

2025 PLAN OPTIONS		ALLINA FIRST (ALT) PLAN copay/coinsurance + broad network			ALLINA ELEVATE PLAN copay + narrow network			SELECT HEALTH SAVINGS PLAN high deductible + broad network			PREMIER HEALTH SAVINGS PLAN high deductible + narrow network											
Medical Plan Description		This plan provides Allina First Network discounts at Allina Health and partner facilities (e.g., Childrens, etc.), plus nationwide access to more than two million Extended Network providers. Many services do not require you to meet the deductible.			This plan is designed to deliver a simplified experience and drive greater utilization of Allina Health providers in the Allina Elevate Network. There is no deductible; coverage is limited to in-network plus out of network emergency and urgent care.			This plan features lower deductibles than what most employers offer, Allina First Network discounts at Allina Health and partner facilities, plus nationwide access to Extended Network providers. Enroll in this plan to leverage the HSA and build tax-free savings for qualified health care expenses and retirement.			This plan is designed to provide excellent benefits and low premiums by using Allina Health providers in the Allina Elevate Network, plus out of network emergency and urgent care coverage. Enroll in this plan to leverage the HSA and build tax-free savings for qualified health care expenses and retirement. After meeting the deductible, there are no additional expenses at point of care.											
Deductible	In-Network	\$500 per person, up to a maximum of \$1,000 per family			\$0			\$1,650 individual; \$3,300 all other coverage levels			\$2,000 individual; \$4,000 all other coverage levels											
	Out-of-Network	Does not apply; no coverage			Does not apply; no coverage			\$3,200 individual; \$6,400 all other coverage levels			\$2,500 individual; \$5,000 all other coverage levels											
Tax-free savings accounts	Maximum contribution amount (set by the IRS)	Set aside up to \$3,200 tax-free in a Health Care Flexible Spending Account to pay for eligible health expenses.			Set aside up to \$3,200 tax-free in a Health Care Flexible Spending Account to pay for eligible health expenses.			Set aside up to \$4,300 for individual coverage or \$8,550 for all other coverage levels in a Health Savings Account. Those age 55 or older can add an additional \$1,000.			Allina Health contributes \$600 (individual) or \$1,200 (all other coverage levels) to your Health Savings Account. Set aside up to a total of \$4,300 for individual coverage or \$8,550 for all other coverage levels, including the Allina Health contribution. Those 55 or older can add an additional \$1,000.											
Network		In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network		Out-of-Network									
		Allina First Network	Extended Network		Allina Elevate Network	Allina First Network		Extended Network	Allina Elevate Network		Out-of-Network											
Annual out-of-pocket maximum	Pharmacy Benefits	\$1,000	\$2,000	No maximum	Combined with medical benefit			Combined with medical benefit			Combined with medical benefit		No coverage									
	Medical Benefits	\$4,000 per person, up to a maximum of \$8,000 per family			\$3,500 per person, up to a maximum of \$7,000 per family			\$4,000 per person, up to a maximum of \$8,000 per family		\$7,000 per person	\$2,000 individual; \$4,000 all other coverage levels		\$2,500 individual; \$5,000 all other coverage levels									
Medical Benefits (not a complete list)	Preventive Care	100% covered			100% covered			100% covered		No coverage	100% covered		No coverage									
	Convenience Care	\$5 copay	\$15 copay	FREE at Allina Health Everyday Online and St. Francis Express Care; \$5 copay at MinuteClinics			Deductible, then FREE at Allina Health Everyday Online and St. Francis Express Care; 5% coinsurance at MinuteClinics		Deductible, then 40%	Deductible, then 10%												
	Office Visits - Primary Care	\$10 copay	\$25 copay	\$10 copay			\$10 copay			Deductible, then 10%	Deductible, then 20%											
	- Specialists	15%	30%	\$50 copay			\$50 copay				Deductible, then 15%	Deductible, then 15%										
	- Mental Health (outpatient)	\$10 copay			\$10 copay			\$10 copay				Deductible, then 10%		Deductible, then 20%								
	- Substance Abuse (outpatient)	\$10 copay			\$10 copay			\$10 copay						Deductible, then 10%	Deductible, then 20%							
	- Chiropractic	\$15 copay (15 visit limit)	\$25 copay (15 visit limit)	\$15 copay			\$15 copay								Deductible, then 10%	Deductible, then 20%						
	Rehabilitative Therapy (Physical, Occupational, Speech)	Deductible, then 20%			\$10 copay			\$10 copay								Deductible, then 10%	Deductible, then 20%					
	Inpatient/Outpatient Hospital and Surgery (Includes ambulatory facilities)	Deductible, then 10%			\$250 copay and 40% after deductible			Inpatient: \$750 copay; Outpatient: \$150 surgery copay and \$50 hospital copay									Deductible, then 10%	Deductible, then 20%				
	Laboratory and Imaging (X-Ray/CT/MRI)	Deductible, then 20%			\$50 copay at stand-alone imaging centers; \$100 copay everywhere else			\$50 copay at stand-alone imaging centers; \$100 copay everywhere else										Deductible, then 10%	Deductible, then 20%			
	Urgent Care	10%	20%	25%	\$10 copay			\$100											Deductible, then 15%		Deductible, then 25%	Deductible, then 100% covered
	Emergency Department	Deductible, then 25%			\$300 copay, waived if admitted			Deductible, then 25%											Deductible, then 25%			
Vision Hardware	No coverage			100% coverage up to \$250 for eyewear per 12 months			No coverage	No coverage					100% coverage up to \$250 for eyewear per 12 months						No coverage			
Network		In-Network		Out-of-Network	In-Network		Out-of-Network	In-Network					Out-of-Network						In-Network		Out-of-Network	
		Allina First Network	National Network		Allina Health Pharmacy	Allina First Network		National Network	Allina Health Pharmacy	Out-of-Network												
Pharmacy Benefits	Generics	\$0 copay	\$8 copay	No coverage	\$5 copay			Deductible, then \$5 copay		Deductible, then \$10 copay	Deductible, then 40%		Deductible, then 100% covered									
	RETAIL	Brand-Name Preferred	25%		40%	\$25 copay			Deductible, then 25%			Deductible, then 40%	Deductible, then 60%						Deductible, then 100% covered			
		Non-Preferred	50%		60%	\$60 copay			Deductible, then 50%			Deductible, then 60%		Deductible, then 60%					Deductible, then 100% covered			
		Preventive	Same as retail*			Same as retail*			Same as retail* Deductible does not apply			100% coverage										
	Specialty	Same as retail*			N/A, see sidebar	\$25 copay			Same as retail*			N/A, see sidebar	No Coverage		Deductible, then 100% covered							
	Mail Order (93-day supply)	Same as retail*			No coverage	\$10 copay for generics; \$50 copay for brand-name preferred; \$120 copay for non-preferred			Same as retail*			No coverage		Deductible, then 100% covered								
	Diabetic & Ostomy Supplies	100% covered	20%		100% covered			100% covered		100% covered		Deductible, then 20%	Deductible, then 40%	100% covered								

### Networks

Allina Health offers both broad and narrow network options to meet your care needs. Enjoy lower costs for utilizing only Allina Health and partner facilities, or choose an option with access to other health systems. View the networks at [bluecrossmn.com/allinahealth](http://bluecrossmn.com/allinahealth) (Allina First, Select Health Savings or Premier Health Savings plans) or [allinahealthaetna.com/ah](http://allinahealthaetna.com/ah) (Allina Elevate Plan).

#### Allina First Network:

All Allina Health providers and facilities as well as many affiliate partners.

#### Allina Elevate Network:

All Allina Health providers and facilities, plus very few others. Coverage outside this network would require referral unless it is for Urgent Care or Emergency Department Care.

**Extended Network:** Providers and facilities that contract to be in the Extended Network, not including the Allina First Network described above.

**National Network:** Retail pharmacies that contract to be in the Express Scripts national network, excluding Walgreens. View a full list at [express-scripts.com/allinahealth](http://express-scripts.com/allinahealth).

### Pharmacy benefits

**\*Same as retail** means that your medications cost the same as retail generics, brand-name preferred and non-preferred medications.

**Mail order prescriptions** must be filled at an Allina Health Pharmacy.

**Specialty prescriptions** must be filled at an Allina Health Pharmacy to receive Allina First Network coverage. If Allina Health Pharmacy is unable to fill your specialty prescription, they will assist you with filling your prescription with the Express Scripts designated specialty drug vendor.

This guide provides highlights of your benefit programs. It does not describe every feature of the benefit programs and is not intended to be a full statement of the plans. The official terms of the benefit programs and plans are contained in the applicable summary plan descriptions, plan documents, and in some cases, collective bargaining agreements ("official legal documents"). If there are any differences between this handbook and the official legal documents, the official legal documents will govern. Copies of the Summary Plan Descriptions (SPDs) and Plan documents are available on [HRConnect](http://HRConnect) or from the HR Service Center upon written request. Allina Health reserves the right to amend, modify or terminate any benefit program or plan described in this guide at any time, for any reason and in any respect, in whole or in part, at its sole discretion.

Refer to Workday or the [HRConnect](#) article for each plan for more information about your 2025 benefit options and premium costs.