

# 2023 Benefits at a glance



## ATRIO Special Needs Plan (Willamette) (HMO D-SNP) Marion and Polk Counties

The **ATRIO Special Needs Plan (Willamette)** 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 (Willamette) (HMO D-SNP) H5995-001	
<b>Monthly plan premium</b> (premium is paid by the Medicare Extra Help program)	\$0	
<b>Plan deductible</b>	\$0	
<b>Annual out-of-pocket maximum</b>	\$6,700	
<b>Doctor Office Visits</b>		
<b>Primary care provider (PCP)</b>	You pay nothing	
<b>Specialist</b>	You pay nothing	
<b>Telehealth</b>	You pay nothing	
<b>Inpatient Care</b>		
<b>Inpatient hospital care</b>	You pay nothing	
<b>Skilled nursing facility (SNF)</b>	You pay nothing	
<b>Outpatient Services</b>		
<b>Outpatient hospital</b>	You pay nothing	
<b>Ambulatory surgery center</b>	You pay nothing	
<b>Home health care</b>	You pay nothing	
<b>Diabetes supplies</b>	You pay nothing	
<b>Durable medical equipment</b>	You pay nothing	
<b>Lab Services and Other Tests</b>		
<b>Laboratory tests</b>	You pay nothing	
<b>Diagnostic imaging (MRI/CT/PET)</b>	You pay nothing	
<b>X-rays</b>	You pay nothing	
<b>Emergency Services</b>		
<b>Ambulance</b>	You pay nothing	
<b>Emergency room</b>	You pay nothing	
<b>Urgently needed care</b>	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	Not covered
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.