

2023 Benefits at a glance



ATRIO Special Needs Plan (HMO D-SNP) Douglas and Klamath Counties

The **ATRIO Special Needs Plan** is an HMO plan designed for people who have both Medicare (A & B) and full Oregon Health Plan (OHP) (Medicaid) benefits. Plan cost-sharing will apply if a member loses their Medicaid eligibility.

Medical Benefits

Plan Costs	ATRIO Special Needs Plan (HMO D-SNP) H3814-007	
Monthly plan premium (premium is paid by the Medicare Extra Help program)	\$0	
Plan deductible	\$0	
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	

Supplemental Benefits

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

Extra Benefits	ATRIO Special Needs Plan (HMO D-SNP)
Routine vision exam	1 every year
Routine vision hardware	\$250 allowance every two calendar years for contact lenses and eyeglasses
Preventive dental services	\$500 annual allowance
Over the counter (OTC) items	\$170 quarterly allowance
Meals	Up to 2 meals per day for 14 days after a qualifying event
Routine chiropractic, acupuncture, and naturopathic services	Up to 30 combined visits for routine acupuncture, routine chiropractic, and naturopathy services every year
Routine podiatry	Unlimited visits \$500 allowance every year
Fitness benefit	\$450 annual allowance towards gym membership fees provided through a Flex Card.
Nutritional/Dietary education	\$0 copay Limited to 1 individual session and 9 group sessions per calendar year
Transportation	Up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year

Prescription Drug Benefits

Deductible Stage: There is no deductible for this plan as long as you keep your Medicaid eligibility.

Initial Coverage Stage: Depending on your income and subsidy level status (LIS), you pay the following copayments until your total yearly out-of-pocket drug costs reach \$7,400 (including drugs purchased through your retail pharmacy or mail order, or if you are in a long-term care facility).

Subsidy Level Status	ATRIO Special Needs Plan (HMO D-SNP)
LIS 1	Generic \$4.15 or 5% Brand & all other drugs \$10.35 or 5%
LIS 2	Generic \$1.45 Brand & all other drugs \$4.30
LIS 3	\$0
After you are enrolled in a plan, you will receive an “LIS Rider” which will let you know your LIS level.	

Catastrophic Coverage Stage: After your yearly out-of-pocket drug costs reach \$7,400, you enter the Catastrophic Coverage Stage, and you pay \$0 for all drugs for the rest of the year.