

**Allina Hospitals & Clinics
Preferred - Allina First Plan
2011 Benefit Summary**

The following provides an overview of the Allina First Plan. For exact coverage details consult the Summary Plan Description or call HealthPartners Member Services at 952-883-7300 or 1-877-822-6706.

Medical Plan Highlights		Allina First Plan	
Partial listing of covered services		Allina	Broad Access Network
Deductible and Maximum			
Calendar year deductible		\$200 per person, up to a maximum of \$600 per family	
Calendar year medical out-of-pocket maximum		\$3,000 per person, up to a maximum of \$6,000 per family (medical only)	
Annual maximum for medical and pharmacy essential benefits		\$2,000,000 per person combined across all plans	
Preventive Health Care			
Routine physical, eye examinations and well child visits		\$0	\$0
Preventive lab and pathology		\$0	\$0
Prenatal and postnatal care		\$0	\$0
Immunizations		\$0	\$0
Convenience Care			
Convenience Care (e.g. Minute Clinic)		\$5 copay	\$15 copay
Office Visits			
Illness or injury		\$10 copay primary care, 15% specialty care	\$25 copay primary care, 15% specialty care
Allergy injections		\$0	\$0
Physical, occupational and speech therapy		Deductible, then 10%	Deductible, then 20%
Chiropractic care		\$15 copay	\$25 copay
Mental health care		\$10 copay	\$10 copay
Chemical health care		\$10 copay	\$10 copay
Emergency Care			
Urgently needed care at an urgent care clinic or medical center		10%	20%
Emergency care at a hospital ER		Deductible, then 25%	Deductible, then 25%
Ambulance		Deductible, then 15%	Deductible, then 15%
Inpatient Hospital Care			
Illness or injury		Deductible, then 10%	Deductible, then 40% (out-of-pocket maximum does not apply)
Mental health care			
Chemical health care			
Outpatient Care			
Other scheduled outpatient services		Deductible, then 10%	Deductible, then 40% (out-of-pocket maximum does not apply)
Outpatient lab and pathology		Deductible, then 10%	Deductible, then 20%
Outpatient MRI and CT		Deductible, then 10%	Deductible, then 20%
Durable Medical Equipment			
Durable medical equipment and prosthetic devices		Deductible, then 10%	Deductible, then 20%
Pharmacy Highlights		Allina First Plan	
Partial listing of covered services		Allina	Broad Access Network
Retail Pharmacy (up to a 31-day supply or one cycle of oral)			
Generic		\$0	\$8 copay
Brand preferred		25%	40%
Non-preferred		50%	60%
Specialty		Same as retail Allina Community Pharmacies only	Same as retail Walgreens only
Mail Order (93 day supply)		Same as retail Allina Community Pharmacies only	No coverage
Pharmacy out-of-pocket maximum		\$1,000	No maximum