

2024 Benefits at a Glance

Saint Mary's ATRIO Medicare Advantage Plans



Saint Mary's
Health Plans



Washoe County, NV

Medical Benefits

Plan Costs	Saint Mary's ATRIO Choice Rx (PPO) H7006-010		Saint Mary's ATRIO Select Rx (PPO) H7006-011		Saint Mary's ATRIO Freedom (PPO) H7006-016	
	In and Out of network		In and Out of network		In and Out of network	
Monthly premium	\$0		\$39		\$0	
Plan deductible	\$0		\$0		\$0	
Annual out-of-pocket maximum	\$3,500 In network	\$5,500 Combined Out of network	\$2,550 In network	\$2,550 Combined Out of network	\$3,400 In network	\$3,400 Combined Out of network
Doctor Office Visits	In network	Out of network	In network	Out of network	In network	Out of network
Primary care provider (PCP)	\$0	\$50	\$0	\$50	\$0	\$50
Specialist	\$25	\$50	\$25	\$50	\$25	\$50
Telehealth	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Inpatient Care	In network	Out of network	In network	Out of network	In network	Out of network
Inpatient hospital care	\$0-\$200 per day 1-5**; \$0 days 6-90	\$300 per day 1-5; \$0 days 6-90	\$0-\$150 per day 1-5**; \$0 days 6-90	50% per stay	\$0-\$100 per day 1-5**; \$0 days 6-90	50% per stay
Skilled nursing facility (SNF)	\$0 per day 1-20; \$170 per day 21-100	50% per stay	\$0 per day 1-20; \$170 per day 21-100	50% per stay	\$0 per day 1-20; \$100 per day 21-100	50% per stay
Outpatient Services	In network	Out of network	In network	Out of network	In network	Out of network
Outpatient hospital	\$0-\$350	50%	\$0-\$350	50%	\$0-\$350	50%
Ambulatory surgery center	\$25	50%	\$25	50%	\$25	50%
Home health care	\$0	50%	\$0	50%	\$0	50%
Diabetes supplies	\$0	50%	\$0	50%	\$0	50%
Durable medical equipment	20%	50%	20%	50%	20%	50%
Lab Services and Other Tests	In network	Out of network	In network	Out of network	In network	Out of network
Laboratory tests	\$0	50%	\$0	50%	\$0	\$0
Diagnostic imaging (MRI/CT/PET)	\$0-\$60	50%	\$0-\$60	50%	\$0-\$60	50%
X-rays	\$0	50%	\$0	50%	\$0	50%
Emergency Services	In network	Out of network	In network	Out of network	In network	Out of network
Ambulance	\$300		\$300		\$300	
Emergency room*	\$135		\$120		\$125	
Urgent care	\$65		\$30		\$30	

**\$0 at Saint Mary's preferred hospitals; copay applies for stays at other in network hospitals

*Coverage is worldwide. Copay waived if admitted within 24 hours for the same condition

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Supplemental Benefits

Extra Benefits	Saint Mary's ATRIO Choice Rx (PPO) H7006-010	Saint Mary's ATRIO Select Rx (PPO) H7006-011	Saint Mary's ATRIO Freedom (PPO) H7006-016
Annual physical exam	\$0 for 1 every year	\$0 for 1 every year	\$0 for 1 every year
Routine chiropractic and acupuncture services	Not covered	Up to 30 combined in-network visits per year for routine chiropractic and acupuncture services (copays may apply)	Up to 30 combined in-network visits per year for routine chiropractic and acupuncture services (copays may apply)
Fitness benefit	\$480 annual allowance for gym membership fees and classes on Flex Card	\$550 annual allowance for gym membership fees and classes on Flex Card	\$550 annual allowance for gym membership fees and classes on Flex Card
Personal emergency response system (PERS)	\$0 for wearable medical alert system through LifeStation, including wristwatch option with heart monitor and step counter	\$0 for wearable medical alert system through LifeStation, including wristwatch option with heart monitor and step counter	\$0 for wearable medical alert system through LifeStation, including wristwatch option with heart monitor and step counter
Preventive & comprehensive dental services	\$2,500 annual allowance on Flex Card	\$4,000 annual allowance on Flex Card	\$2,500 annual allowance on Flex Card
Routine vision exam	\$0 for 1 every year (In network only)	\$0 for 1 every year (In network only)	\$0 for 1 every year (In network only)
Routine eyewear	\$150 allowance for frames and lenses, or \$100 allowance for contact lenses per year	\$200 allowance for frames and lenses, or \$100 allowance for contact lenses per year	\$200 allowance for frames and lenses, or \$100 allowance for contact lenses per year
Routine hearing exam	\$0 for 1 every year	\$0 for 1 every year	\$0 for 1 every year
Hearing aids	\$1,500 annual allowance through Amplifon	\$1,500 annual allowance through Amplifon	\$1,500 annual allowance through Amplifon
Meals	Up to 2 meals per day for 14 days after a qualifying health event	Up to 2 meals per day for 14 days after a qualifying health event	Up to 2 meals per day for 14 days after a qualifying health event
Transportation	Up to 24 one-way trips per year to plan-approved, health-related locations	Up to 24 one-way trips per year to plan-approved, health-related locations	Up to 24 one-way trips per year to plan-approved, health-related locations
Over the counter (OTC) items	\$150 quarterly allowance on Flex Card	\$150 quarterly allowance on Flex Card	\$150 quarterly allowance on Flex Card

See the "Extra Benefits" section of the Enrollment Kit for a more detailed overview

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Prescription Drug Benefits

	Saint Mary's ATRIO Choice Rx (PPO) H7006-010		Saint Mary's ATRIO Select Rx (PPO) H7006-011		Saint Mary's ATRIO Freedom (PPO) H7006-016
Drug deductible	\$0		\$0		<i>Plan does not include drug coverage</i>
Drug Tiers	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	
Tier 2 Generic	\$12	\$24	\$0	\$0	
Tier 3 Preferred Brand	\$47	\$94	\$35	\$70	
Tier 4 Non-Preferred Drugs	\$100	\$200	\$100	\$200	
Tier 5 Specialty Drugs	33%	N/A	33%	N/A	
Tier 6 Select Care Drugs	\$0	\$0	\$0	\$0	
Coverage Gap Stage: When the total paid by you and the plan reaches \$5,030, you move to the Coverage Gap Stage	There is a 75% discount for most brand name and generic drugs		There is a 75% discount for most brand name and generic drugs		
Catastrophic Coverage Stage: After you have paid \$8,000 out of pocket, you move to the Catastrophic Coverage Stage	You pay nothing through the end of the year		You pay nothing through the end of the year		

Save one month's copay by switching to a 90-day supply at a network retail or mail order pharmacy. Ask your doctor about a 100-day supply and save even more (restrictions may apply)

Note you will not pay more than \$35 for a one-month supply of insulin, even if you have a deductible, you are in the Coverage Gap, or if you have an insulin pump and your insulin is covered under Part B. \$0 for adult vaccines recommended by the Centers for Disease Control, such as Shingles vaccine.

ATRIO Health Plans is a PPO, HMO and HMO D-SNP with Medicare and Oregon Health Plan contracts. Enrollment in ATRIO Health Plans depends on contract renewal. Out-of-network / non-contracted providers are under no obligation to treat Plan 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.