

2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage
Special Needs Plan (HMO D-SNP) – Klamath, OR



The **ATRIO Special Needs Plan (HMO D-SNP)** is a Medicare Advantage HMO plan designed for people who have both Medicare Parts A & B and full Oregon Health Plan (OHP) (Medicaid) benefits. **Plan and/or drug cost-sharing (not all shown below) will apply if a plan member loses their Medicaid eligibility.**

Medical Benefits

Plan Costs	ATRIO Special Needs Plan (HMO D-SNP) H3814-007
Monthly plan premium <i>(Premium is paid by the Medicare Extra Help program)</i>	\$0
Plan deductible	You pay nothing
Annual out-of-pocket maximum	\$6,700
Doctor Office Visits	
Primary care provider (PCP)	You pay nothing
Specialist	You pay nothing
Telehealth	You pay nothing
Inpatient Care	
Inpatient hospital care	You pay nothing
Skilled nursing facility (SNF)	You pay nothing
Outpatient Services	
Outpatient hospital	You pay nothing
Ambulatory surgery center	You pay nothing
Home health care	You pay nothing
Diabetes supplies	You pay nothing
Durable medical equipment	You pay nothing
Lab Services and Other Tests	
Laboratory tests	You pay nothing
Diagnostic imaging (MRI/CT/PET)	You pay nothing
X-rays	You pay nothing
Emergency Services	
Ambulance	You pay nothing
Emergency room	You pay nothing
Urgently needed care	You pay nothing

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Supplemental Benefits

Extra Benefits	ATRIO Special Needs Plan (HMO D-SNP) H3814-007
Routine chiropractic and acupuncture, and naturopathic services	Up to 30 combined in-network visits per year for routine chiropractic and acupuncture, and naturopathy services (copays may apply)
Fitness benefit	\$240 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
Preventive and comprehensive dental services	\$1,250 annual allowance on Flex Card
Routine vision exam	\$0 for 1 every year (In network only)
Routine eyewear	\$250 allowance for eyewear or contact lenses every two years
Routine podiatry	Up to \$500 allowance each year for unlimited routine visits
Nutritional / dietary education	\$0 copay for up to 1 individual and 9 group sessions per year
Meals	Up to 2 meals per day for 14 days after hospital stay
Transportation	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

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

Prescription Drug Benefits

When you enroll, the plan will mail you a “LIS Rider” showing your LIS subsidy level. Depending on your LIS level, you pay the drug costs below until your total out-of-pocket costs reach \$8,000 (including drugs purchased through your retail pharmacy or mail order, or if you are in a long-term care facility).

Subsidy Level	ATRIO Special Needs Plan (HMO D-SNP) H3814-007
Drug Deductible	You pay nothing
LIS Level 1	Generic drugs \$4.50; \$11.20 for brand and all other drugs
LIS Level 2	Generic drugs \$1.55; \$4.60 for brand and all other drugs
LIS Level 3	You pay nothing
Catastrophic Coverage	You pay nothing

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. ATRIO Health Plans has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Dual Eligible Special Needs Plan (D-SNP) through 12/31/2024 based on a review of ATRIO Health Plans SNP Model of Care.