

2022 Plan Options		ALLINA FIRST PLAN			ALLINA ELEVATE PLAN			SELECT HEALTH SAVINGS PLAN			BASIC HEALTH SAVINGS PLAN			
<b>Description of Plan</b>		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.			
<b>Deductible</b>	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			
<b>Health Savings Account</b>	Tax-free contribution to your account from Allina Health	Does not apply <i>Consider setting aside up to \$2,750 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 \$2,750 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)							\$3,650 individual; \$7,300 all other coverage levels <i>(This includes a contribution from Allina Health.)</i>			\$3,650 individual; \$7,300 all other coverage levels			
		<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	
		<b>Allina First Network</b>	<b>Extended Network</b>		<b>Allina Elevate Network</b>	<b>Allina First Network</b>		<b>Extended Network</b>	<b>Allina First Network</b>		<b>Extended Network</b>			
<b>Annual out-of-pocket maximum</b>	Pharmacy Benefits	\$1,000	\$2,000	No maximum	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	
<b>Medical Benefits (not a complete list)</b>	<b>Preventive Care</b>	FREE			FREE			FREE		No coverage				
	<b>Convenience Care</b>	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%			
	<b>Office Visits</b> - Primary Care	\$10 copay	\$25 copay		\$10 copay			Deductible, then 10%	Deductible, then 20%					
	- Specialists	15%	30%		\$50 copay				Deductible, then 15%					
	- Mental Health (outpatient)	\$10 copay			\$10 copay			Deductible, then 10%		Deductible, then 20%				
	- Substance Abuse (outpatient)													
	- Chiropractic	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)		\$15 copay			Deductible, then 15%						
	<b>Rehabilitative Therapy</b> (Physical, Occupational, Speech)	Deductible, then 10%		Deductible, then 20%		Inpatient: \$750 copay; Outpatient: \$150 surgery copay and \$50 hospital copay			Deductible, then 10%	Deductible, then 20%				
	<b>Inpatient/Outpatient Hospital and Surgery</b> (Includes ambulatory facilities)			\$250 copay, deductible, then 40%		\$50 copay at stand-alone imaging centers; \$100 copay everywhere else			Deductible, then 15%					
	<b>Laboratory and Imaging</b> (X-Ray/CT/MRI)			Deductible, then 20%		FREE			Deductible, then 0%	Deductible, then 20%				
	<b>Diabetic &amp; Ostomy Supplies</b>	FREE	20%		FREE			Deductible, then 15%		Deductible, then 25%				
	<b>Urgent Care</b>	10%	20%		25%	\$10 copay			Deductible, then 15%			Deductible, then 25%		
<b>Emergency Department</b>	Deductible, then 25%			\$300 copay, waived if admitted			Deductible, then 25%							
		<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	<b>In-Network</b>		<b>Out-of-Network</b>	
		<b>Allina First Network</b>	<b>National Network</b>		<b>Allina Health Pharmacy</b>	<b>Allina First Network</b>		<b>National Network</b>	<b>Allina First Network</b>		<b>National Network</b>			
<b>Pharmacy Benefits</b>	<b>RETAIL</b>	<b>Generics</b>	\$5 copay	\$10 copay	\$5 copay			Deductible, then \$5 copay	Deductible, then \$10 copay		Deductible, then 40%			
		<b>Brand-Name Preferred</b>	25%	40%	\$25 copay			Deductible, then 25%	Deductible, then 40%					
		<b>Non-Preferred</b>	50%	60%	\$60 copay			Deductible, then 50%	Deductible, then 60%					
	<b>Preventive</b>	Same as retail*			Same as retail*			Same as retail* <i>Deductible does not apply</i>		No coverage				
	<b>Specialty</b>	Same as retail*		N/A, see sidebar		\$25 copay			N/A, see sidebar					
	<b>Mail Order (93-day supply)</b>			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](http://bluecrossmn.com/allinahealth) (Allina First, Select Health Savings or Basic Health Savings plans) or [allinahealthaetna.com/ah](http://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](http://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](http://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.