

2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

Klamath County (Partial), OR



Medical Benefits

| Plan Costs | ATRIO Prime Rx (PPO) H6743-023-003 | | ATRIO Freedom (PPO) H6743-024-003 | |
|-------------------------------------|--------------------------------------------------|----------------------------------------|--------------------------------------------------|----------------------------------------|
| | In and Out of network | | In and Out of network | |
| Monthly premium | \$104 | | \$0 | |
| Plan deductible | \$0 | | \$110 | |
| Annual out-of-pocket maximum | \$3,850 In network | \$5,750 Combined | \$4,500 In network | \$6,500 Combined |
| Doctor Office Visits | In network | Out of network | In network | Out of network |
| Primary care provider (PCP) | \$10 | \$30 | \$10 | \$50 |
| Specialist | \$25 | \$50 | \$25 | \$65 |
| Telehealth | \$0 | Not Covered | \$0 | Not Covered |
| Inpatient Care | In network | Out of network | In network | Out of network |
| Inpatient hospital care | \$350 per day 1–8; \$0 days 9–90 | \$450 per day 1–8; \$0 days 9–90 | \$275 per day 1–7; \$0 days 8–90 | \$375 per day 1–7; \$0 days 8–90 |
| Skilled nursing facility (SNF) | \$20 per day 1–20; \$203 per day 21–100 | \$203 per day 1–100 | \$10 per day 1–20; \$203 per day 21–100 | \$203 per day 1–100 |
| Outpatient Services | In network | Out of network | In network | Out of network |
| Outpatient hospital | \$275 | \$325 | 20% | 30% |
| Ambulatory surgery center | \$225 | \$325 | 20% | 30% |
| Home health care | \$0 | 50% | \$0 | 50% |
| Diabetes supplies | \$0 | 20% | \$0 | 20% |
| Durable medical equipment | 20% | 25% | 20% | 30% |
| Lab Services and Other Tests | In network | Out of network | In network | Out of network |
| Laboratory tests | \$0 | \$0 | \$20 | 50% |
| Diagnostic imaging (MRI/CT/PET) | 0%–20% | 30% | \$0–\$20 | 30% |
| X-rays | \$15 | 30% | \$20 | 30% |
| Emergency Services | In network | Out of network | In network | Out of network |
| Ambulance | \$225 | | \$275 | |
| Emergency room* | \$110 | | \$120 | |
| Urgently needed care | \$25 | | \$60 | |

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

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Supplemental Benefits

| Extra Benefits | ATRIO Prime Rx (PPO) H6743-023-003 | ATRIO Freedom (PPO) H6743-024-003 |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| Annual physical exam | \$0 for 1 every year | \$0 for 1 every year |
| 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) | Up to 30 combined in-network visits per year for routine chiropractic and acupuncture, and naturopathy services (copays may apply) |
| Fitness benefit | \$550 annual allowance for gym membership fees and classes on Flex Card | \$250 annual allowance for gym membership fees and classes on Flex Card |
| Preventive & comprehensive dental services | \$1,000 annual allowance on Flex Card | \$750 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 | \$200 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 | \$699 or \$999 copay per hearing aid, up to 2 per year through Amplifon | \$699 or \$999 copay per hearing aid, up to 2 per year 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 24 one-way trips per year to plan-approved, health-related locations | Not covered |
| Over the counter (OTC) items | \$75 quarterly allowance on Flex Card | \$35 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 Prime Rx (PPO) H6743-023-003 | | ATRIO Freedom (PPO) H6743-024-003 |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|----------------------|--------------------------------------------|
| Drug deductible | \$0 | | <i>Plan does not include drug coverage</i> |
| Drug Tiers | 30-day supply | 90-day supply | |
| Tier 1 Preferred Generic | \$0 | \$0 | |
| Tier 2 Generic | \$8 | \$16 | |
| Tier 3* Preferred Brand | \$47 | \$94 | |
| Tier 4* Non-Preferred Drugs | \$100 | \$200 | |
| Tier 5* Specialty Drugs | 33% | N/A | |
| Tier 6 Select Care Drugs | \$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 | | |
| 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 | | |

*Part D deductible applies

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.