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Allina Health Aetna Medicare Eagle (PPO) H3219-005

[Plan details](#)

[Total costs](#)

Plan Highlights	This plan may be a good fit for Veterans with VA Benefits or others who do not need Medicare Part D. It includes: \$0 premium, \$0 PCP copay, dental, vision, Part B premium reduction and an over-the-counter (OTC) allowance. It has no Rx drug coverage.
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Costs

Premium	\$0.00 monthly
Total est. annual cost Based on premium costs. (Effective Jan 2022)	\$0 annually

Benefits

Medical Coverage

Monthly Plan Premium	\$0
Part B Premium Buy Down	\$20 per month see Evidence of Coverage
Medical Deductible: In-Network	\$0
Medical Deductible: Out-of-Network	\$0
Maximum Out-of-Pocket (MOOP): Annual In-Network	\$5,900
Maximum Out-of-Pocket (MOOP): Annual Combined In and Out-of-Network	\$10,000
Primary Care Physician (PCP)	\$0 in-network / 30% out-of-network
Specialist	\$40 in-network / \$50 out-of-network
Additional Telehealth Services	PCP: \$0 in-network / Specialist: \$40 in-network / Urgently Needed Services: \$40 in-network / Mental Health - Group Sessions: \$40 in-network / Mental Health - Individual Sessions: \$40 in-network / Psychiatric Services - Group Sessions: \$40 in-network / Psychiatric Services - Individual Sessions: \$40 in-network, for more information see Evidence of Coverage
Inpatient Hospital	\$750 per day, days 1-5; \$0 per day, days 6-90 in

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Not available [Star rating](#)

Monthly premium
\$0.00

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Inpatient Hospital	\$550 per day, days 1-5; \$0 per day, days 6-90 in-network / 30% per stay out-of-network
Skilled Nursing Facility (SNF)	\$0 per day, days 1-20; \$188 per day, days 21-100 in-network/ 30% per stay out-of-network, for more information see Evidence of Coverage
Emergency Room	\$90 If you are admitted to the hospital within 0 hours your cost share may be waived, for more information see the Evidence of Coverage
Ambulance	\$300 in-network / \$300 out-of-network
Lab Services	Lab Services: \$0 in-network/ \$0 Lab Services: \$0 in-network/ \$35 out-of-network, for more information see Evidence of Coverage
Diagnostic Procedures	Diagnostic Procedures/Tests: \$45 in-network/ \$0 Diagnostic Procedures/Tests: \$0 in-network/ \$60 out-of-network, for more information see Evidence of Coverage
Imaging	Xray: \$45 in-network / \$60 out-of-network / CT Scans: \$200 in-network / Diagnostic Radiology other than CT Scans: \$200 in-network / Diagnostic Radiology Mammogram: \$0 in-network / \$250 out-of-network, for more information see Evidence of Coverage
Ambulatory Surgery Center (ASC)	\$350 in-network / ASC Screening Colonoscopy Polyp Removal: \$0 in-network / \$450 out-of-network, for more information see Evidence of Coverage
Outpatient Mental Health	Mental Health - Group Sessions: \$40 in-network/ Mental Health - Individual Sessions: \$40 in-network/ \$50 out-of-network, for more information see Evidence of Coverage Psychiatric Services - Group Sessions: \$40 in-network/ Psychiatric Services - Individual Sessions: \$40 in-network/ \$50 out-of-network, for more information see Evidence of Coverage
Home Health Care	\$0 in-network / 30% out-of-network
Durable Medical Equipment (DME)	20% in-network / 20% out-of-network
Diabetic Monitoring Supplies	0% - 20% Higher cost-share applies to non-OneTouch/LifeScan diabetic supplies.
Preventive Benefits	\$0 copay for all preventive services covered under Original Medicare at zero cost sharing
Annual Physical	\$0 in-network / 30% out-of-network
Fitness	Memberships at participating fitness facilities at no added cost to you through our partnership with SilverSneakers. Also access to online wellness related tools, planners, newsletters, and classes.
Dental Coverage	\$2,250 maximum benefit for preventive and comprehensive dental services combined - see

	Evidence of Coverage.
Eyewear Coverage	\$350 reimbursement every year, for more information see the Evidence of Coverage
Hearing Aid Coverage	\$1,000 per ear every year, for more information see the Evidence of Coverage
Acupuncture	\$20 in-network / \$20 out-of-network, eighteen visits every year, for more information see Evidence of Coverage
Chiropractic Routine Services	\$20 in-network/ \$20 out-of-network, eighteen visits every year, for more information see Evidence of Coverage
Meals	\$0 copay for 14 meals over 7 days after an inpatient or skilled nursing facility discharge, for more information see Evidence of Coverage
Transportation	Not Covered
Over The Counter (OTC)	\$120 every three months, for more information see Evidence of Coverage
Visitor/Traveler Program	See an Aetna PPO participating provider anywhere in the United States and pay in-network cost sharing.
Is my dentist in the network?	Find dentist

Plan Documents

Gives a summary of the plan's benefits, costs and coverage.	Summary of Benefits
Ofrece un resumen de los beneficios, costos y cobertura del plan.	Resumen de Beneficios (Español)
Detailed information on the plan's benefits, costs and coverage.	Evidence of Coverage
Información detallada sobre beneficios, costos y cobertura.	Evidencia de Cobertura (Español)
We can mail you a kit with most of the items above if you can't print them. Please allow 7-15 business days for shipping.	Order Information Kit
Podemos enviarle un kit con la mayoría de los documentos anteriores si no puede imprimirlos. Es posible que lo reciba dentro de los 7 y 15 días.	Solicite un Kit de información (Español)

Preferences

