Summary of Benefits 2021

Allina Health Aetna Medicare Discover Elite (PPO)
H3219 - 004
January 1, 2021 - December 31, 2021

H3219-004

Allina Health Aetna Medicare Discover Elite (PPO) is a PPO plan. This is a Medicare Advantage plan that covers prescription drugs. You can use in-network and out-of-network providers. You will typically pay more for out-of-network care.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service or every limitation and exclusion. The plan's Evidence of Coverage (EOC) provides a complete list of services we cover. The EOC is available at **www.AllinaHealthAetnaMedicare.com** or you may call us to request a copy.

To join Allina Health Aetna Medicare Discover Elite (PPO), you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Service area: Minnesota: Anoka, Blue Earth, Brown, Carver, Chisago, Dakota, Hennepin, Isanti, Kanabec, Le Sueur, McLeod, Meeker, Nicollet, Ramsey, Renville, Scott, Sibley, Waseca, Washington, Wright

Call us or go online for more information.

1-833-206-8764 (TTY: 711)
October 1 to March 31: 7 days a week from 8 a.m. - 8 p.m. local time
April 1 to September 30: Monday - Friday from 8 a.m. - 8 p.m. local time

www.AllinaHealthAetnaMedicare.com

Y0130_H3219_004_PP45_SB21_M
Allina Health Aetna Medicare Discover Elite (PPO) | H3219-004 | $146

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Compare our plan to Medicare

To learn more about the coverage and costs of Original Medicare, look in your "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

What you should know

- **Primary Care Physician (PCP):** You have the option to choose a PCP. When we know who your doctor is, we can better support your care.
- **Referrals:** Allina Health Aetna Medicare Discover Elite (PPO) doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.
- **Prior authorizations:** Your doctor will work with us to get approval before you receive certain services or drugs. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

You can find more details on each benefit listed below in the Evidence of Coverage (EOC).

Plan costs & information	In-network	Out-of-network
Monthly plan premium	$146	
	You must continue to pay your Medicare Part B premium.	
Plan deductible	$0	$0
Maximum out-of-pocket amount (does not include prescription drugs)	$3,500 for in-network services.	$5,500 for in and out-of-network services combined.
	The most you pay for copays, coinsurance, and other costs for medical services for the year. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium and prescription drugs don't count toward the maximum out-of-pocket.	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Hospital coverage*		
Inpatient hospital coverage	$250 per stay	20% per stay
	Our plan covers an unlimited number of days.	
Outpatient hospital observation services	$100	20%
Outpatient hospital services	$100	20%

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Ambulatory surgical center	$50	20%
Doctor visits		
Primary care physician (PCP)	$0	20%
Specialists	$15	$40
Preventive care	$0	0% - 20%
	Preventive care includes: • Abdominal aortic aneurysm screenings • Alcohol misuse screenings & counseling • Bone mass measurements • Breast cancer screening: mammogram • Cardiovascular disease screenings • Cardiovascular behavior therapy • Cervical & vaginal cancer screenings • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screenings • Diabetes screenings • HBV infection screening • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Nutrition therapy services • Obesity behavior therapy • Prostate cancer screenings (PSA) • Sexually transmitted infections screenings & counseling • Tobacco use cessation counseling • Vaccines: flu, hepatitis B, pneumococcal • Welcome to Medicare preventive visit • Yearly wellness visit	
	Lower cost sharing out-of-network: for pneumonia, influenza, and Hepatitis B vaccines Higher cost sharing out-of-network: for all other Medicare-covered preventive services	
Emergency & urgent care		
Emergency care in the United States	$90	

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Urgently needed care in the United States	$0 - $15	
	Lower cost sharing: for services provided by your primary care physician in their office Higher cost sharing: for services performed by a provider other than your primary care physician	
Emergency & urgently needed care worldwide	Emergency care: $90 Urgently needed care: $90 Ambulance: $250	
Diagnostic testing*		
Diagnostic radiology (e.g. MRI & CT scans)	$50	20%
Lab services	$0	20%
Diagnostic tests & procedures	$0	20%
Outpatient x-rays	$0	20%
Hearing, dental, & vision		
For benefits that offer a reimbursement, you can see any licensed provider who is eligible under Medicare.		
Diagnostic hearing exam	$15	20%
Routine hearing exam	$0	20%
	We cover one exam every year. All appointments should be scheduled through NationsHearing or an in-network provider.	
Hearing aids	Our plan pays up to a maximum amount of $2,000 per ear, every year. You are responsible for any costs over this amount.	
	NationsHearing will manage your hearing aid benefits. All hearing aids must be purchased through NationsHearing.	
Dental services	$2,250 reimbursement every year for covered services. Teeth whitening is not covered.	
Glaucoma screening	$0	20%

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Diagnostic eye exams (including diabetic eye exams)	$0 - $15	20%
	Lower cost sharing: for first diabetic eye exam Higher cost sharing: for all other eye exams	
Routine eye exam	$0	20%
	We cover one exam every year.	
Contacts and eyeglasses	$350 reimbursement every year.	
Mental health services*		
Inpatient psychiatric stay	$250 per stay	20% per stay
Outpatient mental health therapy (individual)	$15	$40
Outpatient psychiatric therapy (individual)	$15	$40
Skilled nursing*		
Skilled nursing facility (SNF)	$0 per day, days 1-20; $100 per day, days 21-100	20% per stay
	Our plan covers up to 100 days per benefit period.	
Therapy*		
Physical and speech therapy	$15	20%
Ambulance & routine transportation		
Ground ambulance (one-way trip)	$250	$250
Air ambulance* (one-way trip)	$250	$250
Routine transportation (non-emergency)	Not Covered	Not Covered

Primary benefits	Your costs for in-network care	Your costs for out-of-network care
Medicare Part B drugs*		
Chemotherapy drugs	20%	20%
Other Part B drugs	20%	20%

* Prior authorization may be required for these benefits. See the EOC for details.

Prescription drugs (Your costs may be lower if you qualify for Extra Help)	
Formulary name	B2_AL (You can use this when referencing our list of covered drugs)
Stage 1: Deductible You pay the full cost of drugs until you reach your deductible.	
This plan doesn't have a deductible, so your coverage begins at Stage 2.	$0

Stage 2: Initial coverage
You pay the costs below until your total drug costs reach $4,130. You pay the copay listed below or the cost of the drug, whichever is lower. These cost shares may also apply to Home Infusion drugs when obtained through your Part D benefit. For Long Term Care, you'll get a 31 day supply and pay the Standard cost-share.

	30-day supply through Retail or Mail		90-day supply through Retail or Mail	
	Preferred	**Standard**	**Preferred**	**Standard**
Tier 1: Preferred Generic	$0	$15	$0	$45
Tier 2: Generic	$0	$20	$0	$60
Tier 3: Preferred Brand	$47	$47	$141	$141
Tier 4: Non-Preferred Drug	$100	$100	$300	$300
Tier 5: Specialty	33%	33%	N/A	N/A

Prescription drugs (Your costs may be lower if you qualify for Extra Help)		
Stage 3: Coverage gap Our plan offers some coverage in this stage. The coverage gap lasts until your out-of-pocket drug costs reach $6,550.		
	30-day supply	
	Preferred	**Standard**
Tier 1: Preferred Generic	$0	$15
Tier 2: Generic	$0	$20
All other Brand Name Drugs	25% of the plan's cost	
All other Generic Drugs	25% of the plan's cost	
Stage 4: Catastrophic coverage You pay a small cost share for each drug.		
Generic Drugs	You pay the greater of 5% of the cost of the drug or $3.70	
Brand Name Drugs	You pay the greater of 5% of the cost of the drug or $9.20	

Other benefits	**Your costs for in-network care**	**Your costs for out-of-network care**
Equipment, prosthetics, & supplies*		
Diabetic supplies	0% - 20%	0% - 20%
	We only cover OneTouch/Lifescan supplies, including test strips, glucose monitors, solutions, lancets and lancing devices for 0%. We will only cover other brands with a medical exception. If we approve an exception, non-OneTouch/Lifescan supplies are covered at 20%.	
Durable medical equipment (e.g. wheelchair, oxygen)	20%	20%
Prosthetics (e.g. braces, artificial limbs)	20%	20%

Other benefits	Your costs for in-network care	Your costs for out-of-network care
Substance abuse*		
Outpatient substance abuse (Individual therapy)	$15	$40

* Prior authorization may be required for these benefits. See the EOC for details.

Additional benefits and services provided by Allina Health Aetna Medicare Discover Elite (PPO)	Benefit information Your costs for in-network care	Your costs for out-of-network care
Acupuncture	$20	20%
	Acupuncture uses thin needles to get the body to release chemicals that help with medical problems. The goal is to improve problems like headaches, insomnia, anxiety, addiction, or side-effects from chemotherapy. We cover eighteen visits every year.	
Chiropractic care*	$20	20%
	We cover eighteen visits every year.	
Fitness	Standard membership at participating SilverSneakers® facilities and access to online wellness related tools, planners, newsletters, and classes, at no extra cost. You can get an at-home fitness kit if you don't live near a participating club or prefer to exercise at home.	
Healthy Rewards	Earn gift cards for completing certain health care activities. To earn rewards, you must complete qualifying health and wellness activities.	
Help during a COVID-19 Public Health Emergency	You'll always pay $0 for COVID-19 testing, even if the COVID-19 Public Health Emergency ends. During a COVID-19 Public Health Emergency you may be eligible for a package of supplies if you've tested positive to help prevent the spread of COVID-19 and assist with recovery.	
Meals	When you get home after an inpatient hospital stay, we cover up to 14 home delivered meals. You will be contacted to schedule delivery if eligible and meals will be provided through GA Foods®.	
Nursing hotline	Speak with a registered nurse 24 hours a day, 7 days a week to discuss medical issues or wellness topics.	

Additional benefits and services provided by Allina Health Aetna Medicare Discover Elite (PPO)	Benefit information Your costs for in-network care	Your costs for out-of-network care
Over-the-counter items (OTC)	Get over-the-counter health & wellness products by mail or at participating CVS® stores. Our plan pays up to a maximum amount of $45 every month.	
	CVS will manage your OTC benefit. See the OTC catalog for a list of eligible items. You can find the catalog at www.cvs.com/otchs/myorder.	
Resources For Living®	Resources For Living® helps connect you to resources in your community such as senior housing, adult daycare, meal subsidies, community activities, and more.	
Telehealth	You can receive primary care, mental health services and urgent care services via a virtual visit for the same cost as an in-person visit. Depending on your location, you also have 24/7 access to MinuteClinic® Video Visits. Find out if these visits are available in your area at www.cvs.com/minuteclinic/virtual-care/video-visit.	
Visitor/travel benefit	Allows you to remain in your plan for up to 12 months when you are outside of our plan's service area. You can see an Aetna Medicare participating provider anywhere in the United States who accepts PPO members and pay in-network cost shares. Not all providers participate in the multi-state network. Contact us for help finding a participating provider in the area you're traveling to. Plan rules continue to apply. Prior authorizations are required for certain services.	

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at **1-833-206-8764 (TTY: 711)**. From October 1 to March 31, you can call us 7 days a week from 8 a.m. - 8 p.m. local time. From April 1 to September 30, we're here Monday through Friday from 8 a.m. - 8 p.m. local time.

Understanding the benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit **www.AllinaHealthAetnaMedicare.com** or call **1-833-206-8764 (TTY: 711)** to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding important rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2022.
- ☐ Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

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

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. 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. The formulary, provider and/or pharmacy network may change at any time. You will receive notice when necessary. Medicare's pharmacy network includes limited lower cost, preferred pharmacies in: Rural Kansas, Rural Nebraska, Rural Maine, Rural Michigan, Suburban Arizona, Suburban West Virginia, and Urban Michigan. 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 1-833-206-8764 (TTY: 711) or consult the online pharmacy directory at www.AllinaHealthAetnaMedicare.com/findprovider. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call the number on your ID card if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Members who get “Extra Help” are not required to fill prescriptions at preferred network pharmacies in order to get Low Income Subsidy (LIS) copays. Participating physicians, hospitals and other 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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