


2023 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 what most employers offer. 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		\$1,500 individual; \$3,000 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 \$2,850 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 \$2,850 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)						\$3,850 individual; \$7,750 all other coverage levels <i>(This includes a contribution from Allina Health.)</i>			\$3,850 individual; \$7,750 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	Performance Network		Extended Network			
<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		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		No coverage	FREE		FREE		No coverage					
	<b>Convenience Care</b>	FREE at Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics	\$15 copay		FREE at Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics		Deductible, then 10%				Deductible, then 40%			
	<b>Office Visits - Primary Care</b>	\$10 copay	\$25 copay		\$10 copay									
	<b>- Specialists</b>	15%	30%		\$50 copay									
	<b>- Mental Health (outpatient)</b>	\$10 copay			\$10 copay									
	<b>- Substance Abuse (outpatient)</b>													
	<b>- Chiropractic</b>	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)		\$15 copay									
	<b>Rehabilitative Therapy (Physical, Occupational, Speech)</b>	Deductible, then 10%			Deductible, then 20%									
	<b>Inpatient/Outpatient Hospital and Surgery (Includes ambulatory facilities)</b>				\$250 copay, deductible, then 40%		Inpatient: \$750 copay Outpatient: \$150 surgery copay, \$50 hospital copay		Deductible, then 10%		Deductible, then 20%			
	<b>Laboratory and Imaging (X-Ray/CT/MRI)</b>				Deductible, then 20%		\$50 copay at stand-alone imaging centers; \$100 copay everywhere else		Deductible, then 15%					
	<b>Diabetic &amp; Ostomy Supplies</b>	FREE	20%		FREE				Deductible, then 0%		Deductible, then 20%			
	<b>Urgent Care</b>	10%	20%		25%	\$10 copay		\$100	Deductible, then 15%		Deductible, then 25%			
<b>Emergency Department</b>	Deductible, then 25%			\$300 copay, waived if admitted			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 Elevate Network	Allina First Network		National Network						
<b>Pharmacy Benefits</b>	<b>RETAIL</b>	<b>Generics</b>	\$5 copay	\$10 copay	No coverage	\$5 copay		No coverage	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%	Deductible, then 60%			
	<b>Preventive</b>	Same as retail*				Same as retail*			Same as retail* <i>Deductible does not apply</i>					
	<b>Specialty</b>	Same as retail*		N/A, see sidebar		\$25 copay			Same as retail*		N/A, see sidebar	No coverage		
	<b>Mail Order (93-day supply)</b>			No coverage		\$5 copay for generics, \$50 copay for brand-name preferred, \$120 copay for non-preferred			Same as retail*		No coverage			

## 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 in Workday or from the HRConnect 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.

Your benefits may vary based on collective bargaining agreements. Refer to Workday for more information about your 2023 benefit options and costs. All of your plan options will be presented to you during 2023 Benefits Enrollment, Nov. 1-15, in Workday.