

Dakota, MN

Allina Health Aetna Medicare Chronic (PPO C-SNP)

\$0.00

Medicare Advantage and drug monthly premium

UHC Complete Care Support MN-8 (PPO C-SNP)

\$16.80

Medicare Advantage and drug monthly premium

Allina Health Aetna Medicare Value (PPO C-SNP)

\$41.50

Medicare Advantage and drug monthly premium

Overview

Star rating	★★★★☆	★★★★☆	★★★★☆
Health deductible	\$0.00	\$0.00	\$0.00
Drug plan deductible	\$615.00	\$615.00	\$615.00
Maximum you pay for health services	\$8,900 In and Out-of-network \$6,350 In-network	\$10,100 In and Out-of-network \$6,700 In-network	\$10,200 In and Out-of-network \$7,200 In-network
Health premium	\$0.00	\$0.00	\$0.00
Drug premium	\$0.00	\$16.80	\$41.50
Standard Part B premium What's the standard Part B premium?	\$185.00 ^[1]	\$185.00 ^[1]	\$185.00 ^[1]
Part B premium reduction What's the Part B premium reduction?	Not offered	Not offered	Not offered

[1] This is the standard Part B premium amount for 2025. This amount can change each year. We'll update this information for 2026 as soon as it's available.

Plan features	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✗ Personal Emergency Response System (PERS) ✗ Routine chiropractic service ✗ Home and bathroom safety devices ✗ Part B premium reduction ✗ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✗ Personal Emergency Response System (PERS) ✗ Routine chiropractic service ✓ Home and bathroom safety devices ✗ Part B premium reduction ✓ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics 	<ul style="list-style-type: none"> ✓ Vision ✓ Dental ✓ Hearing ✗ Transportation ✓ Fitness benefits ✓ Worldwide emergency ✓ Over the counter drug benefits ✗ In-home support services ✗ Personal Emergency Response System (PERS) ✗ Routine chiropractic service ✗ Home and bathroom safety devices ✗ Part B premium reduction ✗ Meals for short duration ✓ Annual physical exams ✓ Telehealth ✓ Endodontics ✓ Periodontics
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Benefits & Costs

Primary doctor visit	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: \$15 copay	In-network: \$0 copay Out-of-network: 50% coinsurance
Specialist visit	In-network: \$0-\$35 copay Out-of-network: 50% coinsurance	In-network: \$0-\$50 copay Out-of-network: \$85 copay	In-network: \$0-\$30 copay Out-of-network: 50% coinsurance
Diagnostic tests & procedures	In-network: \$0-\$20 copay Out-of-network: 50% coinsurance	In-network: \$55 copay Out-of-network: \$75 copay	In-network: \$0-\$15 copay Out-of-network: 50% coinsurance
Lab services	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: 50% coinsurance
Diagnostic radiology services (like MRI)	In-network: \$0-\$195 copay Out-of-network: 50% coinsurance	In-network: \$0-\$260 copay Out-of-network: \$0-\$360 copay	In-network: \$0-\$150 copay Out-of-network: 50% coinsurance
Outpatient x-rays			

	In-network: \$20 copay Out-of-network: 50% coinsurance	In-network: \$25 copay Out-of-network: \$50 copay	In-network: \$10 copay Out-of-network: 50% coinsurance
Emergency care	\$130 copay	\$130 copay	\$115 copay
Urgent care	\$45 copay	\$0-\$50 copay	\$40 copay
Inpatient hospital coverage	In-network: Tier 1 \$400 per day for days 1-6 \$0 per day for days 7-90 \$0 per stay Out-of-network: 50% per stay	In-network: Tier 1 \$455 per day for days 1-6 \$0 per day for days 7-90 \$0 per stay Out-of-network: \$555 per day for days 1-19 \$0 per day for days 20-999 \$0 per stay	In-network: Tier 1 \$350 per day for days 1-6 \$0 per day for days 7-90 \$0 per stay Out-of-network: 50% per stay
Outpatient hospital coverage	In-network: \$0-\$400 copay Out-of-network: 50% coinsurance	In-network: \$0-\$455 copay Out-of-network: \$0-\$555 copay	In-network: \$0-\$350 copay Out-of-network: 50% coinsurance
Preventive services	In-network: \$0 copay Out-of-network: 0%-50% coinsurance	In-network: \$0 copay Out-of-network: 0%-40% coinsurance	In-network: \$0 copay Out-of-network: 0%-50% coinsurance

Extra benefits

HEARING

Prescription hearing aids	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$199-\$1249 copay Out-of-network: \$199-\$1249 copay	In-network: \$0 copay Out-of-network: \$0 copay
Over-the-counter hearing aids	Not covered	In-network: \$199-\$829 copay Out-of-network: \$199-\$829 copay	Not covered

PREVENTIVE DENTAL

Care to prevent or find problems with your teeth and gums.

Oral exams			
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	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: 50% coinsurance
Dental X-rays	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: 50% coinsurance
Cleaning	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: \$0 copay	In-network: \$0 copay Out-of-network: 50% coinsurance

COMPREHENSIVE DENTAL

Care to maintain or treat problems with your teeth and gums.

Restorative services	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance	In-network: 50% coinsurance Out-of-network: 50% coinsurance	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance
Periodontics	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance	In-network: 50% coinsurance Out-of-network: 50% coinsurance	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance
Oral and maxillofacial surgery	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance	In-network: 50% coinsurance Out-of-network: 50% coinsurance	In-network: 20%-50% coinsurance Out-of-network: 50%-70% coinsurance

MORE EXTRA BENEFITS

Eyeglasses (frames & lenses)	In-network: \$0 copay Out-of-network: \$0 copay	Not covered	In-network: \$0 copay Out-of-network: \$0 copay
Skilled nursing facility	In-network: Tier 1 \$10 per day for days 1-20 \$218 per day for days 21-50 \$0 per day for days 51-100 Out-of-network: 50% per stay	In-network: Tier 1 \$0 per day for days 1-20 \$218 per day for days 21-100 Out-of-network: \$250 per day for days 1-100 \$0 per stay	In-network: Tier 1 \$0 per day for days 1-20 \$218 per day for days 21-54 \$0 per day for days 55-100 Out-of-network: 50% per stay
Durable medical equipment (like wheelchairs & oxygen)			

	In-network: 0%-20% coinsurance Out-of-network: 50% coinsurance	In-network: 20% coinsurance Out-of-network: 50% coinsurance	In-network: 0%-20% coinsurance Out-of-network: 50% coinsurance
Diabetes supplies	In-network: \$0 copay Out-of-network: 0%-20% coinsurance	In-network: \$0 copay Out-of-network: 50% coinsurance	In-network: \$0 copay Out-of-network: 0%-20% coinsurance

Drug coverage & costs

Drugs covered/Not covered	0 of 1 Prescription drugs covered	0 of 1 Prescription drugs covered	0 of 1 Prescription drugs covered
Total drug + premium cost (for 2026)	Mail order pharmacy  Preferred \$4,579.72	Mail order pharmacy  In-network \$4,784.32	Mail order pharmacy  In-network \$5,077.72

Update your pharmacy list to compare costs

Adding more or different pharmacies can help you find the pharmacy that offers the lowest prices for the drugs you take.

[Update Pharmacies](#)

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Feedback