2026 Plan Guide

Allina Health | Aetna Medicare Signature Fit (PPO) H3219-008
Allina Health | Aetna Medicare Signature (PPO) H3219-001
Allina Health | Aetna Medicare Enhanced (PPO) H3219-002
Allina Health | Aetna Medicare Grand (PPO) H3219-003
Allina Health | Aetna Medicare Grand Extra (PPO) H3219-004
Allina Health | Aetna Medicare Eagle (PPO) H3219-005

What you'll find inside

- Service areas
- In-network benefits for selected services
- In-network costs for selected services
- Additional benefits
- Prescription drugs

When joining a plan

Review the following pages for in-network costs for some of our Medicare benefits. It's not a complete list. For more information, refer to the *Summary of Benefits* or *Evidence of Coverage,* visit our website AllinaHealthAetnaMedicare.com or call us at 1-833-206-8764 (TTY: 711). Your call may be answered by a licensed agent.

Service area

Plan name	Contract PBP	Plan Service Area
Allina Health | Aetna Medicare Signature Fit (PPO)	H3219-008	Minnesota: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, Washington, Wright
Allina Health | Aetna Medicare Signature (PPO)	H3219-001	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanebec, Le Sueur, Mille Lacs, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Allina Health | Aetna Medicare Enhanced (PPO)	H3219-002	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanebec, Le Sueur, Mille Lacs, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Allina Health | Aetna Medicare Grand (PPO)	H3219-003	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanebec, Le Sueur, Mille Lacs, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Allina Health | Aetna Medicare Grand Extra (PPO)	H3219-004	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanebec, Le Sueur, Mille Lacs, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright
Allina Health | Aetna Medicare Eagle (PPO)	H3219-005	Minnesota: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanebec, Le Sueur, Mille Lacs, Nicollet, Ramsey, Renville, Scott, Sibley, Steele, Waseca, Washington, Wright

Medical and hospital benefits

Benefits listed are for services received in-network and per visit unless otherwise stated.

Benefits	H3219-008 Allina Health Aetna Medicare Signature Fit (PPO)	H3219-001 Allina Health Aetna Medicare Signature (PPO)	H3219-002 Allina Health Aetna Medicare Enhanced (PPO)	H3219-003 Allina Health Aetna Medicare Grand (PPO)	H3219-004 Allina Health Aetna Medicare Grand Extra (PPO)	H3219-005 Allina Health Aetna Medicare Eagle (PPO)
Monthly plan premium	$0	$0	$47	$87	$154	$0
Part B premium reduction	$32	$0	$0	$0	$0	$125
Plan deductible	$0	$0	$0	$0	$0	$0
Annual maximum out-of-pocket (does not include premium or prescription drug costs)	$5,900 for in-network services. $8,000 for in- and out-of-network services combined.	$5,200 for in-network services. $6,500 for in- and out-of-network services combined.	$4,200 for in-network services. $6,000 for in- and out-of-network services combined.	$3,600 for in-network services. $5,700 for in- and out-of-network services combined.	$3,300 for in-network services. $5,300 for in- and out-of-network services combined.	$4,900 for in-network services. $7,000 for in- and out-of-network services combined.
Hospital coverage						
Inpatient hospital care (Prior authorization required)	$380 per day, days 1-6; $0 per day, days 7-90; $0 for additional days.	$325 per day, days 1-5; $0 per day, days 6-90; $0 for additional days.	$395 per stay	$350 per stay	$175 per stay	$295 per day, days 1-5; $0 per day, days 6-90; $0 for additional days.
Outpatient hospital	$380 copay	$325 copay	$350 copay	$300 copay	$175 copay	$295 copay
Ambulatory surgery center (ASC)	$330 copay	$250 copay	$200 copay	$250 copay	$125 copay	$245 copay
Skilled nursing facility (Prior authorization required)	$10 per day, days 1-20; $218 per day, days 21-43; $0 per day, days 44-100	$0 per day, days 1-20; $218 per day, days 21-41; $0 per day, days 42-100	$0 per day, days 1-20; $218 per day, days 21-38; $0 per day, days 39-100	$0 per day, days 1-20; $218 per day, days 21-37; $0 per day, days 38-100	$0 per day, days 1-20; $218 per day, days 21-36; $0 per day, days 37-100	$0 per day, days 1-20; $218 per day, days 21-43; $0 per day, days 44-100
Doctor visits						
Primary care provider (PCP)	$0 copay	$0copay	$0 copay	$0 copay	$0 copay	$0 copay
Specialist	$40 copay	$35 copay	$25 copay	$30 copay	$15 copay	$35 copay
Outpatient mental health therapy (individual)	$35 copay	$35 copay	$25 copay	$30 copay	$15 copay	$30 copay
Emergency and urgent care						
Emergency care	$130 copay	$130 copay	$150 copay	$150 copay	$150 copay	$130 copay
Urgently needed services	$40 copay	$35 copay	$25copay	$30 copay	$15 copay	$35 copay

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Worldwide coverage (i.e., outside of the United States)	$130 copay for emergency and urgent services worldwide.	$130 copay for emergency and urgent services worldwide.	$150 copay for emergency and urgent services worldwide.	$150 copay for emergency and urgent services worldwide.	$150 copay for emergency and urgent services worldwide.	$130 copay for emergency and urgent services worldwide.
	$250,000 maximum coverage.	$250,000 maximum coverage.	$250,000 maximum coverage.	$250,000 maximum coverage.	$250,000 maximum coverage.	$250,000 maximum coverage.
Diagnostic testing						
X-rays and diagnostic radiology (e.g., CT scan, **MRI)**	X-rays: $15 copay Diagnostic radiology: $250 copay	X-rays: $15 copay Diagnostic radiology: $150 copay	X-rays: $15 copay Diagnostic radiology: $125 copay	X-rays: $15 copay Diagnostic radiology: $100 copay	X-rays: $15 copay Diagnostic radiology: $50 copay	X-rays: $15 copay Diagnostic radiology: $250 copay
Lab services	$0 copay	$0 copay	$0 copay	$0copay	$0 copay	$0 copay
Dental, vision and hearing (non-Medicare covered)						
Dental services	Our plan pays $2,050 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays $1,400 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays $1,500 every year for in- and out-of-network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays $1,750 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	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 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)	$0 copay with an EyeMed provider (one exam every year)
Contacts and eyeglasses	Our plan pays $250 every year for prescription eyewear.	Our plan pays $200 every year for prescription eyewear.	Our plan pays $250 every year for prescription eyewear.	Our plan pays $200 every year for prescription eyewear.	Our plan pays $275 every year for prescription eyewear.	Our plan pays $250 every year for prescription eyewear.
Routine hearing exam	$0 copay (one exam every year)	$0 copay (one exam every year)	$0 copay (one exam every year)	$0 copay (one exam every year)	$0 copay (one exam every year)	$0 copay (one exam every year)
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 $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 $1,500 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®.

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Therapy						
Physical and speech therapy	$40 copay	$25 copay	$25 copay	$30copay	$15 copay	$35 copay
Occupational therapy	$40 copay	$25 copay	$25 copay	$30copay	$15 copay	$35 copay
Ambulance						
Ground ambulance (one-way trip)	$315 copay	$305 copay	$300 copay	$295 copay	$250 copay	$295copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Equipment						
Durable medical equipment	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.	0% - 20% coinsurance Lower cost sharing is for continuous glucose monitors.
Additional benefits						
Acupuncture services (additional)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)
	CVS Over-the-counter (OTC) Wallet $45 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	CVS Over-the-counter (OTC) Wallet $60 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	CVS Over-the-counter (OTC) Wallet $60 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	CVS Over-the-counter (OTC) Wallet $50 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	CVS Over-the-counter (OTC) Wallet $75 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	CVS Over-the-counter (OTC) Wallet $90 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
		Medical Expense Wallet $150 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for cost share expenses for medical plan-covered services like physician visits, lab work, and vision and hearing exams.	**Medical Expense Wallet** $200 quarterly benefit amount (allowance) on the Allina Health I Aetna Medicare Extra Benefits Card to help pay for cost share expenses for medical plan-covered services like physician visits, lab work, and vision and hearing exams.			

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Chiropractic services (additional)	$15 copay (up to twelve visits every year)	$15 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$20 copay (up to twelve visits every year)	$15 copay (up to twelve visits every year)
Fitness	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.	Physical fitness program: Basic SilverSneakers® membership.
	Our plan will reimburse you $150 each quarter for qualified fitness expenses.	Our plan will reimburse you $90 each quarter for qualified fitness expenses.				
Foot care (additional)	$40 copay (up to twelve visits every year)	$35 copay (up to twelve visits every year)	$25 copay (up to twelve visits every year)	$30 copay (up to twelve visits every year)	$15 copay (up to twelve visits every year)	$35 copay (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.	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.	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.	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.	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.	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.
Over-the-counter (OTC) items	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.	See Allina Health I Aetna Medicare Extra Benefits Card for the CVS OTC Wallet.
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.	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.

Prescription drugs

Retail/Mail Pharmacy	H3219-008 Allina Health Aetna Medicare Signature Fit (PPO)	H3219-001 Allina Health Aetna Medicare Signature (PPO)	H3219-002 Allina Health Aetna Medicare Enhanced (PPO)	H3219-003 Allina Health Aetna Medicare Grand (PPO)	H3219-004 Allina Health Aetna Medicare Grand Extra (PPO)	H3219-005 Allina Health Aetna Medicare Eagle (PPO)
Rx Formulary	B2_AL	B2_AL	B2_AL	B2_AL	B2_AL	
Rx deductible	$615 Does not apply to Tier 1, tier 2 drugs.	$500 Does not apply to Tier 1, tier 2 drugs.	$300 Does not apply to Tier 1, tier 2 drugs.	$300 Does not apply to Tier 1, tier 2 drugs.	$0	No prescription drug benefit coverage is available for this 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	Preferred / Standard $0 / $2 $0 / $6	Preferred / Standard $0 / $2 $0 / $6	No prescription drug benefit coverage is available for this 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 $0 / $12 $0 / $36 $0 / $36	Preferred / Standard $0 / $12 $0 / $36 $0 / $36	Preferred / Standard $0 / $12 $0 / $36 $0 / $36	Preferred / Standard $0 / $12 $0 / $36 $0 / $36	No prescription drug benefit coverage is available for this plan.
Tier 3 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred / Standard 24% / 24% 24% / 24%	Preferred / Standard 22% / 22% 22% / 22%	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 21% / 21% 21% / 21%	No prescription drug benefit coverage is available for this plan.
Tier 4 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 25% / 25% 25% / 25%	Preferred / Standard 26% / 26% 26% / 26%	Preferred / Standard 26% / 26% 26% / 26%	Preferred / Standard 33% / 33% 33% / 33%	No prescription drug benefit coverage is available for this plan.
Tier 5 Drugs: • Retail: 30-day supply • Retail/Mail: 100-day supply	Preferred / Standard 25% / 25% N/A	Preferred / Standard 27% / 27% N/A	Preferred / Standard 29% / 29% N/A	Preferred / Standard 29% / 29% N/A	Preferred / Standard 33% / 33% N/A	No prescription drug benefit coverage is available for this plan.
Out-of-pocket threshold	$2,100	$2,100	$2,100	$2,100	$2,100	No prescription drug benefit coverage is available for this plan.
Catastrophic coverage: • Generic and brand name drugs	$0	$0	$0	$0	$0	No prescription drug benefit coverage is available for this plan.

**** While only your doctor can diagnose, prescribe or give medical advice, the [care management nurses/24-Hour Nurse Line] can provide information on a variety of health topics.

Disclaimers

Allina Health I 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 Member Handbook for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Other [pharmacies/physicians/providers] are available in our network.

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 I Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Suburban Arizona, Urban Kansas, Urban Missouri, Rural Michigan, Rural Nebraska, Rural North Dakota, Suburban West Virginia, and Suburban Puerto Rico. 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) or consult the online Pharmacy Directory at

https://www.allinahealthaetnamedicare.com/en/prescription-drugs/find-pharmacy.html.

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

Your Extra Benefits Card, administered by CVS OTC Health Solutions®.

To send a complaint to Allina Health I Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call 1-800-MEDICARE (1-800-633-4227) (TTY users should call

1-877-486-2048), 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.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

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

ATENCION: Si habla espanol, tiene a su disposición servicios gratuitos de asistencia lingufstica. Llame al 1-833-570-6671 (TTY: 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, 1-800-MEDICARE (1-800-633-4227), 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, 1-800-MEDICARE (1-800-633-4227), or your local State Health Insurance Program for help with plan choices.

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