

2023 Benefits at a glance



ATRIO Medicare Advantage Plans

Carson City, Churchill, Douglas, Lyon, Storey & Washoe Counties

Medical Benefits

Plan	St. Mary's ATRIO Choice Rx (PPO) H7006-010		St. Mary's ATRIO Select Rx (PPO) H7006-011	
Plan Costs	In & Out of network		In & Out of network	
Monthly plan premium	\$0		\$20	
Plan deductible	\$0		\$0	
Annual out-of-pocket maximum	\$3,400 In network	\$5,450 Combined	\$3,400 In network	\$5,450 Combined
Doctor Office Visits	In network	Out of network	In network	Out of network
Primary care provider (PCP)	\$0	\$50	\$0	\$50
Specialist	\$20	\$50	\$20	\$50
Telehealth	\$0	Not covered	\$0	Not covered
Inpatient Care	In network	Out of network	In network	Out of network
Inpatient hospital care	\$0 per stay at Saint Mary's Regional Medical Center \$100 per day for days 1 – 5, \$0 per day for days 6 and beyond at all other in-network hospitals	50% per stay	\$0 per stay at Saint Mary's Regional Medical Center \$100 per day for days 1 – 5, \$0 per day for days 6 and beyond at all other in-network hospitals	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
Outpatient Services	In network	Out of network	In network	Out of network
Outpatient hospital	\$0 for diagnostic colonoscopy; \$350 for Medicare-covered surgery or other services	50%	\$0 for diagnostic colonoscopy; \$350 for Medicare-covered surgery or other services	50%
Ambulatory surgery center	\$25	50%	\$25	50%
Home health care	\$0	50%	\$0	50%
Diabetes supplies	0%	50%	0%	50%
Durable medical equipment	20%	50%	20%	50%
Lab Services and Other Tests	In network	Out of network	In network	Out of network
Laboratory tests	\$0	50%	\$0	50%
Diagnostic imaging (MRI/CT/PET)	\$60	50%	\$60	50%
X-rays	\$0	50%	\$0	50%
Emergency Services	In network	Out of network	In network	Out of network
Ambulance	\$300	\$300	\$300	\$300
Emergency room*	\$110 copay		\$125 copay	
Urgently needed care	\$30		\$30	

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

Supplemental Benefits

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

Extra Benefits	Saint Mary's ATRIO Choice Rx (PPO)	Saint Mary's ATRIO Select Rx (PPO)
Annual physical exam	1 every year	1 every year
Routine chiropractic, and acupuncture services	Not covered	ATRIO covers up to 30 combined visits for routine acupuncture and routine chiropractic services every year.
Fitness benefit	\$250 annual allowance towards gym membership fees provided through a Flex Card.	\$550 annual allowance towards gym membership fees provided through a Flex Card.
Preventive & comprehensive dental services	\$1,250 annual allowance through a Flex Card	\$2,500 annual allowance through a Flex Card
Routine vision exam	1 every year	1 every year
Routine vision hardware	\$150 allowance for frames every year \$100 allowance towards contact lenses, fitting, and evaluation every year	\$200 allowance for frames every year \$100 allowance towards contact lenses, fitting, and evaluation every year
Routine hearing exam	1 every year (in-network only)	1 every year (in-network only)
Hearing aids	\$699-\$999 per hearing aid, up to 1 per ear per year (in-network only)	\$699-\$999 per hearing aid, up to 1 per ear per year (in-network only)
Meals	Up to 2 meals per day for 14 days after a qualifying event	Up to 2 meals per day for 14 days after a qualifying event
Transportation	ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year.	ATRIO covers up to 24 one-way non-emergent medical transportation trips to any plan-approved health-related location every year.
Over the counter (OTC) items	\$100 quarterly allowance	\$150 quarterly allowance

Prescription Drug Benefits

\$0 out-of-pocket for many generic drugs, selected insulins, and vaccines.

Plans	Saint Mary's ATRIO Choice Rx (PPO)		Saint Mary's ATRIO Select Rx (PPO)	
	30-day supply	90-day supply	30-day supply	90-day supply
Deductible	\$0		\$0	
Tier 1 (Preferred generic)	\$0	\$0	\$0	\$0
Tier 2 (Generic)	\$12	\$24	\$12	\$24
Tier 3 (Preferred brand)	\$35	\$105	\$35	\$105
Tier 4 (Non preferred drugs)	\$100	\$300	\$100	\$300
Tier 5 (Specialty)	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 \$4,660, 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 \$7,400 out of pocket, you move to the Catastrophic Coverage Stage.	The greater of \$4.15 for generics, \$10.35 for brand-name, or 5%.			

ATRIO Health Plans has PPO plans with a Medicare contract. Enrollment in ATRIO Health Plans depends on contract renewal. Y0084_MKG_BAAG_NV_2023v2_M