



Your benefits may vary based on Collective Bargaining Agreements. Refer to MyAllina for more information about your 2019 benefit options and costs.

All of your plan options will be presented to you during 2019 Benefits Enrollment, Nov. 2-16, on MyAllina.

Let ALEX® help you choose a medical plan!



Don't assume the medical plan you have this year is what you should enroll in for 2019. Premiums adjust each year based on how participants use the plans. Plus, your health care or dependent coverage needs may differ.

To compare your options, visit myalex.com/befit/2019/options to tap into ALEX, an online plan comparison tool. ALEX will give you peace of mind that you're selecting the plan that's right for you in 2019.*

*ALEX is not intended for SEIU-represented employees.

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 MyAllina 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. Through More Benefits by Be Fit, Allina Health provides access for employees to buy personal insurance or other products on an employee-pay-all basis. Such benefits are not an Allina Health-sponsored employee benefit plan; however, employees benefit from being able to access group rates.

2019 Plan Options		ALLINA FIRST PLAN			SELECT HEALTH SAVINGS PLAN			BASIC HEALTH SAVINGS PLAN		
Description of Plan		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 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.		
Deductible	In-Network	\$300 per person, up to a maximum of \$900 per family			\$1,400 individual; \$2,800 all other coverage levels			\$2,000 individual; \$4,000 all other coverage levels		
	Out-of-Network	Does not apply; no coverage			\$3,000 individual; \$6,000 all other coverage levels			\$6,000 individual; \$12,000 all other coverage levels		
Health Savings Account	Tax-free contribution to your account from Allina Health	Does not apply <i>Consider setting aside up to \$2,600 tax-free in a Health Care Reimbursement Account to pay for eligible health expenses (this is the 2018 contribution limit; the 2019 amount has not yet been set by the IRS).</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 <i>This amount is set by the IRS and may change annually.</i>				CHANGE: \$3,500 individual; \$7,000 all other coverage levels <i>(This amount is set by the IRS and includes contribution from Allina Health.)</i>			CHANGE: \$3,500 individual; \$7,000 all other coverage levels <i>(This amount is set by the IRS.)</i>		
		In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network
		Allina First Network	Extended Network		Allina First Network	Extended Network		Performance Network	Extended Network	
Annual out-of-pocket maximum	Pharmacy Benefits	\$1,000	\$2,000	No maximum	Combined with medical benefit			Combined with medical benefit		
	Medical Benefits	\$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	
Medical Benefits (not a complete list)	Preventive Care	FREE			FREE		No coverage			
	Convenience Care	\$5 copay	\$15 copay	No coverage	Deductible, then 5%	Deductible, then 10%	Deductible, then 40%			
	Office Visits - Primary Care	\$10 copay	\$25 copay		Deductible, then 10%	Deductible, then 20%				
	- Specialists	15%	30%							
	- Mental Health (outpatient)	\$10 copay								
	- Substance Abuse (outpatient)	\$10 copay								
	- Chiropractic	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)							
	Rehabilitative Therapy <i>(Physical, Occupational, Speech)</i>	Deductible, then 10%	Deductible, then 20%							
	Inpatient/Outpatient Hospital and Surgery <i>(Includes ambulatory facilities)</i>		\$250 copay, deductible, then 40%							
	Laboratory and Imaging <i>(X-Ray/CT/MRI)</i>		Deductible, then 20%							
	Diabetic & Ostomy Supplies	FREE	20%							
Urgent Care	10%	20%	25%		Deductible, then 15%			Deductible, then 25%		
Emergency Room	Deductible, then 25%			Deductible, then 25%						
Pharmacy Benefits			In-Network		No coverage	In-Network		Out-of-Network		
			Allina First Network	National Network		Allina First Network	National Network			
	RETAIL	Generics	\$5 copay	\$10 copay		Deductible, then \$5 copay	Deductible, then \$10 copay		Deductible, then 40%	
		Brand-Name Preferred	25%	40%		Deductible, then 25%	Deductible, then 40%			
		Non-Preferred	50%	60%		Deductible, then 50%	Deductible, then 60%			
	Preventive		Same as retail*			Same as retail* <i>Deductible does not apply</i>				
	Specialty		Same as retail*	N/A, see sidebar		Same as retail* N/A, see sidebar				
Mail Order (93-day supply)		Same as retail*	No coverage	Same as retail* No coverage						

See the orange Select Health Savings Plan column to understand the amounts you pay for care.

The coinsurance/copays for services on the Basic Health Savings Plan are the same as those on the Select Health Savings Plan.

Networks

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 (Allina First or Select Health Savings plans) or allinahealthaetna.com/ah (Basic Health Savings Plan).

Allina First Network and Performance Network: All Allina Health providers and facilities as well as many affiliate partners.

Extended Network: Providers and facilities that contract to be in the Extended Network, not including the Allina First Network or Performance 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.

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.

Did you know?

Prescriptions filled at an Allina Health Pharmacy can be mailed to you for free!