

Below are some of the in-network costs and benefit information for our Medicare plans. But it's not a complete list. For more information about these plans, refer to the Summary of Benefits, visit our website <https://www.AllinaHealthAetnaMedicare.com> or call us at 1-833-206-8764 (TTY: 711).

Benefits listed are for services received in-network and per visit unless otherwise stated	Allina Health Aetna Medicare Discover Plus (PPO) H3219-001	Allina Health Aetna Medicare Discover Premier (PPO) H3219-002	Allina Health Aetna Medicare Discover Grand (PPO) H3219-003	Allina Health Aetna Medicare Discover Elite (PPO) H3219-004
Service Area	Greater Twin Cities Area Minnesota: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Nicollet, Ramsey, Scott, Washington, Wright	Greater Twin Cities Area Minnesota: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Nicollet, Ramsey, Scott, Washington, Wright	Greater Twin Cities Area Minnesota: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Nicollet, Ramsey, Scott, Washington, Wright	Greater Twin Cities Area Minnesota: Anoka, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Nicollet, Ramsey, Scott, Washington, Wright
Monthly Plan Premium in addition to Part B Premium	\$0	\$47	\$97	\$147
PCP Referrals Required	N/A	N/A	N/A	N/A
Travel Network	See an Aetna participating provider in the following states: AZ, FL, GA, NC, and SC and pay in-network cost sharing.	See an Aetna participating provider in the following states: AZ, FL, GA, NC, and SC and pay in-network cost sharing.	See an Aetna participating provider in the following states: AZ, FL, GA, NC, and SC and pay in-network cost sharing.	See an Aetna participating provider in the following states: AZ, FL, GA, NC, and SC and pay in-network cost sharing.
Additional Resources and Support	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.	Resources For Living SM helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities and more.
Annual Maximum Out-of-Pocket (MOOP) Maximum amount you will pay for in-network services.	\$5,900	\$3,800	\$3,800	\$3,000
Annual Maximum Out-of-Pocket (MOOP) for in and out of network combined	\$10,000	\$6,000	\$6,000	\$4,500
Annual Deductible for Medical Services	\$1,000 deductible for some hospital and medical services. The deductible applies to out-of-network services only. (See Summary of Benefits or Evidence of Coverage for more information).	\$0	\$0	\$0
Primary Care Physician (PCP)	\$20	\$10	\$5	\$0
Specialist	\$40	\$20	\$15	\$10

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Inpatient Hospital	\$365 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days Plan covers unlimited hospital days.	\$250 per day, days 1-5; \$0 per day, days 6-90 \$0 copay for additional days Plan covers unlimited hospital days.	\$150 per day, days 1-6; \$0 per day, days 7-90 \$0 copay for additional days Plan covers unlimited hospital days.	\$250 per stay Plan covers unlimited hospital days.
Outpatient Surgery - Outpatient Hospital: Surgical services you get from a hospital.	20%	\$325	\$150	\$100
Outpatient Surgery - Ambulatory Surgery Center (ASC): Care from standalone surgery facilities.	20%	\$275	\$150	\$50
Diagnostic Radiology and X-Rays	X-rays 20% Diagnostic Radiology 20%	X-rays \$30 Diagnostic Radiology \$150	X-rays \$20 Diagnostic Radiology \$100	X-rays \$0 Diagnostic Radiology \$50
Lab Services	\$0	\$0	\$0	\$0
Urgent Care Facility	\$65	\$20	\$15	\$65
Emergency Room	\$90	\$90	\$90	\$90
Worldwide Coverage (i.e. outside of the United States)	\$90 for emergency and urgent care worldwide	\$90 for emergency and urgent care worldwide	\$90 for emergency and urgent care worldwide	\$90 for emergency and urgent care worldwide
Vision Services - Routine Eye Exams	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)
Vision Services - Contacts and Eyeglasses and upgrades	\$100 allowance* every year No network; member reimbursement	\$100 allowance* every year No network; member reimbursement	\$200 allowance* every year No network; member reimbursement	\$300 allowance* every year No network; member reimbursement
Preventive Dental Services	\$300 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)	\$500 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)	\$1,000 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)	\$2,000 allowance* every year for preventive and comprehensive dental combined (See the Evidence of Coverage for details.)
Comprehensive Dental Services (Non-Medicare covered)	Allowance* included under preventive dental	Allowance* included under preventive dental	Allowance* included under preventive dental	Allowance* included under preventive dental
Dental Network	No network; member reimbursement	No network; member reimbursement	No network; member reimbursement	No network; member reimbursement
Hearing Services - Hearing Aids	\$300 (both ears combined) allowance* every year No network; member reimbursement	\$300 (both ears combined) allowance* every year No network; member reimbursement	\$500 (both ears combined) allowance* every year No network; member reimbursement	\$1,500 (both ears combined) allowance* every year No network; member reimbursement
Hearing Services - Routine Hearing Exams	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)	\$0 (one exam every year)

*** allowance - member pays the provider and we pay them back. Plan coverage rules apply.**

Additional Plan Information:

Benefits	Allina Health Aetna Medicare Discover Plus (PPO) H3219-001	Allina Health Aetna Medicare Discover Premier (PPO) H3219-002	Allina Health Aetna Medicare Discover Grand (PPO) H3219-003	Allina Health Aetna Medicare Discover Elite (PPO) H3219-004
Acupuncture	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)
Chiropractic Services (Non-Medicare covered)	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)	\$20 per visit (twelve (12) visits every year)
Fitness Benefit	SilverSneakers	SilverSneakers	SilverSneakers	SilverSneakers
Meals	14 home delivered meals after an inpatient hospital discharge.	14 home delivered meals after an inpatient hospital discharge.	14 home delivered meals after an inpatient hospital discharge.	14 home delivered meals after an inpatient hospital discharge.
OTC	\$45 maximum benefit every month	\$45 maximum benefit every month	\$45 maximum benefit every month	\$45 maximum benefit every month
Healthy Rewards Program	We offer a program where you can earn gift cards for completing certain health care activities. All members of the plan are eligible to participate. To earn points, you complete qualifying health screenings and immunizations.	We offer a program where you can earn gift cards for completing certain health care activities. All members of the plan are eligible to participate. To earn points, you complete qualifying health screenings and immunizations.	We offer a program where you can earn gift cards for completing certain health care activities. All members of the plan are eligible to participate. To earn points, you complete qualifying health screenings and immunizations.	We offer a program where you can earn gift cards for completing certain health care activities. All members of the plan are eligible to participate. To earn points, you complete qualifying health screenings and immunizations.

Prescription Drugs

Benefits	Allina Health Aetna Medicare Discover Plus (PPO) H3219-001 Preferred/Standard	Allina Health Aetna Medicare Discover Premier (PPO) H3219-002 Preferred/Standard	Allina Health Aetna Medicare Discover Grand (PPO) H3219-003 Preferred/Standard	Allina Health Aetna Medicare Discover Elite (PPO) H3219-004 Preferred/Standard
Gap Coverage	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2	Yes Tier 1 & 2
Rx Deductible	\$295 Deductible does not apply to Tier 1, Tier 2 drugs.	\$195 Deductible does not apply to Tier 1, Tier 2 drugs.	\$0	\$0
Tier 1 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$2/\$15 \$0/\$45 \$0/\$45	\$2/\$15 \$0/\$45 \$0/\$45	\$2/\$15 \$0/\$45 \$0/\$45	\$2/\$15 \$0/\$45 \$0/\$45
Tier 2 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$5/\$20 \$15/\$60 \$10/\$60	\$5/\$20 \$15/\$60 \$10/\$60	\$5/\$20 \$15/\$60 \$10/\$60	\$5/\$20 \$15/\$60 \$10/\$60
Tier 3 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$47/\$47 \$141/\$141 \$136/\$141	\$47/\$47 \$141/\$141 \$136/\$141	\$47/\$47 \$141/\$141 \$136/\$141	\$47/\$47 \$141/\$141 \$136/\$141

Benefits	Allina Health Aetna Medicare Discover Plus (PPO) H3219-001 Preferred/Standard	Allina Health Aetna Medicare Discover Premier (PPO) H3219-002 Preferred/Standard	Allina Health Aetna Medicare Discover Grand (PPO) H3219-003 Preferred/Standard	Allina Health Aetna Medicare Discover Elite (PPO) H3219-004 Preferred/Standard
Tier 4 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	\$100/\$100 \$300/\$300 \$300/\$300	\$100/\$100 \$300/\$300 \$300/\$300	\$100/\$100 \$300/\$300 \$300/\$300	\$100/\$100 \$300/\$300 \$300/\$300
Tier 5 Drugs: • Retail Pharmacy: 30 day supply • Retail Pharmacy: 90 day supply • Mail Order: 90 day supply	27%/27% N/A N/A	29%/29% N/A N/A	33%/33% N/A N/A	33%/33% N/A N/A

Allina Health Aetna Medicare is a PPO plan with a Medicare contract.

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This information is not a complete description of benefits. Contact the plan for more information. 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. Members who get “extra help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays.

Members in our PPO plans can go to doctors, specialists or hospitals in- or out-of-network. With the exception of emergency or urgent care, it may cost more to get care from out-of-network providers.

Out-of-network/non-contracted providers are under no obligation to treat Allina Health Aetna Medicare 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.

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