

**Allina Hospitals & Clinics
Plus Plan
(MNA Pharmacy Option)
2011 Benefit Summary**

The following provides an overview of the Allina Plus 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 Partial listing of covered services	Plus Plan	
	In-Network	Out-of-Network
Deductible and Maximum		
Calendar year deductible	None	\$300 per person, up to a maximum of \$600 per family
Calendar year medical out-of-pocket maximum	None	\$1,300 per person, up to a maximum of \$2,600 per family
Preventive Health Care		
Routine physical, eye examinations and well child visits	\$0	No coverage
Preventive lab and pathology	\$0	No coverage
Prenatal and postnatal care	\$0	Deductible, then 20%
Immunizations	\$0	No coverage
Office Visits		
Illness or injury	\$0	Deductible, then 20%
Allergy injections	\$0	No coverage
Physical, occupational and speech therapy	\$0	Deductible, then 20%
Chiropractic care	\$0	Deductible, then 20%
Mental health care	\$0	Deductible, then 20%
Chemical health care	\$0	Deductible, then 20%
Emergency Care		
Urgently needed care at an urgent care clinic or medical center	\$0	Deductible, then 20%
Emergency care at a hospital ER	\$25 copay	\$25 copay, then 20%
Ambulance	20%	20%
Inpatient Hospital Care		
Illness or injury	\$150 copay per stay Limited to 4 \$150 copays per year. \$0 at Allina designated facility.	Deductible, then 20%
Mental health care	\$0	Deductible, then 20%
Chemical health care	\$0	Deductible, then 20%
Outpatient Care		
Other scheduled outpatient services	\$0	Deductible, then 20%
Outpatient lab and pathology	\$0	Deductible, then 20%
Outpatient MRI and CT	\$0	Deductible, then 20%
Durable Medical Equipment		
Durable medical equipment and prosthetic devices	\$0	Deductible, then 20%
Pharmacy Plan Highlights		
Partial listing of covered services		Plus Plan
		In-Network Out-of-Network
Retail Pharmacy		
Rx Outpatient Benefit	\$11 copay	Greater of \$26 copay or 40% coinsurance
Retail Days Supply	34 days or 100 units whichever is greater	
Maintenance List Drugs		
Rx Benefit	Same as Retail	No Coverage
Retail Days Supply	90 days or 100 units whichever is greater	

Allina considers this medical plan a "grandfathered health plan" under the Patient Protection and Affordable Care Act. Please refer to the Summary Plan Description for additional information.