



Your core medical plan options

Pharmacy benefits

***Same as retail** means that your preventive, specialty and mail order medications cost the same as retail generics, brand-name preferred and non-preferred medications.

Mail order prescriptions must be filled at an Allina Health Pharmacy.

Specialty prescriptions must be filled at an Allina Health Pharmacy to receive Allina First Network coverage. If Allina Health Pharmacy is unable to fill your specialty prescription, they will assist you with filling your prescription with the Express Scripts designated specialty drug vendor.

Did you know?

Any prescription you fill at an Allina Health Pharmacy can be mailed to you for free!

2017 CORE PLANS		ALLINA FIRST PLAN			SELECT HEALTH SAVINGS PLAN			BASIC HEALTH SAVINGS PLAN		
KEY FEATURES OF PLAN		This low deductible plan is our most popular plan. Many services do not require you meet the deductible. Plus, while discounts are offered when Allina Health and partner facilities (e.g., Childrens, etc.) are used, participants have nationwide access to more than two million in-network providers (including competitors).			This plan features the lowest deductible allowed by the IRS on a qualified high-deductible plan. It also provides a generous tax-free HSA contribution from Allina Health. Those who enroll in this plan often do so to leverage the HSA contribution and build tax-free savings they can use for qualified health care expenses and as a retirement savings vehicle.			The Basic Health Plan is only offered so Allina Health can meet Affordable Care Act requirements. This plan has very low premiums, but it has higher deductible and enrollees pay more before the plan coverage begins. Only one percent of employees elect this plan because of the high deductible and because unlike the Select plan, it does not include an HSA contribution from Allina Health.		
Deductible	In-Network	\$300 per person, up to a maximum of \$900 per family			\$1,300 individual; \$2,600 all other coverage levels			\$3,000 individual; \$6,000 all other coverage levels		
	Out-of-Network	Does not apply; no coverage			\$3,000 individual; \$6,000 all other coverage levels			\$6,000 individual; \$12,000 all other coverage levels		
Health Savings Account	Tax-free contribution to your account from Allina Health	Does not apply <i>Consider setting aside up to \$2,550 tax-free in a Health Care Reimbursement Account to pay for eligible health expenses.</i>			Allina Health makes a tax-free contribution of \$600 (individual) or \$1,200 (all other coverage levels) to your HSA in late January			No contribution from Allina Health		
	Maximum amount you can contribute to your account				\$3,400 individual; \$6,750 all other coverage levels <i>(Maximum includes contribution from Allina Health)</i>			\$3,400 individual; \$6,750 all other coverage levels		
Amount you pay for care	MEDICAL BENEFITS	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
		Allina First Network	Extended Network		Allina First Network	Extended Network		Allina First Network	Extended Network	
	Preventive Care	FREE		No coverage	FREE		No coverage	FREE		No coverage
	Convenience Care	\$5 copay	\$15 copay		Deductible, then 5%	Deductible, then 10%	Deductible, then 40%	Deductible, then 5%	Deductible, then 10%	
	Office Visits - Primary Care	\$10 copay	\$25 copay		Deductible, then 10%	Deductible, then 20%		Deductible, then 10%	Deductible, then 20%	
	- Specialists	15%	30%							
	- Mental Health (Group)	\$5 copay	\$10 copay							
	- Mental Health (Individual)	\$10 copay								
	- Substance Abuse	\$10 copay								
	- Chiropractic	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)							
	Rehabilitative Therapy <i>(Physical, Occupational, Speech)</i>	Deductible, then 10%	Deductible, then 20%							
	Inpatient/Outpatient Hospital and Surgery <i>(Includes ambulatory facilities)</i>	Deductible, then 10%	\$250 copay, deductible, then 40%							
	Laboratory and Imaging <i>(X-Ray/CT/MRI)</i>	Deductible, then 10%	Deductible, then 20%							
	Diabetic & Ostomy Supplies	0%	20%	No coverage	Deductible, then 0%	Deductible, then 20%	Deductible, then 0%	Deductible, then 20%		
	Urgent Care	10%	20%	25%	Deductible, then 15%		Deductible, then 25%	Deductible, then 15%		Deductible, then 25%
	Emergency Room	Deductible, then 25%			Deductible, then 25%			Deductible, then 25%		
	PHARMACY BENEFITS	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
		Allina First Network	National Network		Allina First Network	National Network		Allina First Network	National Network	
	RETAIL	Generics	\$5 copay	\$10 copay	No coverage	Deductible, then \$5 copay	Deductible, then \$10 copay	Deductible, then 40%	Deductible, then \$5 copay	Deductible, then \$10 copay
Brand-Name Preferred		25%	40%	Deductible, then 25%		Deductible, then 40%	Deductible, then 25%		Deductible, then 40%	
Non-Preferred		50%	60%	Deductible, then 50%		Deductible, then 60%	Deductible, then 50%		Deductible, then 60%	
Preventive	Same as retail*		Same as retail* <i>Deductible does not apply</i>			No coverage	Same as retail* <i>Deductible does not apply</i>			
Specialty	Same as retail*	N/A, see sidebar	Same as retail*				Same as retail*			
Mail Order <i>(93-day supply)</i>	Same as retail*	No coverage	Same as retail*	No coverage			Same as retail*		No coverage	
Your annual out-of-pocket maximum	Pharmacy Benefits	\$1,000	\$2,000	No maximum	Combined with medical benefit			Combined with medical benefit		
	Medical Benefits	\$3,500 per person, up to a maximum of \$7,000 per family			\$3,500 per person, up to a maximum of \$7,000 per family	\$7,000 per person	\$6,000 per person, up to a maximum of \$12,000 per family		\$12,000 per person	

Glossary of key terms:

NETWORKS:

View a full list of in-network providers and facilities at bluecrossmn.com/allinahealth.

In-Network: The combination of the Allina First Network and the Extended Network.

Allina First Network: All Allina Health providers and facilities as well as many affiliate partners.

Extended Network: Providers and facilities that contract to be in the Blue Cross Extended Network, not including the Allina First Network described above.

National Network: Retail pharmacies that contract to be in the Express Scripts national network, excluding Walgreens. View a full list at express-scripts.com/allinahealth.

OTHER TERMS:

Annual deductible: The amount you must pay each year before your plan begins to pay for certain services. Your deductible counts toward your annual out-of-pocket maximum.

Coinsurance: For some services, you share in the cost of your care by paying a percentage of the total cost of the services you receive. This is called coinsurance. The percentage you pay will be less when you use in-network providers and preferred drugs. Coinsurance counts toward your annual out-of-pocket maximum.

Copay: You pay a flat dollar amount for specific services or medical treatments. The cost is the same each time you receive that service. You don't have to meet your plan's deductible before you pay a copay. The copay doesn't apply toward your annual deductible, but it does count toward your out-of-pocket maximum.

Out-of-pocket maximum: The maximum dollar amount you're responsible to pay each year for covered services. Once you reach your annual out-of-pocket maximum, Allina Health will cover 100% of eligible expenses for essential benefits. More information about eligible expenses is detailed on MyAllina.

NURSE-ONLY PLANS*		CHOICE PLAN		ADVANTAGE PLAN		
Deductible	In-Network	None		None		
	Out-of-Network	\$300 per person, up to a maximum of \$900 per family		NOTE: This plan requires you to identify a Primary Care Clinic and to get referrals for services outside that clinic. There is no coverage for most out-of-network services.		
Health Savings Account	Tax-free contribution to your account from Allina Health	Does not apply Consider setting aside up to \$2,550 tax-free in a Health Care Reimbursement Account to pay for eligible health expenses.		Does not apply Consider setting aside up to \$2,550 tax-free in a Health Care Reimbursement Account to pay for eligible health expenses.		
	Maximum amount you can contribute to your account					
Amount you pay for care	MEDICAL BENEFITS	Extended Network	Out-of-Network	Advantage Network	Out-of-Network	
	Preventive Care	FREE	No coverage	FREE	No coverage	
	Convenience Care	\$15 copay	Deductible, then 20%	\$15 copay		
	Office Visits - Primary Care					
	- Specialists					
	- Mental Health (Group)	\$10 copay		\$0 copay		
	- Mental Health (Individual)	\$15 copay		\$15 copay		
	- Substance Abuse					
	- Chiropractic					
	Rehabilitative Therapy (Physical, Occupational, Speech)	\$0 copay		\$0 copay for inpatient \$15 copay for outpatient		
	Inpatient/Outpatient Hospital and Surgery (Includes ambulatory facilities)	\$150 copay for inpatient \$100 copay for OP surgery (\$0 copay at Allina facilities)				
	Laboratory and Imaging (X-Ray/CT/MRI)	\$0 copay				\$0 copay
	Diabetic & Ostomy Supplies	\$11 copay		Deductible, then 20%		Diabetic: 0% copay Ostomy: 20% copay
	Urgent Care	\$15 copay		Deductible, then 20%		\$15 copay
	Emergency Room	\$40 copay per visit (waived if admitted within 24 hours)		\$25 copay per visit (waived if admitted within 24 hours)		
	PHARMACY BENEFITS	National Network	Out-of-network	National Network	Out-of-network	
	RETAIL	Generics	\$11 copay	Greater of \$26 copay or 40%	\$11 copay	Greater of \$26 copay or 40%
		Brand-Name Preferred				
		Non-Preferred			\$26 copay	
	Preventive			Same as retail	No coverage	
Specialty		No coverage				
Mail Order (93-day supply)	\$11 copay (maintenance drugs only)	Greater of \$26 copay or 40%	\$33 generic & preferred \$78 non-preferred	No coverage		
Your annual out-of-pocket maximum	Pharmacy Benefits	\$3,000 per person, in- and out-of-network combined (There is no family out-of-pocket maximum on this plan.)		\$500 per person, in- and out-of-network combined, up to a maximum of \$1,000 per family		
	Medical Benefits					

*NOTE: All of your available plan options will be presented to you during Benefits Enrollment on MyAllina. As a result of the recent metro contract settlement, the small number of metro hospital nurses enrolled in the 250 or Plus plan must elect a new plan during Benefits Enrollment or they will not have coverage in 2017.