

Below are in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the Summary of Benefits, visit our website [AllinaHealthAetnaMedicare.com](https://www.AllinaHealthAetnaMedicare.com) or call us at 1-833-206-8764 (TTY: 711). Your call may be answered by a licensed agent.

Benefits listed are for services received in-network and per visit unless otherwise stated	Allina Health Aetna Medicare Essential (PPO) H3219-012 Monthly plan premium: \$0	Allina Health Aetna Medicare Select (PPO) H3219-014 Monthly plan premium: \$61	Allina Health Aetna Medicare Signature (PPO) H3219-013 Monthly plan premium: \$106	Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly plan premium: \$0
Service area	<b>Minnesota:</b> Brown, Nicollet	<b>Minnesota:</b> Brown, Nicollet	<b>Minnesota:</b> Brown, Nicollet	<b>Minnesota:</b> Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Mille Lacs, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Part B premium reduction	\$0	\$0	\$0	\$100
Plan deductible	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drugs)	\$5,500 for in-network services. \$7,500 for in- and out-of-network services combined.	\$4,150 for in-network services. \$6,200 for in- and out-of-network services combined.	\$3,800 for in-network services. \$5,150 for in- and out-of-network services combined.	\$4,900 for in-network services. \$7,000 for in- and out-of-network services combined.
<b>Hospital coverage</b>				
Inpatient hospital care (Prior authorization required)	\$345 per day, days 1-6; \$0 per day, days 7-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.	\$400 per stay  Our plan covers unlimited hospital days.	\$325 per stay  Our plan covers unlimited hospital days.	\$295 per day, days 1-5; \$0 per day, days 6-90; \$0 copay for additional days.  Our plan covers unlimited hospital days.
Outpatient hospital	\$450 copay	\$375 copay	\$250 copay	\$350 copay
Ambulatory surgery center (ASC)	\$400	\$275	\$200	\$250
Skilled nursing facility (Prior authorization required)	\$10 per day, days 1-20; \$214 per day, days 21-46; \$0 per day, days 47-100  Our plan covers up to 100 days per benefit period.	\$10 per day, days 1-20; \$214 per day, days 21-40; \$0 per day, days 41-100  Our plan covers up to 100 days per benefit period.	\$10 per day, days 1-20; \$214 per day, days 21-38; \$0 per day, days 39-100  Our plan covers up to 100 days per benefit period.	\$0 per day, days 1-20; \$214 per day, days 21-43; \$0 per day, days 44-100  Our plan covers up to 100 days per benefit period.
<b>Doctor visits</b>				
Primary care provider (PCP)	\$0	\$0	\$0	\$0
PCP referrals	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$45	\$35	\$30	\$35
Outpatient mental health therapy (individual)	\$45	\$35	\$30	\$30
<b>Emergency and urgent care</b>				
Emergency care	\$125	\$140	\$140	\$125
Urgently needed services	\$45	\$40	\$35	\$35
Worldwide coverage (i.e., outside of the United States)	\$125 for emergency and urgent services worldwide.	\$140 for emergency and urgent services worldwide.	\$140 for emergency and urgent services worldwide.	\$125 for emergency and urgent services worldwide.
<b>Diagnostic testing</b>				

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X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$15 Diagnostic radiology: \$150	X-rays: \$15 Diagnostic radiology: \$125	X-rays: \$15 Diagnostic radiology: \$100	X-rays: \$15 Diagnostic radiology: \$250
Lab services	\$10 You'll pay \$0 for certain lab services.	\$5 You'll pay \$0 for certain lab services.	\$0	\$0
<b>Dental, vision and hearing (non-Medicare covered)</b>				
Dental services	Our plan pays \$600 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays \$1,000 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays \$1,250 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays \$2,100 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network
Routine eye exam	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Contacts and eyeglasses	Our plan pays \$100 every year for prescription eyewear. EyeMed Network	Our plan pays \$175 every year for prescription eyewear. EyeMed Network	Our plan pays \$200 every year for prescription eyewear. EyeMed Network	Our plan pays \$200 every year for prescription eyewear. EyeMed Network
Routine hearing exam	\$0 (one exam every year) Appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) Appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) Appointments should be scheduled through NationsHearing or participating network provider.	\$0 (one exam every year) Appointments should be scheduled through NationsHearing or participating network provider.
Hearing aids	\$0 copay. Our plan pays \$500 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	\$0 copay. Our plan pays \$750 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	\$0 copay. Our plan pays \$1,000 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.	\$0 copay. Our plan pays \$1,000 per ear every year for hearing aids. Hearing aids must be purchased through NationsHearing.
<b>Therapy</b>				
Physical and speech therapy	\$45	\$40	\$35	\$35
Occupational therapy	\$45	\$40	\$35	\$35
<b>Ambulance</b>				
Ground ambulance (one-way trip)	\$400	\$375	\$350	\$295
Air ambulance (one-way trip)	20%	20%	20%	20%
<b>Equipment and prosthetics</b>				
Durable medical equipment	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.	0% - 20% Lower cost sharing is for continuous glucose monitors.
Prosthetics	20%	20%	20%	20%

<b>Additional benefits</b>	<b>Allina Health Aetna Medicare Essential (PPO) H3219-012 Monthly plan premium: \$0</b>	<b>Allina Health Aetna Medicare Select (PPO) H3219-014 Monthly plan premium: \$61</b>	<b>Allina Health Aetna Medicare Signature (PPO) H3219-013 Monthly plan premium: \$106</b>	<b>Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly plan premium: \$0</b>
24-Hour Nurse Line	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	\$0 Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.
Acupuncture services (additional)	Not covered	\$20 (up to twelve visits every year)	\$20 (up to twelve visits every year)	\$20 (up to eighteen visits every year)
Chiropractic services (additional)	\$20 (up to twelve visits every year)	\$20 (up to twelve visits every year)	\$20 (up to twelve visits every year)	\$20 (up to eighteen visits every year)
Fitness	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.	Physical fitness program: Basic membership at any SilverSneakers® facility.
Foot care (additional)	\$45 (up to twelve visits every year)	\$35 (up to twelve visits every year)	\$30 (up to twelve visits every year)	\$35 (up to twelve visits every year)
Meals	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.	Up to 14 home-delivered meals over a 7-day period after being discharged from an Inpatient Acute Hospital, Inpatient Psychiatric Hospital or Skilled Nursing Facility to home.
Over-the-counter (OTC) items	\$45 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, external pain relievers, adult care products, and more. The benefit amount is not connected to a payment card or debit card.	\$60 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, external pain relievers, adult care products, and more. The benefit amount is not connected to a payment card or debit card.	\$60 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, external pain relievers, adult care products, and more. The benefit amount is not connected to a payment card or debit card.	\$90 benefit amount (allowance) each quarter to purchase approved over-the-counter (OTC) health and wellness items like first aid supplies, external pain relievers, adult care products, and more. The benefit amount is not connected to a payment card or debit card.
Visitor/travel benefit	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.	Allows you to receive care at in-network cost shares from our participating multi-state provider network for up to 12 months when outside the service area.

<b>Prescription drugs (Retail/Mail Pharmacy)</b>	<b>Allina Health Aetna Medicare Essential (PPO) H3219-012 Monthly plan premium: \$0</b>	<b>Allina Health Aetna Medicare Select (PPO) H3219-014 Monthly plan premium: \$61</b>	<b>Allina Health Aetna Medicare Signature (PPO) H3219-013 Monthly plan premium: \$106</b>	<b>Allina Health Aetna Medicare Eagle (PPO) H3219-005 Monthly plan premium: \$0</b>
Rx formulary	B1_AL	B2_AL	B2_AL	No Part D benefit Cannot add a Part D plan
Rx deductible	\$590 Does not apply to Tier 1, Tier 2 drugs.	\$250 Does not apply to Tier 1, Tier 2 drugs.	\$250 Does not apply to Tier 1, Tier 2 drugs.	No Part D benefit Cannot add a Part D plan
Tier 1 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard \$0 / \$2 \$0 / \$6	Preferred/Standard \$0 / \$2 \$0 / \$6	Preferred/Standard \$0 / \$2 \$0 / \$6	No Part D benefit Cannot add a Part D plan
Tier 2 Drugs: • Retail: 30-day supply • Retail: 100-day supply • Mail: 100-day supply	Preferred/Standard \$0 / \$12 \$0 / \$36 \$0 / \$36	Preferred/Standard \$10 / \$12 \$30 / \$36 \$20 / \$36	Preferred/Standard \$10 / \$12 \$30 / \$36 \$20 / \$36	No Part D benefit Cannot add a Part D plan
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 22% / 22% 22% / 22%	Preferred/Standard 25% / 25% 25% / 25%	Preferred/Standard 25% / 25% 25% / 25%	No Part D benefit Cannot add a Part D plan
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 25% / 25% 25% / 25%	Preferred/Standard 26% / 26% 26% / 26%	Preferred/Standard 26% / 26% 26% / 26%	No Part D benefit Cannot add a Part D plan
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred/Standard 25% / 25% N/A	Preferred/Standard 30% / 30% N/A	Preferred/Standard 30% / 30% N/A	No Part D benefit Cannot add a Part D plan
Out-of-Pocket Threshold	\$2,000	\$2,000	\$2,000	No Part D benefit Cannot add a Part D plan
Catastrophic coverage: • Generic and Brand Name Drugs	\$0	\$0	\$0	No Part D benefit Cannot add a Part D plan

Allina Health | Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

The formulary may change at any time. You will receive notice when necessary.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna is part of the CVS Health® family of companies.

The Allina Health | Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Rural California, Urban Kansas, Rural Michigan, Urban Michigan, Urban Missouri, Rural North Dakota, and Suburban West Virginia. The lower costs advertised in our plan materials for these pharmacies may not be available at the pharmacy you use. For up-to-date information about our network pharmacies, including whether there are any lower-cost preferred pharmacies in your area, members please call the number on your ID card, non-members please call 1-833-206-8764 (TTY: [711](tel:711)) or consult the online pharmacy directory at [AllinaHealthAetnaMedicare.com/findpharmacy](https://AllinaHealthAetnaMedicare.com/findpharmacy).

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Participating health care providers are independent contractors and are neither agents nor employees of Allina Health | Aetna Medicare. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

To send a complaint to Allina Health | Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (TTY users should call [1-877-486-2048](tel:18774862048)), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-833-570-6671 (TTY: [711](tel:711)).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-833-570-6671 (TTY: [711](tel:711)).

**REQUIRED DISCLAIMER:**

If a TPMO does not sell for all MA organizations in the service area the disclaimer consists of the statement:

We do not offer every plan available in your area. Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. Please contact [Medicare.gov](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program to get information on all of your options.

If the TPMO sells for all MA organizations in the service area the disclaimer consists of the statement:

Currently we represent [insert number of organizations] organizations which offer [insert number of plans] products in your area. You can always contact [Medicare.gov](https://www.Medicare.gov), 1-800-MEDICARE, or your local State Health Insurance Program for help with plan choices.

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