



Compare your 2020 medical plan options and premium costs

How much will you pay in premiums AND out-of-pocket expenses for each plan option?

The costs of the plans change based on the amount of care participants use each year. As a result, you'll want to review the 2020 premiums below and estimate how much you'll spend out-of-pocket on care before determining which plan is the best financial fit for you. You can also tap into ALEX, an online plan comparison tool.

2020 Premium Costs				
(per pay period x 26 pay periods = premium cost for the year)				
	Allina First Plan	Allina Elevate Plan	Select Health Savings Plan	Basic Health Savings Plan
Employee Only	\$53.03 x 26 = \$1,379/year	\$49.98 x 26 = \$1,300/year	\$48.81 x 26 = \$1,269/year	\$41.19 x 26 = \$1,071/year
Employee + Child(ren)	\$127.20 x 26 = \$3,307/year	\$119.88 x 26 = \$3,117/year	\$117.32 x 26 = \$3,050/year	\$98.95 x 26 = \$2,573/year
Employee + Spouse	\$176.77 x 26 = \$4,596/year	\$166.60 x 26 = \$4,332/year	\$162.81 x 26 = \$4,233/year	\$137.42 x 26 = \$3,573/year
Family	\$265.15 x 26 = \$6,894/year	\$249.90 x 26 = \$6,498/year	\$244.27 x 26 = \$6,351/year	\$206.19 x 26 = \$5,361/year

Let ALEX® help you choose a medical plan!



Don't assume the medical plan you have this year is what you should enroll in for 2020. Premiums adjust each year based on how participants use the plans. Plus, your health care or dependent coverage needs may differ.

To compare your options, visit myalex.com/benefit/2020/choices to tap into ALEX, an online plan comparison tool. ALEX will give you peace of mind that you're selecting the plan that's right for you in 2020.

2020 Plan Options		ALLINA FIRST PLAN			NEW: ALLINA ELEVATE PLAN		SELECT HEALTH SAVINGS PLAN			BASIC HEALTH SAVINGS PLAN			
Description of Plan		This low deductible plan is our most popular plan. Many services do not require you to meet the deductible. Plus, while discounts are offered at Allina Health and partner facilities (e.g., Childrens, etc.), the Extended Network includes nationwide access to more than two million in-network providers (including competitors).			The Allina Elevate Plan is designed to deliver a simplified experience and drive greater utilization of Allina Health's providers and facilities. This plan is copay-based and does not have a deductible, with the exception of coinsurance for fertility benefits. Coverage is limited to the narrow Allina Elevate Network, plus urgent and Emergency Department care.		The Select Health Savings Plan features lower deductibles than most high-deductible plans offered by other employers. 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 to use for qualified health care expenses and retirement.			The Basic Health Savings Plan also features low deductibles and out-of-pocket maximums, plus your coinsurance (the amount you pay after you meet your deductible) is the same as the Select Health Savings Plan. This plan does not include an HSA contribution from Allina Health.			
Deductible	In-Network	\$300 per person, up to a maximum of \$900 per family			\$0		\$1,400 individual; \$2,800 all other coverage levels			\$2,000 individual; \$4,000 all other coverage levels			
	Out-of-Network	Does not apply; no coverage			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 \$2,700 tax-free in a Health Care Flexible Spending Account to pay for eligible health expenses.</i>			Does not apply <i>Consider setting aside up to \$2,700 tax-free in a Health Care Flexible Spending 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 contribution amount (set by the IRS)						\$3,550 individual; \$7,100 all other coverage levels <i>(This includes a contribution from Allina Health.)</i>			\$3,550 individual; \$7,100 all other coverage levels			
		In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
		Allina First Network	Extended Network		Allina Elevate Network	Allina First Network		Extended Network	Allina First Network		Extended Network		
Annual out-of-pocket maximum	Pharmacy Benefits	\$1,000	\$2,000	No maximum	Combined with medical benefit		Combined with medical benefit		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		\$4,000 per person, up to a maximum of \$8,000 per family		\$7,000 per person	\$5,000 per person, up to a maximum of \$10,000 per family		\$12,000 per person	
Medical Benefits (not a complete list)	Preventive Care	FREE		No coverage	FREE		FREE		No coverage		No coverage		
	Convenience Care	FREE at Allina Health Everyday Clinics, Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics	\$15 copay		FREE at Allina Health Everyday Clinics, Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics		Deductible, then FREE at Allina Health Everyday Clinics, Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics		Deductible, then 10%		Deductible, then 40%		
	Office Visits - Primary Care	\$10 copay	\$25 copay		\$10 copay		\$10 copay		Deductible, then 20%		Deductible, then 20%		
	- Specialists	15%	30%		\$10 copay		\$50 copay		Deductible, then 15%		Deductible, then 15%		
	- Mental Health (outpatient)	\$10 copay			\$15 copay		Inpatient: \$750 copay; Outpatient: \$150 surgery copay and \$50 hospital copay		Deductible, then 10%		Deductible, then 20%		
	- Substance Abuse (outpatient)	\$10 copay			\$15 copay		\$50 copay at stand-alone imaging centers; \$100 copay everywhere else		Deductible, then 15%		Deductible, then 20%		
	- Chiropractic	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)		FREE		FREE		Deductible, then 0%		Deductible, then 20%		
	Rehabilitative Therapy (Physical, Occupational, Speech)	Deductible, then 20%			FREE		FREE		Deductible, then 15%		Deductible, then 25%		
	Inpatient/Outpatient Hospital and Surgery (Includes ambulatory facilities)	Deductible, then 10%	\$250 copay, deductible, then 40%		FREE		FREE		Deductible, then 15%		Deductible, then 25%		
	Laboratory and Imaging (X-Ray/CT/MRI)	Deductible, then 20%			FREE		FREE		Deductible, then 15%		Deductible, then 25%		
	Diabetic & Ostomy Supplies	FREE	20%		FREE		FREE		Deductible, then 0%		Deductible, then 20%		
	Urgent Care	10%	20%		25%	\$10 copay		\$100	Deductible, then 15%		Deductible, then 25%		
	Emergency Department	Deductible, then 25%			\$300 copay, waived if admitted		Deductible, then 25%		Deductible, then 25%		Deductible, then 25%		
		In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
		Allina First Network	National Network		Allina Health Pharmacy	Allina First Network		National Network	Allina First Network		National Network		
Pharmacy Benefits	RETAIL	Generics	\$5 copay	\$10 copay	No coverage	\$5 copay	No coverage	Deductible, then \$5 copay	Deductible, then \$10 copay	Deductible, then 40%			
		Brand-Name Preferred	25%	40%		\$25 copay		Deductible, then 25%	Deductible, then 40%				
		Non-Preferred	50%	60%		\$60 copay		Deductible, then 50%	Deductible, then 60%				
	Preventive	Same as retail*		Same as retail*		Same as retail* <i>Deductible does not apply</i>		Same as retail* <i>Deductible does not apply</i>		No coverage			
	Specialty	N/A, see sidebar		\$25 copay		N/A, see sidebar		N/A, see sidebar					
	Mail Order (93-day supply)	Same as retail*		No coverage		\$5 copay for generics; \$50 copay for brand-name preferred; \$120 copay for non-preferred		No coverage					

← See the orange Select Health Savings Plan column to understand the amounts you pay for care.

The coinsurance/copays for services on the Basic Health Savings Plan are the same as those on the Select Health Savings Plan.

Networks

Most of our plans offer you more than two million in-network providers, including partners like Children's as well as competitors like Fairview and Mayo Clinic, to name a few. Plus, enjoy discounts when you choose Allina Health and partner facilities and providers. View the networks at bluecrossmn.com/allinahealth (Allina First, Select Health Savings or Basic Health Savings plans) or allinahealthaetna.com/ah (Allina Elevate Plan).

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

Allina Elevate Network: All Allina Health providers and facilities, plus very few others. Coverage outside this network would require referral unless it is for Urgent Care or Emergency Department Care.

Extended Network: Providers and facilities that contract to be in the 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.

Pharmacy benefits

***Same as retail** means that your 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.

This guide provides highlights of your benefit programs. It does not describe every feature of the benefit programs and is not intended to be a full statement of the plans. The official terms of the benefit programs and plans are contained in the applicable summary plan descriptions, plan documents, and in some cases, collective bargaining agreements ("official legal documents"). If there are any differences between this handbook and the official legal documents, the official legal documents will govern. Copies of the Summary Plan Descriptions (SPDs) and Plan documents are available on MyAllina or from the HR Service Center upon written request. Allina Health reserves the right to amend, modify or terminate any benefit program or plan described in this guide at any time, for any reason and in any respect, in whole or in part, at its sole discretion. Through More Voluntary Benefits, Allina Health provides access for employees to buy personal insurance or other products on an employee-pay-all basis. Such benefits are not an Allina Health-sponsored employee benefit plan; however, employees benefit from being able to access group rates.