



Nurses put the care in  healthcare

*Except WestHealth, District One, and Regina | **Information based on benefits package information, please see your plan for more information. | The following Allina hospitals will be affected by any change to MNA insurance: Abbott Northwestern Hospital, Phillips Eye Institute, United, Mercy, Unity, St. Francis, New Ulm, Owatonna, Buffalo, River Falls, and Cambridge

Minnesota Nurses Association in Allina Hospitals Health Insurance 2016

MNA PLANS					Allina (“core plans”)		
	Plus *	Choice *	Advantage * ** no out of network	250 *	First **Allina Hospitals and clinics only	Select HSA	Basic HSA
Office Visit (co-pay)	\$0	\$15	\$15	Deductible, then 20% in	\$10-primary care 15% specialty care	Deductible, then 10%	Deductible, then 10%
ED co-pay (co-pay)	\$25 in/out	\$40 in/out	\$25 in only	\$25 deductible, then 20%	Deductible, then 25%	Deductible, then 25%	Deductible, then 25%
Out Patient Surgery (co-pay)	\$0 Allina Out - 20%	\$0 Allina \$100 non-Allina	\$15	\$0 Allina, deductible, then 20% (\$100 co-pay non-Allina)	Deductible, then 10% Extended \$250, then 40%	Deductible, then 15%/40% out	Deductible, then 15%/15%/40%
IP Hospital (co-pay)	\$0 Allina Out - \$150 up to 4x/year	\$0 Allina Out - \$150 up to 4x/year	\$0 Allina (**no out of network)	\$0 Allina; deductible, then 20% (\$150 co-pay non-Allina)	Deductible, then 10% Extended \$250, then 40%	Deductible, then 10%/20%	Deductible, then 15%/15%/40%
Labs/Imaging	\$0	\$0	\$0	Deductible then 20%	Deductible then 10%	Deductible then 10%	Deductible then 10%
Pharmacy	\$11	\$11	\$11/\$26	\$11/\$26	\$5/25%/50%	Deductible then 15%/25%/50%	Deductible then 15%/25%/50%
Deductible In	None	None	None	\$250/\$500	\$300/\$900 family	\$1300/\$2600	\$3000/\$6000
Deductible Out	\$300/\$600	\$300/\$900	None	\$1250/\$2500	No Coverage	\$3000/\$6000	\$6000/\$12000
Out of Pocket Maximum - in network	none	\$3000 in and out of network combined	\$500/\$1000	\$1250/\$2500	\$3500/\$7000 family+ \$1000 pharmacy	\$2600/\$7000	\$6000/\$12000
Out of Pocket Maximum - out of network	\$1300/\$2600 (pharm/med)	See above (pharm/med)	Not covered	\$2000/\$4000	\$2000 pharmacy	\$7000	\$12000
Employee pays premium per paycheck	\$116 single \$442 +one \$558 family	\$72 single \$228 +one \$288 family	\$59 single \$188 +one \$237 family	\$71 single \$226 +one \$286 family	\$43 single \$145 +spouse \$104 +children \$217 family	\$43 single \$142 +spouse \$102 +children \$213 family	\$34 single \$114 +spouse \$82 +children \$171 family
Tax Free Contribution						Allina contribution \$600/\$1200	