

2024 PLAN OPTIONS			ALLINA FIRST PLAN copay/coinsurance + broad network			ALLINA ELEVATE PLAN copay + narrow network			SELECT HEALTH SAVINGS PLAN high deductible + broad network			PREMIER HEALTH SAVINGS PLAN high deductible + narrow network				
Description of Plan			This plan provides Allina First Network discounts at Allina Health and partner facilities (e.g., Childrens, etc.), plus nationwide access to more than two million Extended Network providers. Many services do not require you to meet the deductible.			This copay-based plan is designed to deliver a simplified experience and drive greater utilization of Allina Health providers in the Allina Elevate Network. There is no deductible, with the exception of coinsurance for fertility benefits. Coverage is limited to in-network plus ED and urgent care.			This plan features lower deductibles than what most employers offer, Allina First Network discounts at Allina Health and partner facilities, plus nationwide access to Extended Network providers. Enroll in this plan to leverage the HSA and build tax-free savings for qualified health care expenses and retirement.			This plan is designed to provide excellent benefits and low premiums by using Allina Health providers in the Allina Elevate Network, plus ED and urgent care coverage. Enroll in this plan to leverage the HSA and build tax-free savings for qualified health care expenses and retirement. After meeting the deductible, there are no additional expenses at point of care.				
Deductible	In-Network		\$500 per person, up to a maximum of \$1,000 per family			\$0			\$1,600 individual; \$3,200 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			\$3,200 individual; \$6,400 all other coverage levels			\$2,500 individual; \$5,000 all other coverage levels				
Health Savings Account	Tax-free contribution to your account from Allina Health		Does not apply			Does not apply			No contribution from Allina Health			Allina Health makes a tax-free contribution of \$600 (individual) or \$1,200 (all other coverage levels) to your HSA in late January.				
	Maximum contribution amount (set by the IRS)		Consider setting aside up to \$3,050 tax-free in a Health Care Flexible Spending Account to pay for eligible health expenses.			Consider setting aside up to \$3,050 tax-free in a Health Care Flexible Spending Account to pay for eligible health expenses.			\$4,150 individual; \$8,300 all other coverage levels			\$4,150 individual; \$8,300 all other coverage levels (This includes a contribution from Allina Health.)				
Network			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 Elevate Network		Out-of-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		No coverage		
	Medical Benefits		\$4,000 per person, up to a maximum of \$8,000 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	\$2,000 per person, up to a maximum of \$4,000 per family		\$2,500 per person, up to a maximum of \$5,000 per family		
Medical Benefits (not a complete list)	Preventive Care		FREE			FREE			FREE		No coverage	FREE		No coverage		
	Convenience Care		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 FREE at Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics		Deductible, then 10%	Deductible, then 100% covered				
	Office Visits - Primary Care		\$10 copay	\$25 copay	No coverage	\$10 copay			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%				
	- Specialists		15%	30%		\$50 copay			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%				
	- Mental Health (outpatient)		\$10 copay			\$10 copay			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%				
	- Substance Abuse (outpatient)		\$10 copay			\$15 copay			Deductible, then 15%		Deductible, then 20%		Deductible, then 40%			
	- Chiropractic		\$15 copay (15 visit limit)	\$25 copay (15 visit limit)		\$10 copay			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%				
	Rehabilitative Therapy (Physical, Occupational, Speech)		Deductible, then 10%			\$250 copay, deductible, then 40%	Inpatient: \$750 copay; Outpatient: \$150 surgery copay and \$50 hospital copay			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%			
	Inpatient/Outpatient Hospital and Surgery (Includes ambulatory facilities)		Deductible, then 10%			\$250 copay, deductible, then 40%	\$50 copay at stand-alone imaging centers; \$100 copay everywhere else			Deductible, then 10%		Deductible, then 20%	Deductible, then 40%			
	Laboratory and Imaging (X-Ray/CT/MRI)		Deductible, then 20%			FREE			Deductible, then 15%		Deductible, then 20%		Deductible, then 40%			
	Diabetic & Ostomy Supplies		FREE	20%		FREE			FREE		Deductible, then 20%		FREE			
	Urgent Care		10%	20%		25%	\$10 copay			\$100	Deductible, then 15%		Deductible, then 25%		Deductible, then 100% covered	
	Emergency Department		Deductible, then 25%			\$300 copay, waived if admitted			Deductible, then 25%		Deductible, then 25%		Deductible, then 100% covered			
	Vision Hardware		No coverage			100% coverage up to \$250 for eyewear per 12 months			No coverage	No coverage		100% coverage up to \$250 for eyewear per 12 months			No coverage	
Network			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 Health Pharmacy		Out-of-Network				
Pharmacy Benefits	RETAIL	Generics	\$5 copay	\$10 copay	No coverage	\$5 copay			Deductible, then \$5 copay		Deductible, then 40%	Deductible, then 100% covered		No coverage		
		Brand-Name Preferred	25%	40%		\$25 copay			Deductible, then 25%		Deductible, then 40%	Deductible, then 100% covered				
		Non-Preferred	50%	60%		\$60 copay			Deductible, then 50%		Deductible, then 60%	Deductible, then 100% covered				
	Preventive	Same as retail*				Same as retail*			Same as retail* Deductible does not apply		100% covered Deductible does not apply					
	Specialty	Same as retail*		N/A, see sidebar		\$25 copay			Same as retail*		N/A, see sidebar	No coverage	Same as retail*			
	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			Same as retail*		No coverage		Same as retail*			

**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 Premier 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 [HRCconnect](http://HRCconnect) 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.