

Plan Guide 2027



ALLINA-HEALTH-AETNA-METRO-CENTRAL
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 Premier (PPO) H3219-003
Allina Health Aetna Medicare Premier Extra (PPO) H3219-004
Allina Health Aetna Medicare Eagle (PPO) H3219-005

This is an at-a-glance view of plan costs and coverage to help you explore your options. It is not a complete list. For full details, refer to the *Summary of Benefits* or view the plan's *Evidence of Coverage* (EOC) at AllinaHealthAetnaMedicare.com or call us to request a copy.

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.

Your questions are important to us

1-844-622-5862 (TTY: **711**)
October 1–March 31: 8 AM to 8 PM, 7 days a week
April 1–September 30: 8 AM to 8 PM, Monday–Friday
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, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright
Allina Health Aetna Medicare Enhanced (PPO)	H3219-002	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright
Allina Health Aetna Medicare Premier (PPO)	H3219-003	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright
Allina Health Aetna Medicare Premier Extra (PPO)	H3219-004	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, Steele, Waseca, Washington, Wright
Allina Health Aetna Medicare Eagle (PPO)	H3219-005	Minnesota: Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, Ramsey, Scott, 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 Premier (PPO)	H3219-004 Allina Health Aetna Medicare Premier Extra (PPO)	H3219-005 Allina Health Aetna Medicare Eagle (PPO)
Monthly plan premium	\$0	\$0	\$61	\$97	\$169	\$0
Part B premium reduction	\$42	\$0	\$0	\$0	\$0	\$135
Plan deductible	\$0	\$0	\$0	\$0	\$0	\$0
Annual maximum out-of-pocket amount (does not include premium or prescription drug costs)	\$6,750 for in-network services. \$9,500 for in- and out-of-network services combined.	\$6,350 for in-network services. \$8,000 for in- and out-of-network services combined.	\$5,000 for in-network services. \$6,750 for in- and out-of-network services combined.	\$4,450 for in-network services. \$6,200 for in- and out-of-network services combined.	\$3,900 for in-network services. \$5,750 for in- and out-of-network services combined.	\$5,500 for in-network services. \$8,000 for in- and out-of-network services combined.
Hospital coverage						
Inpatient hospital care	\$450 per day, days 1-6; \$0 per day, days 7-90; \$0 for additional days.	\$450 per day, days 1-5; \$0 per day, days 6-90; \$0 for additional days.	\$325 per day, days 1-5; \$0 per day, days 6-90; \$0 for additional days.	\$275 per day, days 1-5; \$0 per day, days 6-90; \$0 for additional days.	\$250 per stay	\$300 per day, days 1-7; \$0 per day, days 8-90; \$0 for additional days.
Outpatient hospital	\$450 copay	\$450 copay	\$375 copay	\$350 copay	\$250 copay	\$350 copay
Ambulatory surgery center (ASC)	\$400 copay	\$375 copay	\$300 copay	\$275 copay	\$175 copay	\$300 copay
Skilled nursing facility	\$10 per day, days 1-20; \$221 per day, days 21-100	\$0 per day, days 1-20; \$221 per day, days 21-100	\$0 per day, days 1-20; \$221 per day, days 21-100	\$0 per day, days 1-20; \$221 per day, days 21-100	\$0 per day, days 1-20; \$221 per day, days 21-100	\$0 per day, days 1-20; \$221 per day, days 21-100
Provider services						
Annual routine physical	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.	\$0 copay for an annual routine physical exam.
Primary care provider (PCP)	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
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.	This plan doesn't require a referral to see a specialist.	This plan doesn't require a referral to see a specialist.
Specialist	\$50 copay	\$45 copay	\$35 copay	\$40 copay	\$25 copay	\$45 copay
Emergency and urgent care						
Emergency care	\$130 copay	\$130 copay	\$130 copay	\$150 copay	\$150 copay	\$130 copay
Urgently needed services	\$50 copay	\$45 copay	\$40 copay	\$40 copay	\$25 copay	\$45 copay
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.	\$130 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.

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Diagnostic testing						
X-rays and diagnostic radiology (e.g., CT scan, MRI)	X-rays: \$25 copay Diagnostic radiology: \$275 copay	X-rays: \$25 copay Diagnostic radiology: \$250 copay	X-rays: \$25 copay Diagnostic radiology: \$200 copay	X-rays: \$25 copay Diagnostic radiology: \$175 copay	X-rays: \$15 copay Diagnostic radiology: \$150 copay	X-rays: \$25 copay Diagnostic radiology: \$250 copay
Lab services	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$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 \$1,300 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network	Our plan pays \$1,600 every year for in and out-of network preventive and comprehensive dental services combined. Aetna Dental PPO Network	\$0 - 30% cost share. 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 \$225 every year for prescription eyewear.	Our plan pays \$175 every year for prescription eyewear.	Our plan pays \$225 every year for prescription eyewear.	Our plan pays \$225 every year for prescription eyewear.	Our plan pays \$250 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 should be purchased through NationsHearing®.	\$0 copay Our plan pays \$500 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	\$0 copay Our plan pays \$750 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	\$0 copay Our plan pays \$1,000 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	\$0 copay Our plan pays \$1,500 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.	\$0 copay Our plan pays \$1,000 per ear every year for hearing aids. Hearing aids should be purchased through NationsHearing®.
Therapy						
Physical and speech therapy	\$50 copay	\$45 copay	\$35 copay	\$40 copay	\$25 copay	\$45 copay
Occupational therapy	\$50 copay	\$45 copay	\$35 copay	\$40 copay	\$25 copay	\$45 copay
Outpatient mental health therapy (individual)	\$40 copay	\$35 copay	\$30 copay	\$30 copay	\$15 copay	\$0 copay
Ambulance						
Ground ambulance (one-way trip)	\$315 copay	\$305 copay	\$300 copay	\$295 copay	\$250 copay	\$295 copay
Air ambulance (one-way trip)	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance

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Equipment						
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	16% coinsurance

Additional benefits

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 Premier (PPO)	H3219-004 Allina Health Aetna Medicare Premier Extra (PPO)	H3219-005 Allina Health Aetna Medicare Eagle (PPO)
24-Hour Nurse Line	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§	\$0 copay Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.§
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)
Allina Health Aetna® Medicare Extra Benefits Card	Over-the-counter (OTC) Wallet \$55 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	Over-the-counter (OTC) Wallet \$55 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products. Medical Expense Wallet \$150 benefit amount (allowance) each quarter on the Allina Health 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.	Over-the-counter (OTC) Wallet \$55 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products. Medical Expense Wallet \$200 benefit amount (allowance) each quarter on the Allina Health 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.	Over-the-counter (OTC) Wallet \$40 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	Over-the-counter (OTC) Wallet \$70 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.	Over-the-counter (OTC) Wallet \$90 benefit amount (allowance) quarterly on the Allina Health Aetna Medicare Extra Benefits Card to help pay for certain OTC health and wellness products.
Chiropractic services (additional)	\$15 copay (up to twelve visits every year)	\$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)	\$15 copay (up to twelve visits every year)
Fitness	Physical fitness program: Basic SilverSneakers® membership. Our plan will reimburse you \$150 each quarter for qualified fitness expenses.	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.

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Foot care (additional)	\$50 copay (up to twelve visits every year)	\$45 copay (up to twelve visits every year)	\$35 copay (up to twelve visits every year)	\$40 copay (up to twelve visits every year)	\$25 copay (up to twelve visits every year)	\$45 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 Aetna Medicare Extra Benefits Card for the OTC Wallet.	See Allina Health Aetna Medicare Extra Benefits Card for the OTC Wallet.	See Allina Health Aetna Medicare Extra Benefits Card for the OTC Wallet.	See Allina Health Aetna Medicare Extra Benefits Card for the OTC Wallet.	See Allina Health Aetna Medicare Extra Benefits Card for the OTC Wallet.	See Allina Health Aetna Medicare Extra Benefits Card for the 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 Premier (PPO)	H3219-004 Allina Health Aetna Medicare Premier Extra (PPO)	H3219-005 Allina Health Aetna Medicare Eagle (PPO)
Rx formulary	B2_AL	B2_AL	B2_AL	B2_AL	B2_AL	◇
Rx deductible	\$400	\$400	\$300	\$300	\$300	◇
	Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2 drugs.	Does not apply to Tier 1, Tier 2 drugs.	
Out-of-pocket threshold	\$2,400	\$2,400	\$2,400	\$2,400	\$2,400	◇
Catastrophic coverage for generic and brand name drugs	\$0	\$0	\$0	\$0	\$0	◇

Tier drug coverage

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 Premier (PPO)		H3219-004 Allina Health Aetna Medicare Premier Extra (PPO)		H3219-005 Allina Health Aetna Medicare Eagle (PPO)	
	30	100	30	100	30	100	30	100	30	100	30	100
Tier 1												
Retail Preferred	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	◇	◇
Retail Standard	\$5	\$15	\$5	\$15	\$5	\$15	\$5	\$15	\$5	\$15	◇	◇
Mail-order Preferred	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	◇	◇
Mail-order Standard	\$5	\$15	\$5	\$15	\$5	\$15	\$5	\$15	\$5	\$15	◇	◇
Tier 2												
Retail Preferred	\$0	\$0	\$0	\$0	\$5	\$15	\$5	\$15	\$5	\$15	◇	◇
Retail Standard	\$12	\$36	\$12	\$36	\$12	\$36	\$12	\$36	\$12	\$36	◇	◇
Mail-order Preferred	\$0	\$0	\$0	\$0	\$5	\$5	\$5	\$5	\$5	\$5	◇	◇
Mail-order Standard	\$12	\$36	\$12	\$36	\$12	\$36	\$12	\$36	\$12	\$36	◇	◇
Tier 3												
Retail Preferred	13%	13%	13%	13%	18%	18%	18%	18%	18%	18%	◇	◇
Retail Standard	13%	13%	13%	13%	18%	18%	18%	18%	18%	18%	◇	◇
Mail-order Preferred	13%	13%	13%	13%	18%	18%	18%	18%	18%	18%	◇	◇
Mail-order Standard	13%	13%	13%	13%	18%	18%	18%	18%	18%	18%	◇	◇
Tier 4												
Retail Preferred	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	◇	◇
Retail Standard	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	◇	◇
Mail-order Preferred	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	◇	◇
Mail-order Standard	30%	30%	30%	30%	30%	30%	30%	30%	30%	30%	◇	◇
Tier 5												
Retail Preferred	29%	N/A	29%	N/A	30%	N/A	30%	N/A	30%	N/A	◇	◇
Retail Standard	29%	N/A	29%	N/A	30%	N/A	30%	N/A	30%	N/A	◇	◇

§ 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.

◇ No prescription drug benefit coverage is available for this plan.

Disclaimers

Your Extra Benefits Card, administered by CVS Flex Benefits Solutions®.

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

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

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

The Allina Health | Aetna Medicare pharmacy network includes limited lower cost, preferred pharmacies in Rural Nebraska, Rural North Dakota, Suburban West Virginia, Urban Kansas, and Urban Missouri. 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 [1-844-622-5862](tel:1-844-622-5862) (TTY: [711](tel:1-844-622-5862)) or consult the online *Pharmacy Directory* at AllinaHealthAetnaMedicare.com/findpharmacy.

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 ([1-800-633-4227](tel:1-800-633-4227)) (TTY users should call [1-877-486-2048](tel: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.

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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.

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.

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.

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

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al [1-833-570-6671](tel:1-833-570-6671) (TTY: [711](tel:1-833-570-6671)).**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 ([1-800-633-4227](tel:1-800-633-4227)), 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 ([1-800-633-4227](tel:1-800-633-4227)), for help with plan choices.

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