan are eligible to earn gift cards for completing certain health and wellness activities.	All members of the plan are eligible to earn gift cards for completing certain health and wellness activities.	All members of the plan are eligible to earn gift cards for completing certain health and wellness activities.	All members of the plan are eligible to earn gift cards for completing certain health and wellness activities.
Meals	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter items (OTC)	\$75 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$90 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$105 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$120 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.	\$120 maximum benefit every quarter through OTC Health Solutions or at participating CVS® stores.
Personal emergency response system	Not covered	Not covered	Not covered	Members are eligible for an alert system through LifeStation.	Not covered
Telehealth	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.	You can receive primary care, physician specialist, mental health and urgent care services through a virtual visit. Members should contact their doctor for information on what telehealth services they offer and how to schedule a telehealth visit. Depending on location, members may also have the option to schedule a telehealth visit 24 hours a day, 7 days a week via Teladoc, MinuteClinic Video Visit, or other provider that offers telehealth services covered under your plan.
Visitor/travel benefit	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.	Explorer: Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to twelve months when outside the service area.

Prescription drugs (Retail Pharmacy)	Allina Health Aetna Medicare Plus (PPO) H3219-001	Allina Health Aetna Medicare Premier (PPO) H3219-002	Allina Health Aetna Medicare Grand (PPO) H3219-003	Allina Health Aetna Medicare Elite (PPO) H3219-004	Allina Health Aetna Medicare Eagle (PPO) H3219-005
Rx deductible	\$250 Does not apply to Tier 1, Tier 2 drugs.	\$150 Does not apply to Tier 1, Tier 2, Tier 3 drugs.	\$0	\$0	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	Preferred/Standard \$0 / \$15 \$0 / \$45	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	Preferred/Standard \$0 / \$20 \$0 / \$60	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	Preferred/Standard \$47 / \$47 \$141 / \$141	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	Preferred/Standard \$100 / \$100 \$300 / \$300	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail Pharmacy: 30-day supply • Retail/Mail Pharmacy: 100-day supply	Preferred/Standard 28% / 28% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 33% / 33% N/A	Preferred/Standard 33% / 33% N/A	No Part D benefit Cannot add a Part D plan
Gap coverage	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	No Part D benefit Cannot add a Part D plan

Allina Health | Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Out-of-network/non-contracted providers are under no obligation to treat Allina Health | Aetna members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary.

Allina Health | Aetna Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Suburban Arizona, Suburban Illinois, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower cost preferred pharmacies in your area, please call 1-833-206-8764 (TTY: 711) or consult the online pharmacy directory at www.AllinaHealthAetnaMedicare.com/findpharmacy.

Members who get "Extra Help" are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Participating physicians, hospitals and other health care providers are independent contractors and are neither agents nor employees of Allina Health | Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-856-3723 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-856-3723 (TTY: 711).

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