

2024 Benefits at a Glance

ATRIO Health Plans Medicare Advantage Plans

Douglas County, OR



Medical Benefits

Plan Costs	ATRIO Choice Rx (PPO) H6743-007		ATRIO Prime Rx (PPO) H6743-023-001		ATRIO Freedom (PPO) H6743-024-001	
	In and Out of network		In and Out of network		In and Out of network	
Monthly premium	\$0		\$84		\$0	
Plan deductible	\$0		\$0		\$0	
Annual out-of-pocket maximum	\$3,900 In network	\$5,900 Combined	\$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	In network	Out of network
Primary care provider (PCP)	\$0	\$50	\$0	\$30	\$0	\$50
Specialist	\$40	\$65	\$35	\$60	\$25	\$65
Telehealth	\$0	Not Covered	\$0	Not Covered	\$0	Not Covered
Inpatient Care	In network	Out of network	In network	Out of network	In network	Out of network
Inpatient hospital care	\$400 per day 1–5; \$0 days 6–90	\$500 per day 1–5; \$0 days 6–90	\$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)	\$0 per day 1–20; \$150 per day 21–100	\$150 per day 1–100	\$0 per day 1–20; \$125 per day 21–100	\$125 per day 1–100	\$0 per day 1–20; \$150 per day 21–100	\$150 per day 1–100
Outpatient Services	In network	Out of network	In network	Out of network	In network	Out of network
Outpatient hospital	\$300	50%	\$275	\$375	20%	30%
Ambulatory surgery center	\$225	\$325	\$225	\$325	20%	30%
Home health care	\$0	50%	\$0	50%	\$0	50%
Diabetes supplies	\$0	50%	\$0	20%	\$0	20%
Durable medical equipment	10%–20%	50%	10%–20%	30%	10%–20%	30%
Lab Services and Other Tests	In network	Out of network	In network	Out of network	In network	Out of network
Laboratory tests	\$0	\$20	\$0	\$0	\$20	15%
Diagnostic image (MRI/CT/PET)	\$0–\$150	30%	\$0–\$100	30%	0%–20%	30%
X-rays	\$15	\$20	\$15	\$15	\$20	30%
Emergency Services	In network	Out of network	In network	Out of network	In network	Out of network
Ambulance	\$250		\$225		\$275	
Emergency room*	\$110		\$120		\$110	
Urgently needed care	\$35		\$65		\$35	

*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) H6743-007	ATRIO Prime Rx (PPO) H6743-023-001	ATRIO Freedom (PPO) H6743-024-001
Annual physical exam	\$0 for 1 every year	\$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)	Up to 30 combined in-network visits per year for routine chiropractic and acupuncture, and naturopathy services (copays may apply)
Fitness benefit	\$480 annual allowance for gym membership fees and classes on Flex Card	\$500 annual allowance for gym membership fees and classes on Flex Card	\$250 annual allowance for gym membership fees and classes on Flex Card
Personal emergency response system (PERS)	Not covered	\$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	\$2,000 annual allowance on Flex Card	\$1,750 annual allowance on Flex Card	\$1,000 annual allowance on Flex Card
Routine vision exam	\$0 for 1 every year (In network only)	\$0 for 1 every year (In network only)	\$0 for 1 every year (In network only)
Routine eyewear	\$200 allowance for frames and lenses, or \$100 allowance for contact lenses per year	\$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	\$0 for 1 every year
Hearing aids	\$699 or \$999 copay per hearing aid, up to 2 per year through Amplifon	\$1,500 annual allowance 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	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	Up to 24 one-way trips per year to plan-approved, health-related locations	Up to 24 one-way trips per year to plan-approved, health-related locations
Over the counter (OTC) items	\$120 quarterly allowance on Flex Card	\$75 quarterly allowance on Flex Card	\$50 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) H6743-007		ATRIO Prime Rx (PPO) H6743-023-001		ATRIO Freedom (PPO) H6743-024-001
Drug deductible	\$100		\$0		<i>Plan does not include drug coverage</i>
Drug Tiers	30-day supply	90-day supply	30-day supply	90-day supply	
Tier 1 Preferred Generic	\$0	\$0	\$0	\$0	
Tier 2 Generic	\$8	\$16	\$8	\$16	
Tier 3* Preferred Brand	\$47	\$94	\$47	\$94	
Tier 4* Non-Preferred Drugs	\$100	\$200	\$100	\$200	
Tier 5* Specialty Drugs	30%	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 \$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		
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		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.