

# 2024 Benefits at a Glance

## ATRIO Health Plans Medicare Advantage Plans

Clackamas, Lane, Multnomah, Washington, Yamhill Counties, OR



### Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H7006-018		ATRIO Select Rx (PPO) H7006-019	
	In and Out of network		In and Out of network	
Monthly premium	\$0		\$40.60	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum	\$3,600 In network	\$3,600 Combined	\$3,400 In network	\$4,950 Combined
<b>Doctor Office Visits</b>	<b>In network</b>	<b>Out of network</b>	<b>In network</b>	<b>Out of network</b>
Primary care provider (PCP)	\$0	\$50	\$0	\$50
Specialist	\$25	\$25	\$30	\$30
Telehealth	\$0	Not covered	\$0	Not covered
<b>Inpatient Care</b>	<b>In network</b>	<b>Out of network</b>	<b>In network</b>	<b>Out of network</b>
Inpatient hospital care	\$375 per day 1–4; \$0 days 5–90	\$375 per day 1–4; \$0 days 5–90	\$325 per day 1–4; \$0 days 5–90	\$325 per day 1–4; \$0 days 5–90
Skilled nursing facility (SNF)	\$10 per day 1–20; \$200 per day 21–100	50% per stay	\$20 per day 1–20; \$200 per day 21–100	50% per stay
<b>Outpatient Services</b>	<b>In network</b>	<b>Out of network</b>	<b>In network</b>	<b>Out of network</b>
Outpatient hospital	\$0–\$375	50%	\$0–\$350	50%
Ambulatory surgery center	\$250	50%	\$250	50%
Home health care	\$0	50%	\$0	50%
Diabetes supplies	\$0	50%	\$0	50%
Durable medical equipment	20%	50%	20%	50%
<b>Lab Services and Other Tests</b>	<b>In network</b>	<b>Out of network</b>	<b>In network</b>	<b>Out of network</b>
Laboratory tests	\$0	\$15	\$0	\$15
Diagnostic imaging (MRI/CT/PET)	\$0–\$300	50%	\$0–\$250	50%
X-rays	\$0	50%	\$0	\$15
<b>Emergency Services</b>	<b>In network</b>	<b>Out of network</b>	<b>In network</b>	<b>Out of network</b>
Ambulance	\$250		\$250	
Emergency room*	\$90		\$90	
Urgently needed care	\$60		\$60	

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

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### Supplemental Benefits

Extra Benefits	ATRIO Choice Rx (PPO) H7006-018	ATRIO Select Rx (PPO) H7006-019
Annual physical exam	\$0 for 1 every year	\$0 for 1 every year
Fitness benefit	\$300 annual allowance for gym membership fees and classes on Flex Card	\$600 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
Preventive & comprehensive dental services	\$4,000 annual allowance on Flex Card	\$4,000 annual allowance on Flex Card
Routine vision exam	\$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	\$150 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
Hearing aids	\$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
Transportation	Up to 12 one-way trips per year to plan-approved, health-related locations	Up to 12 one-way trips per year to plan-approved, health-related locations
Over the counter (OTC) items	\$50 quarterly allowance on Flex Card	\$170 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



	ATRIO Choice Rx (PPO) H7006-018		ATRIO Select Rx (PPO) H7006-019	
<b>Drug deductible</b>	\$0		\$0	
<b>Drug Tiers</b>	<b>30-day supply</b>	<b>90-day supply</b>	<b>30-day supply</b>	<b>90-day supply</b>
<b>Tier 1</b> Preferred Generic	\$0	\$0	\$0	\$0
<b>Tier 2</b> Generic	\$0	\$0	\$0	\$0
<b>Tier 3</b> Preferred Brand	\$47	\$94	\$47	\$94
<b>Tier 4</b> Non-Preferred Drugs	\$100	\$200	\$100	\$200
<b>Tier 5</b> Specialty Drugs	33%	N/A	33%	N/A
<b>Tier 6</b> Select Care Drugs	\$0	\$0	\$0	\$0
<b>Coverage Gap Stage:</b> 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	
<b>Catastrophic Coverage Stage:</b> 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.